

Overview of the NHS Long Term Plan and implications for the Health Improvement Board

Discussion paper, February 14th 2019

1. Introduction

The NHS Long Term Plan was published in January 2019 and can be found here: <https://www.longtermplan.nhs.uk/> A summary of the Long Term Plan is included in Annex 1 of this paper.

The opening paragraphs of the Plan sets the context and overall aim:

“The NHS has been marking its 70th anniversary, and the national debate this has unleashed has centred on three big truths. There’s been pride in our Health Service’s enduring success, and in the shared social commitment it represents. There’s been concern – about funding, staffing, increasing inequalities and pressures from a growing and ageing population. But there’s also been optimism – about the possibilities for continuing medical advance and better outcomes of care.

In looking ahead to the Health Service’s 80th birthday, this NHS Long Term Plan takes all three of these realities as its starting point. So to succeed, we must keep all that’s good about our health service and its place in our national life. But we must tackle head-on the pressures our staff face, while making our extra funding go as far as possible. And as we do so, we must accelerate the redesign of patient care to future-proof the NHS for the decade ahead. This Plan sets out how we will do that.”

2. Overview of the Long Term Plan

The plan covers the following topics:

1. Chapter One sets out how the NHS will move to **a new service model** in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.

This includes

- “Digital” GP consultations being available to all patients over the next 5 years
- Redesigned hospital support to reduce the need for outpatient appointments
- Groups of GP practices working together to serve 30,00-50,000 people through integrated teams of GPs, community health and social care staff providing local services
- The expansion of Social Prescribing, personal health budgets and support for people to manage their own health.
- Urgent treatment centres

2. Chapter Two sets out new, funded, action the NHS will take to strengthen its contribution to **prevention and health inequalities**.

This includes implementing evidence based prevention programmes such as

- Improving NHS provision for smoking cessation in hospitals and maternity services
- Addressing Alcohol dependence through Alcohol Care Teams in hospital settings
- Expanding the National Diabetes Prevention Programme
- Striving to diagnose cancer in earlier stages
- Ensuring people with mental ill-health or learning disabilities have physical health checks
- Taking measures to improve air quality

This chapter includes a paragraph on the way this focus on prevention in the NHS will work in conjunction with local government:

“Action by the NHS is a complement to, but cannot be a substitute for, the important role for local government. In addition to its wider responsibilities for planning, education, housing, social care and economic development, in recent years it has also become responsible for funding and commissioning preventive health services, including smoking cessation, drug and alcohol services, sexual health, and early years support for children such as school nursing and health visitors. These services are funded by central government from the public health grant, and funding and availability of these services over the next five years which will be decided in the next Spending Review directly affects demand for NHS services²⁰. As many of these services are closely linked to NHS care, and in many case provided by NHS trusts, the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses, and what best future commissioning arrangements might therefore be.” (NHS LTP p. 33)

3. Chapter Three sets the NHS’s priorities for **care quality and outcomes improvement** for the decade ahead.

This includes

- Maintaining good progress and continuing to improve outcomes e.g. safe childbirth, cancer survival through earlier diagnosis
- Growth in investment in mental health services to continue at faster rate than the overall NHS budget
- Addressing unmet need and unexplained local variation in outcomes
- Extend the focus to children’s health, cardiovascular and respiratory conditions, learning disability and autism
- Introducing HPV vaccination for boys aged 12 and 13.
- Selectively moving to a 0-25 service to improve transition from child to adult services

4. Chapter Four sets out how current **workforce pressures** will be tackled, and staff supported.

This includes

- NHS workforce implementation plan

- Expand nursing and undergraduate training places and develop new routes into nursing e.g. apprenticeships, nursing associates, “earn and learn” support etc.
- Expansion of clinical placements
- Improve retention of staff e.g. flexible rostering, more flexible careers, more volunteers

5. Chapter Five sets out a wide-ranging and funded programme to **upgrade technology and digitally enabled care** across the NHS.

This includes

- Investment to enable digital access to services e.g. access for patients and carers to manage their health;
- access to patient records and care plans for a range of clinicians
- Deploying population health management solutions to support ICSs to understand the areas of greatest need and match NHS services to meet them.
- Delivering Longitudinal Health and Care Records across geographies linking NHS and LA data.

6. Chapter Six sets out how the **3.4% five year NHS funding settlement** will help put the NHS back onto a sustainable financial path.

This includes

- Recognising current pressures and growth in demand along with expanding science and innovation.
- Increased rate of funding for primary care and continuing that trend for mental health services
- Increased drive for efficiency and reforms to NHS architecture, payment systems and incentives.
- System to enable systems, trusts and organisations to return to financial balance.

7. Chapter Seven explains next steps in **implementing the Long Term Plan**.

This includes

- A new operating model will set out principles of co-design and collaboration
- 2019-20 will be a transition year with each CCG and Trust setting out their organisational operating plans and contributing to a local health system-level plan.
- Funding allocations for the whole system will be set out from 2019-20 to 2023-24 which will enable local system plans to be drawn up.
- Integrated Care Systems will cover the whole country by April 2021 and will then be central to the delivery of the Long Term Plan.

- Legislative change is possible in order to enable rapid progress e.g. in enabling NHS bodies to work together to redesign care or to address the procurement processes that foster competition rather than collaboration.

3. How does the NHS Long Term Plan link with the Priorities of the Health Improvement Board?

The NHS Long Term Plan is relevant to the whole health and social care system and the range of objectives will be incorporated into the work of the Health and Wellbeing Board and all its sub-groups. This paper covers only those objectives relevant to the work of the Health Improvement Board.

The table below sets out the priorities agreed for the Health Improvement Board with relevant actions from the NHS Long Term Plan alongside.

Keeping Yourself Healthy / Prevent	
HIB Priority	NHS Long Term Plan objective
Reduce Physical Inactivity / Promote Physical Activity	<i>No specific mention in the Long Term Plan.</i>
Enable people to eat healthily	<p>2.18. The NHS will continue to take action on healthy NHS premises. In 2016, NHS England introduced a financial incentive for hospitals to encourage healthier food options to be available for staff, limiting the proportion, placement and promotion of foods high in fat, salt and sugar (HFSS). Our action has also reduced the sale of sugar-sweetened beverages across the NHS, from 15.6% in July 2017, to 7.4% in June 2018. The next version of hospital food standards will be published in 2019, strengthening these requirements and pushing further in securing healthy food for our staff and patients. They will include substantial restrictions on HFSS foods and beverages. All trusts will be required by the NHS standard contract to deliver against these standards. (NHS LTP p. 37)</p> <p>2.19. Nutrition training, and an understanding of what is involved in achieving and maintaining a healthy weight, varies between medical schools. Some courses have just eight hours, at most, over a five- or six-year degree. This is not about doctors becoming nutritionists or dieticians. It is about making sure staff on the frontline who are in contact with thousands of patients a year feel equipped to talk to them about nutrition and achieving a healthy weight in an informed and sensitive way. They should feel able to refer patients appropriately in cases where a nutrition support could help, if they are overweight, and have type 2 diabetes, or high blood pressure for example. Together with the professional bodies and universities we will ensure nutrition has a greater place in professional education training. (NHS LTP p. 37)</p>
Reduce smoking prevalence	<p>2.9. First, the NHS will therefore make a significant new contribution to making England a smoke-free society, by supporting people in contact with NHS services to quit based on a proven model implemented in Canada and Manchester. By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.</p> <p>2.10. Second, the model will also be adapted for expectant</p>

	<p>mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.</p> <p>2.11. Third, a new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services. On the advice of PHE, this will include the option to switch to e-cigarettes while in inpatient settings. (NHS LTP p. 35)</p>
<p>Promote Mental Wellbeing</p>	<p>1.43. Digital technology will provide convenient ways for patients to access advice and care. (...) We will continue to invest in the nhs.uk platform so that everyone can find helpful advice and information regarding their conditions. As technology advances, we will also trial the use of innovative devices such as smart inhalers for better patient care and remote monitoring of conditions. We will also continue to support the development of apps and online resources to support good mental health and enable recovery. (NHS LTP p. 26)</p> <p>2.38. A major factor in maintaining good mental health is stable employment. This Plan sets out how the NHS is improving access to mental health support for people in work and our commitment to supporting people with severe mental illnesses to seek and retain employment. As the largest employer in England, we are also taking action to improve the mental health and wellbeing of our workforce and setting an example to other employers.(NHS LTP p.42)</p> <p>3.105. We will continue to build on this progress with the Long Term Plan, so that reducing suicides will remain an NHS priority over the next decade. With the support of partners in addressing this complex, system-wide challenge, we will provide full coverage across the country of the existing suicide reduction programme. Through an enhanced mental health crisis model, anyone experiencing a crisis will be able to call NHS 111 and have 24/7 access to mental health support as well as the services described earlier in this chapter. We will expand specialist perinatal mental health services so that more women who need it have access to the care they need from preconception to two years after the birth of their baby. We are investing in specialist community teams to help support children and young people with autism and their families, and integrated models of primary and community mental health care which will support adults with severe mental illnesses, and support for individuals who self-harm. (NHS LTP p. 72)</p>
<p>Tackle wider determinants of health</p> <ul style="list-style-type: none"> • Housing and homelessness • Air Quality 	<p>2.32. The number of people sleeping rough has been increasing in recent years. People affected by homelessness die, on average, around 30 years earlier than the general population. Outside London, where people are more likely to sleep rough for longer, support needs may be higher. 31% of people affected by homelessness have complex needs, and additional financial, interpersonal and emotional needs that make engagement with mainstream services difficult. 50% of people</p>

	<p>sleeping rough have mental health needs, but many parts of the country with large numbers of rough sleepers do not have specialist mental health support and access to mainstream services is challenging. We will invest up to £30 million extra on meeting the needs of rough sleepers, to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services. (NHS LTP p. 42)</p> <p>2.21. While wider action on air pollution is for government to lead, the NHS will work to reduce air pollution from all sources. Specifically, we will cut business mileages and fleet air pollutant emissions by 20% by 2023/24. Almost 30% of preventable deaths in England are due to non-communicable diseases specifically attributed to air pollution. More than 2,000 GP practices and 200 hospitals are in areas affected by toxic air. In 2017, 3.5% (9.5 billion miles) of all road travel in England was related to patients, visitors, staff and suppliers to the NHS. At least 90% of the NHS fleet will use low-emissions engines (including 25% Ultra Low Emissions) by 2028, and primary heating from coal and oil fuel in NHS sites will be fully phased out. Redesigned care and greater use of 'virtual' appointments as set out in Chapter One will also reduce the need for patient and staff travel. (NHS S LTP p. 38)</p>
<p>Immunisation</p>	<p>1.11. To support this new way of working we will agree significant changes to the GP Quality and Outcomes Framework (QOF). This will include a new Quality Improvement (QI) element, which is being developed jointly by the Royal College of GPs, NICE and the Health Foundation. The least effective indicators will be retired, and the revised QOF will also support more personalised care. In 2019 we will also undertake a fundamental review of GP vaccinations and immunisation standards, funding, and procurement. This will support the goal of improving immunisation coverage, using local coordinators to target variation and improve groups and areas with low vaccines uptake. (NHS LTP p. 15)</p> <p>3.43 We will prioritise improvements in childhood immunisation to reach at least the base level standards in the NHS public health function agreement. The programme will also work closely with other areas of government and key programmes such as the <i>Healthy Child Programme</i>. (NHS LTP p. 54)</p> <p>5.12. In 2019/20, 100,000 women will be able to access their maternity record digitally with coverage extended to the whole country by 2023/24. Additionally a digital version of the 'red book' will help parents record and use information about their child, including immunisation records and growth. This will be made available in a mobile format that follows the family and removes the need for a paper record. It will also help children start life with a digital Personal Health Record (PHR) that they can build on throughout their lives. (NHS LTP p. 93)</p>

Reducing the impact of ill health (Reduce)

<p>Prevent chronic disease through tackling obesity</p> <ul style="list-style-type: none"> • Weight management initiatives • Diabetes prevention 	<p>The NHS will therefore provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted appropriately for ethnicity), where we know we can have a significant impact on improving health, reducing health inequalities and reducing costs. By 2022/23, we also expect to treat up to a further 1,000 children a year for severe complications related to their obesity, such as diabetes, cardiovascular conditions, sleep apnoea and poor mental health. These services will prevent children needing more invasive treatment. (NHS LTP p. 37)</p> <p>2.15. The NHS Diabetes Prevention Programme supports those at high risk of type 2 diabetes to reduce their risk. A joint commitment by NHS England, Public Health England (PHE) and Diabetes UK, the programme is the largest undertaking of its kind in the world and over 100,000 people have already benefited since its introduction in 2016. In many areas demand has outstripped supply, and it has proven highly effective. We are now committing to fund a doubling of the NHS Diabetes Prevention Programme over the next five years, including a new digital option to widen patient choice and target inequality. (NHS LTP p. 37)</p>
<p>Screening for early awareness of risk</p> <ul style="list-style-type: none"> • NHS Health Checks • Cancer screening programmes (e.g. Bowel, cervical, breast screening) 	<p>3.68. Working with local authorities and PHE, we will improve the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions. Working with voluntary sector partners, community pharmacists and GP practices will also provide opportunities for the public to check on their health, through tests for high blood pressure and other high-risk conditions. Expanding access to genetic testing for Familial Hypercholesterolaemia (FH), which causes early heart attacks and affects at least 150,000 people in England¹¹⁶, will enable us to diagnose and treat those at genetic risk of sudden cardiac death. Currently only 7% of those with FH have been identified, but we will aim to improve that to at least 25% in the next five years through the NHS genomics programme.</p> <p>3.69. Where individuals are identified with high risk conditions, appropriate preventative treatments will be offered in a timely way. We will support pharmacists and nurses in primary care networks (see Chapter One) to case find and treat people with high-risk conditions. Where 100 people with AF are identified and receive anticoagulation medication, an average of four strokes are averted, preventing serious disability or even death. The creation of a national CVD prevention audit for primary care will also support continuous clinical improvement. (NHS LTP p. 62)</p> <p>3.53. We will modernise the Bowel Cancer Screening Programme to detect more cancers, earlier. The Faecal Immunochemical Test for haemoglobin will be easier to use for</p>

	<p>patients. In trials it has been shown to improve take up rates by 7%, including among groups with low participation rates such as men, people from ethnic minority backgrounds and people in more deprived areas. We will lower the starting age for screening from 60 currently to 50.</p> <p>3.54. We will implement HPV primary screening for cervical cancer across England by 2020. This method of testing is more sensitive and more reliable than liquid-based cytology so will detect more women at risk of cervical cancer and facilitate their treatment to prevent cancer developing.</p> <p>3.55. NHS England has asked Sir Mike Richards to lead a review of the current cancer screening programmes and diagnostic capacity. (NHS LTP p. 58)</p>
<p>Alcohol advice and treatment</p> <ul style="list-style-type: none"> • Identification and brief advice on harmful drinking • Alcohol liaison in hospitals • Alcohol treatment services 	<p>2.20. Alcohol contributes to conditions including cardiovascular disease, cancer and liver disease, harm from accidents, violence and self-harm, and puts substantial pressure on the NHS. Hospitals in Bolton, Salford, Nottingham, Liverpool, London and Portsmouth have improved the quality of alcohol-related care, by establishing specialist Alcohol Care Teams (ACTs). ACTs significantly reduced accident and emergency (A&E) attendances, bed days, readmissions and ambulance call-outs. Over the next five years, those hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish ACTs using funding from their clinical commissioning groups (CCGs) health inequalities funding supplement, working in partnership with local authority commissioners of drug and alcohol services. Delivered in the 25% of worst affected hospitals, this could prevent 50,000 admissions over five years.(NHS LTP p. 38)</p>
<p>Community Safety impact on health outcomes / Domestic abuse</p>	<p>No mention in the long term plan</p>
<p>Shaping Healthy Places and Communities</p>	
<p>Healthy Environment and Housing Development</p> <ul style="list-style-type: none"> • Learn from the Healthy New Towns and influence policy • Ensure our roads and housing developments enable safe walking and cycling • Ensure spatial planning 	<p>1.51. We will continue to develop ICSs, building on the progress the NHS has made. By April 2021 ICSs will cover the whole country, growing out of the current network of Sustainability and Transformation Partnerships (STPs). ICSs will have a key role in working with Local Authorities at 'place level' and through ICSs, commissioners will make shared decisions with providers on how to use resources, design services and improve population health (other than for a limited number of decisions that commissioners will need to continue to make independently, for example in relation to procurement and contract award). Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long</p>

<p>facilitates social interaction for all generations – giving opportunities for people to meet who might not do so otherwise</p>	<p>Term Plan implementation. (NHS LTP p. 29)</p> <p>Remove specific impediments to ‘place-based’ NHS commissioning. The 2012 Act creates some barriers to ICSs being able to consider the best way of spending the total ‘NHS pound’. Lifting a number of restrictions on how CCGs can collaborate with NHS England would help, as would NHS England being able to integrate Section 7A public health functions with its core Mandate functions where beneficial; (NHS LTP p. 113)</p> <p>16. Looking beyond healthcare provision, the NHS has a wider role to play in influencing the shape of local communities. Through the Healthy New Towns programme, the NHS is playing a leading role in shaping the future of the built environment. In spring 2019 we will set out the principles and practice for <i>Putting Health into Place</i> guidelines for how local communities should plan and design a healthy built environment. These have been developed with a network of 12 housing developers who are committed to developing homes that fit these principles. This covers approximately 70,000 homes over the next five years. In 2019/20, NHS England will build on this by working with government to develop a Healthy New Towns Standard, including a Healthy Homes Quality Mark to be awarded to places that meet the high standards and principles that promote health and wellbeing. Embedding these principles within local planning guidance would ensure all future developments have a focus on design that support prevention and wellbeing.(NHS LTP p. 119)</p>
<p>Social Prescribing</p> <ul style="list-style-type: none"> Referral from Primary Care to non-medical schemes e.g. for physical activity, social networks, support groups 	<p>1.40. As part of this work, through social prescribing the range of support available to people will widen, diversify and become accessible across the country. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services. Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then. (NHS LTP p. 25)</p> <p>2.35. Young carers feel say they feel invisible and often in distress, with up to 40% reporting mental health problems arising from their experience of caring. Young Carers should not feel they are struggling to cope on their own. The NHS will roll out ‘top tips’ for general practice which have been developed by Young Carers, which include access to preventive health and social prescribing, and timely referral to local support services. Up to 20,000 Young Carers will benefit from this more proactive approach by 23/24.(NHS LTP p. 43)</p>
<p>Making Every Contact Count, Campaigns</p>	<p>Not mentioned</p>

4. Conclusions

The NHS Long Term Plan has been widely welcomed as a pragmatic plan, an ambitious vision to improve NHS care and a positive shift to an increasing focus on prevention and reducing health inequalities. There have been reservations over how well it can be implemented if other parts of the system (including public health and social care) are subject to ongoing financial restraint.

It is the first time there has been such a long term plan for the NHS and it will be accompanied by announcements on indicative funding levels in order to facilitate longer term planning.

It is clear from the analysis above that many of the objectives in the Long Term Plan reflect our local priorities for Prevention. This reflects the work we have already been doing together to join up our work and agree joint priorities, but the Long Term Plan adds value through the announcement of several national initiatives and associated funding which will have a positive impact locally.

Next Steps

1. The Joint Health and Wellbeing Strategy is currently out for stakeholder engagement and a final draft will be presented to the HWB in March. This will be checked to ensure it reflects the new NHS Long Term Plan as appropriate.
2. Implementation Plans will be drawn up by all sub-groups of the HWB, including the working groups of the Health Improvement Board, and this analysis of the relevant objectives from the NHS Long Term Plan will be used in operationalising our priorities.
3. The Clinical Commissioning Group are currently drafting their Operating Plan for submission in April 2019 and this should also reflect the shared priorities for prevention in the HWB and HIB plans.
4. A draft Prevention Framework will be discussed at the Health and Wellbeing Board in March which will underpin these documents. It is currently being discussed by partners.

Recommendations

1. Members of the Health Improvement Board are asked to comment on the relevance and value of the objectives from the NHS Long Term Plan in contributing to our local priorities for prevention.
2. All partners are asked to note the common themes of the Joint HWB Strategy, the NHS Long Term Plan and the HIB priorities and ensure these are reflected in our various organisational plans e.g. the CCG Operating Plan 2019-20.
3. The Working Groups of the HIB are asked to ensure that the relevant objectives of the NHS Long Term Plan are included in their implementation plans and delivered as set out.

Kiren Collison, Oxfordshire CCG
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Annex 1

The NHS Long Term Plan – a summary

Find out more: www.longtermplan.nhs.uk | Join the conversation: #NHSLongTermPlan

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of care through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. Doing things differently: we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

2. Preventing illness and tackling health inequalities: the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. Backing our workforce: we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

4. Making better use of data and digital technology: we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

5. Getting the most out of taxpayers' investment in the NHS: we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.

To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

Find out more

More information is available at www.longtermplan.nhs.uk , and your local NHS teams will soon be sharing details of what it may mean in your area, and how you can help shape their plans.