

## NHS England's Long Term Workforce Plan

On Friday 30 June 2023, NHS England (NHSE) published the long-awaited [NHS Long Term Workforce Plan \(LTWP\)](#). NHS Providers has been calling for a plan to place the NHS workforce on a sustainable footing for some time, often in coalition with other key stakeholders. The publication of the LTWP and its focus on training, retention and reform, is therefore a significant and welcome step.

This briefing outlines the key components of the plan and our initial response. We will continue to analyse the information published today, and we look forward to working with members as implementation progresses. If you have questions or comments, please contact Sarah White, workforce policy advisor ([sarah.white@nhsproviders.org](mailto:sarah.white@nhsproviders.org)).

### Rationale and modelling

#### The case for change

The challenges facing the NHS and its workforce are well-known and form the basis of the case for change outlined in this plan. If current challenges were to persist without intervention, the modelling that underpins the LTWP suggests the service would be facing a workforce shortage of 260,000 – 360,000 staff by 2036/7. These challenges include significant staff vacancies, the need to provide responsive care to an ageing population, and the need for a shift to a model of care centred on prevention. NHSE is clear that organisational culture and experience at work also play a key role in recruitment and retention.

The scale of growth in the workforce required is significant, with the longer term assessment outlining that:

- Domestic education and training needs to expand by 50-65% over the next 15 years.
- The leaver rate needs to be reduced by 55,000 to 128,000 full-time equivalent (FTE) over the same time period.

By implementing the LTWP, NHSE expects:

- Staff shortfalls to fall significantly by 2028.

- A workforce growth rate of between 2.6% and 2.9% a year resulting in a permanent NHS workforce of up to 2.3 million in 2036/7 compared to 1.4 million in 2021/22.
- Between 9% and 10.5% of staff to be recruited internationally in 15 years' time, compared to almost 25% at present.
- The leaver rate to average 15% with retention rates improved on pre-pandemic levels.

The LTWP document is helpfully clear that there are multiple interdependencies that will influence its success, including:

- Infrastructure: with an acknowledgement of the need for sufficient physical capacity for training expansion and the need for sustained capital investment in estates and digital.
- Education funding
- Investment in social care. (While the LTWP acknowledges a need for social care capacity to increase, the modelling assumes access to social care services remains broadly in line with current levels or improves).

This section also commits to iterative updates to the LTPW every two years, or in alignment with a fiscal event.

## Modelling

The demand drivers that underpin the modelling assumptions include:

- Population demographics and burden of disease.
- Service ambitions to deliver more care out of hospitals and in the community.
- Improvements in access to care and performance.

The LTWP is importantly based on assumptions about anticipated growth in labour productivity of 1.5%-2% which factor in stepping down care to least costly setting and alternative delivery models (like virtual wards) as well as a productivity recovery factor to account for the impact of Covid-19 on productivity.

Annex B of the document outlines the definitions for the modelling that underpins the LTWP. Future counterfactual supply is based on historical data from the last three to five years, as well as existing training pipeline, transition to the NHS, retention and international recruitment data. All modelling is based on data from 2021/22 with assumptions planned up to 2036/37. 52 professions were mapped to eight staff groups as part of this, largely across medical and clinical roles. Support to clinical staff and infrastructure support formed two of the eight staff groups.

## Train – Growing the workforce

This section focuses on the changes to training needed across specific staff groups, as well as agency staff and volunteers. It also considers the role of trusts as anchor institutions.

Outlining the medium to long term goals for these interventions, the LTWP notes that changes in this arena will largely be incremental and that, even with targeted interventions, the service is likely to see shortfalls in the medium term that will require support by agency staff (particularly mental health nursing, learning disability nursing and podiatry) and international recruitment (including adulting nursing and doctors).

The LTWP is clear that international recruitment will always play a part in NHS recruitment, noting the benefits of wider and diverse talent, but that the interventions outlined are to make this more sustainable in the future. However, NHSE expects a decrease in international recruitment rates to between 9.0% and 10.5% a year by 2036/37 with material decreases in rates of international recruitment are expected from 2030 onwards.

The LTWP will reduce the reliance on agency staff over the long term, with a forecast reduction from 9% in 2021/22 to 5% in 2032/33 (based on FTE). The ambition is for bank staff to fulfil temporary staffing requirements.

There is an ambition to enhance the role of apprenticeships in designing the future workforce and NHSE commits to working with government to ensure changes to their apprenticeship funding approach are supported and align with government apprenticeship policy.

This section also acknowledges the role of trusts as anchor institutions in their local communities and the role they can play in reducing health inequalities. The LTWP suggests up to 230,000 more staff are needed to support clinical roles and up to 56,500 of these staff will be healthcare support workers. As part of recruitment to these roles, NHSE will work with local systems to run recruitment exercises, and in partnership with Jobcentre Plus. Changes to recruitment practices and systems will be required as part of the LTWP ambitions, and NHSE will work to ensure that the timeframe between placement of an advert to the completion of pre-employment checks is no longer than six weeks.

### Medical training

- Medical school places require a 60-100% increase to provide 12,000 to 15,000 places by 2030/31. This requires expansion at existing medical schools alongside the creation of new ones, and points

to the medical degree apprenticeship scheme. In the medium term, medical school places will be expanded to 10,000 by 2028/29.

- GP speciality training places require an increase by 45-60% by 2033/34. By 2031/32, the ambition is to increase the number of places to 6,000 (50%). Training places will initially increase by 500 in 2025/26, with an additional 1,000 places in 2027/28 and 2028/29 respectively.
- The plan notes that foundation year placements and specialty training will be required commensurate with undergraduate medical training growth and that places will need to be distributed to areas of the country where shortages are most acute.
- The medical degree apprenticeship is being piloted from 2024, with 200 funded places for 2024/25. The ambition is to expand this to 400 places by 2026/27 and later to 850 places by 2028/29. By 2031/32, it is hoped that expansion will have reached 2,000 places.
- This section notes that doctors are seeking to work more flexibly, which will result in more speciality and associate specialist (SAS) doctors in the service.

## Nursing education and training

- The LTWP seeks to increase nursing training places to over 53,500 by 2031/32, an increase of 80%. By 2028/29, nursing training places will be increased to 40,000 (a 34% increase).
- By 2031/32 adult nursing training place will need to have increased to 38,000 (an increase of 92%). In the medium term, 8,000 more people will need to be in adult nursing training by 2028/29.
- Mental health nursing training places need to increase by 93% by 2031/32 to more than 11,000 places. To reach this goal, places will be increased by 13% by 2025/26 and 38% by 2028/29.
- Learning disability nursing training places will need to double by 2031/32 to over 1,000 places. By 2025/26 places will increase by 16% and 46% by 2028/29.
- Modelling suggests that places for children's nursing are currently sufficient, but this will be kept under review.
- For the health visiting workforce, the ambition is to expand training places to over 1,300 by 2031/32 (a 74% increase), while for district nurses the ambition is to increase places by over 150% to almost 1,800 by the same date.
- Modelling suggests 28% of registered nurses could train through degree level apprenticeships by 2031/32.
- The LTWP also recognises the need for broader and longer nursing career pathways.

## Midwifery

- The plan acknowledges that there is currently a shortfall of midwives in the NHS, that leaver rates are high, and that this workforce needs to grow in line with conclusions from the Ockenden review.
- NHSE expect that trusts will meet establishment levels and achieve fill rates by 2027/28 and recent interventions mean a growth rate of 1.8-1.9% is expected over the course of the plan.
- The plan outlines an ambition for 5% of midwifery training intake to be via apprenticeships.

## **Public health training**

An ambition for 13% more training places in 2023/24 than currently offered.

## **Allied health professionals**

The LTWP outlines an ambition to increase AHP training places to over 18,800 (a 25% increase) by 2031/32. This will require a focus on more traditional undergraduate routes, as well as apprenticeships. The plan's recommendations also include enhancing the scope and reach of AHP roles, increasing the number of advanced practitioners and independent prescribers.

## **Psychological professions**

The ambition is for education and training places for clinical psychology and children and adolescent psychotherapy to grow between 20-33% by 2033/34.

## **Pharmacy training**

Educating and training places for pharmacists will need to grow by 31-55% by 2032/33 to meet future demand and all newly qualified pharmacists will be independent prescribers. There is potential to expand apprenticeship routes for pharmacy technicians as well as potential for the introduction of a pharmacist degree apprenticeship.

## **Dentistry**

Dentistry training places will need to expand 23-40% as soon as possible, but NHSE notes that this may take longer in certain regions. Dental therapy and hygiene professionals will also need to expand by 20-40%.

## **Healthcare scientists**

An increase of 20-34% is needed for healthcare scientists, particularly as their work underpins 80% of all diagnoses.

## Volunteers

The LTWP acknowledges the contribution of volunteers to the NHS and the potential for volunteering to be a pipeline for those seeking a career in the service. A volunteering taskforce was created in 2022 and NHSE will work with ICSs to ensure a more interconnected and inclusive volunteering infrastructure.

## Retain – Embedding the right culture and improving retention

This section of the LTWP holds little detail beyond that of the NHS People Promise however ambitions for retention are helpfully described as the “minimum standard” for the NHS. The LTWP’s aim of reducing the overall leaver rate for NHS staff from 9.1% in 2022, to between 7.4% and 8.2% by 2038 is therefore ambitious but welcome. We will work with NHSE to understand their modelling on retention as we noted [NHS Digital data](#) shows that the leaver rate for staff in NHS trusts and other core organisations in England suggests different figures (12.2% in 2021-2022, and 11.8% in 2022-23).

System partners are asked to work together to determine how these actions are best implemented “to provide a consistent staff experience across organisational boundaries.” NHSE has also committed to working with ICSs to ensure that the proposed actions can be applied appropriately in primary care settings, in line with the recommendations in the Fuller Stocktake.

## Recognition, development, and reward

- NHSE and relevant partners are working to implement the non-pay elements of the [deal for Agenda for Change staff](#), agreed between government and the NHS Staff Council on 2 May. These include, but are not limited to, reviewing the support newly qualified staff receive and ensuring existing NHS staff, who have agreed development plans in place through apprenticeships, are not financially penalised.
- The LTWP recognises that “the total reward package – which goes beyond headline pay – will need to be attractive and competitive to respond both to changes in people’s career aspirations and the labour market.” However there is no mention of funding, and no new interventions. This is particularly notable regarding pensions (expanding provision for partial retirement and return to work in 2023/24 was already planned, and pension tax reforms from the Spring Budget 2023, removing the lifetime allowance, are already in place).

- There has been some progress on equality, diversity and inclusion (EDI) for the NHS workforce, but more is needed. The LTWP notes the correlative impact of inclusive approaches in support of the workforce and improving health inequalities. The LTWP states that NHSE's EDI plan is to be followed, and existing national resources used. NHS organisations are also encouraged to use tools from The NHS Culture and Leadership Programme to undertake a cultural review, in collaboration with system partners and peers.
- The national personal learning and development funding for nurses, midwives and AHPs working in trusts and in general practice (equivalent to £1,000 per person over three years) is continuing, though there is no detail as to how long this may be for.
- As specified in NHSE's [Future of HR&OD report](#), from 2023/24 NHS organisations are to work with system partners to develop and promote an employee value proposition (EVP) covering national and local benefits. NHSE will support ICS plans for increased flexibility within national terms and conditions of service, but there is no detail or timeline on this work.
- ICSs are also directed to work with partners to support the recommendations of the Fuller Stocktake for innovative employment models and the adoption of NHS terms and conditions in primary care.

## Staff wellbeing and voice

- NHS organisations are asked to assess the effectiveness of current methods of staff communication and ensure they have a listening approach, engaging staff and acting on feedback. National guidance is available but no timeline is given for this work. The LTWP also suggests that NHS organisations should more regularly use employee engagement metrics to inform improvement plans.
- ICSs are asked to implement plans to invest in occupational health and wellbeing services, aligned with the national Growing Occupational Health and Wellbeing (OHWB) Together strategy and the ICS design framework. These are to be overseen in trusts by a wellbeing guardian or equivalent trust leader. This is also to be undertaken in primary care as per the Fuller Stocktake. There is no timeline or funding specified for this work, but the LTWP states that NHSE will work with systems and stakeholders to consider how best to complement local investment in OHWB services.
- NHS organisations are to review the NHS Health and Wellbeing Framework and the National Standards for Healthcare Food and Drink to ensure staff are working in an environment that supports health and wellbeing. There is no timeline or funding specified for this work, which is concerning given that lack of capital investment is a significant blocker to these ambitions.

- NHSE is working with ICBs and trusts to support staff who experience domestic abuse and sexual violence as per NHSE's Women's Health Strategy. However, there is a lack of interventions targeted at violence and abuse at work, which too many NHS staff experience.

## Flexible working

The LTWP aims for NHS flexible working to go beyond statutory requirements. Organisations are to use existing national [guidance](#) and work with system partners to consider flexible working options for every job. Specific ambitions in this area include:

- In 2023/24, NHSE will work with partners to develop a national integrated community and primary care core capability and career framework, to support workforce development. This framework is intended to inform flexible career pathways and support staff retention.
- NHSE will improve flexible opportunities for prospective retirees to keep them for longer and create more options for existing retirees to come back in flexible, contracted roles or as part of the temporary staffing workforce.
- ICSs are responsible for building the workforce across health and social care settings. Employers and training providers should prioritise the development of integrated career pathways to enable the health and social care workforces to grow and thrive together.
- Subject to successful completion of a pilot phase that is currently underway, ICSs will be encouraged to adopt the NHS Digital Staff Passport at pace. Full roll out of the Digital Staff Passport is expected to be available by August 2025, and should aid movement of staff between organisations.

## Reform – Working and training differently

### Productivity

While the LTWP recognises the need for the NHS to recruit and retain more people, as per the [People Plan](#), it also includes significant focus on the need to work differently, in part to drive productivity. It is therefore helpful that the text rightly states that its productivity aims are “categorically not about staff working harder.”

The LTWP states that productivity improvement needs to come from a combination of delivery of the same care in lower cost settings, reducing administrative burden on clinicians through technological advancement, and delivering large-scale skills mix opportunities while upskilling and retaining staff. It acknowledges that this can only be achieved through “sustained investment in the NHS infrastructure,



a significant increase in funding for technology and innovation, and delivery of the broader proposals in this Plan.”

## **Increasing skills mix and capacity in non-acute settings**

The LTWP aims for the total nursing staff working outside acute settings to increase from the current 30% to 37%, and the total community workforce to almost double in size by 2038. It notes that mental health and learning disability workforce demand is growing the fastest at 4.4%, with community at 3.9%, primary care at 2.7% (with faster growth among nonmedical professions to enhance skills mix) and 2.1% in acute settings.

## **Digital and technological innovations**

This section includes a focus on the opportunities offered by Artificial Intelligence (AI). It is however disappointing not to see explicit recognition that basic IT must also be improved or to see mention of electronic patient records (EPRs) in the LTWP, given these are the biggest and most expensive technological development trusts are implementing. There is also no mention of a separate workforce plan for Digital, Data and Technology specialists, which has been discussed by NHSE’s transformation directorate. NHS Providers will be engaging with NHSE on these issues. However, we are pleased to see mention of NHS Providers’ Digital Boards Programme which has now delivered over 100 trust board development sessions and engaged many others, improving understanding at the most senior level.

The LTWP states that NHSE is collaborating with the Royal College of Surgeons of England (RCS), accrediting surgical bodies, and the robotic industry providers to build a framework for a robotic curriculum. Also, there is an intention that in future, hub and spoke models and automated dispensing will reduce the time pharmacists, pharmacy technicians and dispensers spend on direct medicines supply. NHSE are also expanding remote monitoring, with work underway to expand NHS@home pathways, including testing new approaches for managing major conditions such as cardiac and respiratory disease.

While not a new ambition, it is worth noting that in 2023/24 NHSE is procuring a Federated Data Platform (FDP) which will connect existing systems, making it easier for staff to access the information they need to co-ordinate, plan and deliver care. This software will be ‘federated’ across the NHS, meaning providers and ICBs will have their own platforms which can connect and collaborate with other platforms as a ‘federation’. We are aware of patient groups’ reservations about this work and will continue to engage with NHSE as it is implemented.

## Bringing people into the workforce more efficiently

There are several notable new approaches to staff pipelines outlined in the LTWP.

- NHSE and partners are increasing the opportunity for newly qualified nurses to join the Nursing and Midwifery Council (NMC) register upon qualification at the end of their third academic year. This permits new registrants to be in paid employment up to four months earlier than otherwise. NMC have also been asked to consider how graduate nurses can join its register after fewer practice hours.
- Funding will continue for the shortened midwifery course in 2023/24 and 2024/25, providing registered nurses with a two-year programme to become registered midwives. The LTWP predicts that this will lead to the registration of over 1,000 more midwives by 2026.
- NHSE will also ensure funding for MSc two-year paramedic programmes, though there is no detail as to when this funding will be available.
- The Medical Support Worker programme will be promoted and developed by NHSE in the short to medium term, as a sustainable cost-effective option for supporting the medical workforce. There is no mention of funding or timeline for this.
- NHSE will consider with government whether to introduce incentives or other measures, such as a tie-in period, that encourage dentists to spend a minimum proportion of their time delivering NHS care in the years following graduation.

Further notable work, includes:

- Higher education institutions (HEIs) continue to be asked by NHSE to maximise recognition of prior learning (RPL) and accredit prior experiential learning (APEL). Similarly, NHSE and partners continue to explore EU exit potential for greater flexibility to recognise prior learning and experience towards attaining a degree in medical training in the UK.
- Regulators are also asked to continue to streamline registration process for domestic and international recruits.
- NHSE and partners exploring the potential for contractual or other mechanisms to better incentivise doctors and other healthcare professionals to work in known underserved geographical areas, and to encourage retention during the early.

## Educating and training the workforce differently

### Placements

- NHSE proposes to introduce a single, consistent policy for funding excess travel and accommodation costs incurred by students undertaking placements.
- The LTWP intends for ICSs to develop more multi-profession, system-based rotational clinical placements across primary, community and social care, and in the independent and voluntary sectors. There is no timeline for this work.
- NHSE will ensure that all foundation doctors can have at least one four-month placement in general practice by 2030/31 and increase training and supervision capacity in primary care so GPs in training can spend the full three years of their training in primary care settings. They will also will work with stakeholders and government to ensure that doctors other than GPs are more easily able to work in primary care.

### **Generalist, blended, and new approaches to training**

- Trusts are directed to adopt the national preceptorship framework.
- NHSE is expanding the seven existing pilots of generalist approaches to education and training. The pilots were launched from August 2022. Wider implementation is planned from August 2023. The ambition is to expand the trailblazers so there are pilots across all medical specialties and regions by August 2025. Subject to pilot outcomes this will become an established part of medical education training.
- NHSE will then expand the NHS's Enhance Programme to be in place for all doctors in training by 2025. This aims to broaden the generalist and core expertise of clinical professionals during early training, expanding across different specialties and more locations. There is no detail on funding for this work.
- NHS England is commissioning an independent evaluation of all the blended learning programmes, to be completed in the next year.
- NHSE will expand the Virtual Hybrid Learning Faculty and Simulation Faculty programmes, and support HEIs to adopt – at pace – the NMC's new standard allowing up to 600 hours of practice learning to be undertaken via simulation.
- NHSE and partners to develop opportunities to extend dual registration courses for nursing in children and young people services and learning disability services.
- Compassionate leadership and workforce psychological wellbeing to be incorporated in undergraduate curricula.
- NHSE are considering training for specialised services, starting with four to six thrombectomy training academies across England, and additional specialist training in gender dysphoria.

### **Career diversification**

- All stakeholders are to support SAS doctors to have a better professional experience, by improving equitable promotion and ensuring options for career diversification. NHSE will also review medical career pathways and identify ways to better support postgraduate career progression for Locally Employed Doctors.
- NHSE and the General Medical Council (GMC) are building on the Out of Programme Pause (OOPP) pilot, so that taking out of programme opportunities becomes a more accepted part of the training pathway.
- In 2024/25, NHSE aim to pilot an internship model for newly qualified doctors to trial shortening undergraduate training time. This will involve medical students graduating six months earlier and entering a six-month remunerated internship programme.

### **Meeting geographical need**

- NHSE propose focusing new medical schools and additional places in geographical areas with the greatest staff shortfalls. The ambition is for a higher proportion of the new 2024/25 cohort of 1,500 additional medical students to carry out their postgraduate training in parts of the country with the greatest shortages.
- For future increases, NHSE will continue to apply distribution methodology so there is a continuous pipeline to grow the future permanent medical workforce where it is needed most. This speaks to the role of trusts as anchor institutions, though no funding is specified.
- NHSE is also reviewing the geographical distribution of training posts for wider professional groups.

### **Enablers of education and training expansion and reform**

The LTWP acknowledges that the physical estates capacity must be addressed, and will require continued, sustained investment in the primary care estate. It also acknowledges that as the number of training places increases across professions, more clinical academic posts will be needed. There is no commitment to this or detail as to how it will be undertaken, but NHSE is working with DHSC to review the NHS education funding policy and deliver the Education Funding Reform Programme.

NHSE is committed from 2024 to moving to a position where nationally, education and training plans are formulated at least three years in advance. There are also interventions planned for specific staff groups:

- NHS will introduce 10 clinical fellow posts into sickle cell disease services from 2024/25.
- The need for parity of esteem between physical and mental health is reflected in the LTWP's anticipated workforce shift between care settings, with the proportion in community care, primary

care and mental health needing to increase substantially.

**Table 3: Key roles for expansion**

Roles	Estimated supply by 2036/37
Nursing associates	64,000
Physician associates	10,000
Anaesthesia associates	2,000
Advanced practitioners	39,000
Approved clinicians (mental health)	1,000
Roles covered by further expansion of primary care MDTs	15,000
Roles covered by primary care nurse expansion	5,400

- The LTWP intends to increase the proportion of supportive and complementary staff roles from 1% in 2022 to 5% by 2036/37. It focuses on expanding those roles that have a particularly diverse range of skills and can contribute in many care settings, including 3.7–4.0% growth in paramedics, 3.4– 3.7% growth in occupational therapists and 3.3% growth in physiotherapists (assessment of average growth rates per year).
- More nursing associates (NAs) will be trained, with 5,000 NAs due to start training in 2023/24 and 2024/25. The LTWP estimates a need to incrementally increase that number to 10,000-10,500 per year from 2031/32 - there will be 64,000 nursing associates working in the NHS, compared to about 4,600 now. To support this, training places will increase by 40% to 7,000 by 2028/29.
- From 2023/24, around 1,300 physician associates (PAs) will be trained a year. This will increase to over 1,400 a year in 2027/28 and 2028/29, supporting an ambition to increase training places to over 1,500 by 2031/32. The LTWP emphasises the need to focus this expansion on primary care and mental health services. Bringing PAs into regulation by the General Medical Council (GMC) will also enable expansion of their scope of practice.
- Anaesthesia associate (AA) training places will increase to 250 by 2028/29, with the ambition to increase places to 280 a year by 2031/32. National funding is supporting the training of 120 a year over two years until March 2024.
- National funding is available to train 150 enhanced practice radiographers a year to support the diagnosis of cancer and other conditions, and to support every general practice to have a musculoskeletal first contact practitioner (FCP) by 2032/33. An enhanced clinical practitioner apprenticeship with critical care outreach specific content will be launched in 2023, through collaboration with the Intensive Care Society, with funding available for 300 places in 2023/24.
- Over 3,000 clinicians will start advanced practice pathways annually from 2023/24, tailored to support service demand. This will increase by 46% to 5,000 by 2028/29, supporting this Plan’s ambition to have over 6,300 clinicians starting advanced practice pathways each year by 2031/32.

- Same Day Emergency Care will require more advanced practitioners and around 150 advanced paramedics a year will be trained, from 2023/24, to support this. Work to establish community advanced practice credentials is also planned over the next two years.
- Work is underway to create pilot development programmes for consultant practitioners, with an initial focus on learning disability and autism, cancer, integrated imaging and musculoskeletal pathways.
- NHSE will seek to extend the success of the Additional Roles Reimbursement Scheme (ARRS), increasing the number of non-GP direct patient care staff by around 15,000 and primary care nurses by more than 5,000 by 2036/37. This expansion would be carefully managed taking into account additional training of pharmacists, to ensure the growth in workforce is sustainable, and considers the additional capacity required to staff roles across primary care.
- From 2026 NHSE will support 3,000 pharmacists who have graduated but not completed an independent prescriber course to gain the required skills, knowledge and qualification to prescribe as independent clinicians.
- NHSE will continue to support the recruitment and retention of support workers including:
  - maternity support workers through the Competency, Education and Career Development Framework
  - AHP support workers, through growth of apprenticeships and the development of a Competency, Education and Career Development Framework
  - healthcare support workers, through the NHS England programme (recruitment, induction and career pathways)
  - cancer support workers, through the ACCEND (Aspirant Cancer Career and Education Development) programme
- As part of service and workforce redesign, specific roles are being embedded within multidisciplinary teams to support self-care and facilitate access to broader local support services. Expansion should be targeted at primary care, mental health, and learning disability and autism services, where need is greatest. The intention is:

**Table 4: Personalised care roles potential expansion**

Personalised care role	Estimated expansion
Care co-ordinators	Increase from over 4,000 current posts (September 2022) to 12,000 by 2036/37
Health and wellbeing coaches	Increase from over 1,000 current posts (September 2022) to 6,000 by 2036/37
Social prescribing link workers	Increase from over 3,000 current posts (September 2022) to 9,000 by 2036/37
Peer support workers (mental health services)	4,730 staff in post by the end of 2023/24. Extend growth so there are over 6,500 by 2036/37 (NHS Mental Health Implementation Plan) <sup>233</sup>
Peer support workers (autism services)	Autism Peer Support Workers Capability Framework in place to support autism service providers to develop these roles. In 2023/24 support services will pilot these roles and develop an Autism Peer Support Worker Training programme

## Mental health

The LTWP aims to increasingly shift mental health care towards early intervention and prevention, primarily delivered in the community. It aims to increase the number of approved clinician roles across mental health services so that by 2036/37 there are at least 1,000 more than in 2022/23. It also notes that growth is needed across psychological professions (across physical and mental health), including psychologists and psychological therapists as well as new roles. For example:

- Clinical psychologists working within mental health, learning disability and autism, and physical health services. 1,065 training places were commissioned in 2022/23 with a similar level projected in 2023/24
- Psychological therapists work within NHS Talking Therapies for anxiety and depression, community mental health services for adults and with children. 2,556 training places were commissioned in 2022/23 with more than 3,000 projected in 2023/24
- Mental health and wellbeing practitioners, with 560 training places commissioned in 2022/23. The first intake started their training in March 2022 and their impact is being evaluated in 2023/24
- Children’s wellbeing practitioners, with 387 training places commissioned in 2022/23 with around 400 projected in 2023/24.
- Educational mental health practitioners, who work in Mental Health Support Teams (MHSTs) based in schools and colleges. Around 500 MHSTs are expected to be operational by 2024.

## Upskilling

The overall aim of the LTWP is to move more care towards prevention and early intervention. In addition to ongoing work in this area, NHSE will explore the future genomics training and development model with academia and industry over the next three to five years. Training places through the three-year Scientist Training Programme will also be expanded 65% by 2022/23. The LTWP also sets an aspiration to have a fellow working in every ICS to support the development of local expertise, shaping care to local need – however there is no funding specified for this work.

## Next steps

The LTWP requires action at every level of the NHS from trusts and other employers to systems, national bodies and government. We note in particular the call for ICSs to prioritise actions that drive recruitment and retention of their ‘one workforce’ across health and care and to integrate considerations from the LTWP into five year joint forward plans. We welcome the commitment from government and NHSE to reiterate plans every two years and agree with the clear emphasis NHSE places on the need for the assumptions and modelling to evolve over the time period in order to realise the LTWP’s ambitions.

## NHS Providers view

NHS Providers has long called for the publication of the LTWP, working in coalition with many other organisations to make the case for costed and transparent workforce projections. We will continue to analyse the detail of the information published today and look forward to working with trusts and their partners, with NHSE and with government to deliver the ambitions set out today.

Responding to today’s announcement of the first NHS long-term workforce plan, backed by the government, Sir Julian Hartley, chief executive at NHS Providers said:

### *Workforce plan welcome but details will be crucial*

*“This plan must be a pivotal moment for the health service. Trust leaders across hospital, mental health, ambulance and community services are hopeful it will deliver on its promise to put the NHS workforce on a sustainable footing. They look forward to seeing the final details of the plan.*

*Staff lie at the heart of everything the NHS does, but there is no denying that many are exhausted and burnt out under the weight of mounting pressure. National backing to expand recruitment and training, and retain and support staff, is therefore critical to ensure trusts can provide the best care for patients – now and in the future.*



*The plan's emphasis on recruitment, training and retention will be hugely welcomed by trust leaders who are already working flat-out to support their staff. We eagerly await engagement on the plans for pension reform as well as for new approaches to training, skill mix and flexible working opportunities.*

*We also need to see how this plan will affect different service providers. Mental health and community trusts have specific and significant staffing gaps needing focused intervention. Gaps in administration, IT and estate workforce – the backbone of the NHS – must also be addressed.*

*The plan's ambitions are promising but the details will be crucial. We need to see how it will be funded and implemented, and there must be regular reviews and updates. The commitment to refresh it every two years is a good start.*

*To be successful, the plan must also put emphasis on positive cultures and quality improvement in trusts."*