

Dietetic involvement in the NHS Long Term Plan and Integrated Care Systems

In the table below, we have outlined a number of significant commitments from within the [NHS England Long Term Plan](#) (including where you'll find them in the document), and highlight how we think dietitians can play an important role. This is by no means an exhaustive list, but will hopefully be helpful for making your case for dietitians' involvement in the ICS and with the LTP. We have also endeavoured to include further information, evidence and links that might be useful. If you have a case study or more information that you'd like us to include in any section, get in touch – t.embury@bda.uk.com

	Long Term Plan Commitment	Role for Dietitians	Further information
CHAPTER 1: A NEW SERVICE MODEL FOR THE 21ST CENTURY			
Primary Care	<p>"Boost 'out-of-hospital' care, and finally dissolve the historic divide between primary and community health services, including a promise to increase investment in primary medical and community health services as a share of the total national NHS revenue spend across the five years from 2019/20 to 2023/24."</p> <p style="text-align: right;"><i>p13-14</i></p>	<p>The BDA believes that dietitians have a critical role to play in supporting primary care services. Diet and obesity are the main factors or one of the main factors in the aetiology of many long-term conditions (LTCs) or Ambulatory Care Sensitive conditions (ACS). This means that dietary treatment is key to the management of these conditions. We also know that 96% of people living with malnutrition are in the community, and more needs to be done to prevent people ending up in the hospital with malnutrition.</p> <p>We believe dietitians can have a number of important impacts:</p> <ul style="list-style-type: none"> • Enable patients to self-manage their conditions • Reduce demand on GP time • Make 'prevention' possible in primary care • Manage medicines and ACBS products effectively • Reduce the need for expensive referrals to secondary care and the need for hospitalisation 	BDA Primary Care Project
	<p>"Primary care networks will be able to attract and fund additional staff to form an integral part of an expanded multidisciplinary team."</p> <p style="text-align: right;"><i>p83</i></p>	<p>Dietitians should be a core part of this multidisciplinary team. The recent GP contract did not specifically include dietitians, but this does not mean that dietitians can't be involved. We need to make the case. The research we are undertaking as part of the Primary Care Project will help give evidence of the impact dietitians can have in Primary Care.</p>	A five-year framework for GP contract reform
Older	<p>"We will upgrade NHS support to all care home residents who would benefit by</p>	<p>"Access to hydration and nutrition support" is a core part of the Enhanced Health in Care Homes model, so dietitians have a central</p>	Enhanced Health in Care Home Framework

	<p>2023/24, with the Enhanced Health in Care Homes model rolled out across the whole country.”</p> <p style="text-align: right;"><i>p15</i></p>	<p>role to play, either in the direct delivery of this support, or the training and development of those that will deliver it.</p>	<p>Quick Guide: allied health professionals enhancing health for people in care homes</p>
	<p>“We will go further in improving the care we provide to people with dementia and delirium, whether they are in hospital or at home”</p> <p style="text-align: right;"><i>p17</i></p>	<p>Nutrition and hydration play a critical role in the management of dementia, so dietitians should be a key part of delivering this aim, especially for people require additional support to enable them to eat or drink.</p>	<p>BDA Dementia Key Fact Sheet</p>
	<p>“Hospitals will also reduce avoidable admissions through the establishment of acute frailty services, so that such patients can be assessed, treated and supported by skilled multidisciplinary teams delivering comprehensive geriatric assessments in A&E and acute receiving units”</p> <p style="text-align: right;"><i>p22</i></p>	<p>Dietitians already play a central role in the prevention of frailty, and can work as part of multidisciplinary falls/frailty teams alongside other AHPs such as physiotherapists and occupational therapists. Improving hydration, tackling sarcopenia and preventing osteoporosis are all critical to preventing frailty and all have a core nutrition element.</p>	<p>“Reducing inpatient days amongst frail elderly people: the dietitian’s role” – Older People Specialist Group Study Day</p>
Social Care	<p>“The NHS and social care will continue to improve performance at getting people home without unnecessary delay when they are ready to leave hospital, reducing risk of harm to patients from physical and cognitive deconditioning complications”</p> <p style="text-align: right;"><i>p23</i></p>	<p>We know that malnutrition is responsible for increasing hospital stays by up to 30%, so getting nutrition right from the moment someone enters hospital is critical. We also know that being malnourished makes complications more likely and increases someone’s chance of being readmitted to hospital. Dietitians clearly have a central role to play.</p>	<p>Malnutrition Key Fact Sheet</p>
Digital and personalised care	<p>“Delivering personalised care, including offering patients more personalised therapeutic options.”</p> <p style="text-align: right;"><i>p24</i></p>	<p>Personalised care is what dietitians do, so it should not be difficult to adapt to this more person-centred model of care. Dietitians are already delivering services that cater for specific nutritional and care needs as part of MDTs and in an increasing range of settings.</p>	<p>Health Foundation – What is Person Centred Care?</p> <p>Patient-centred care to improve dietetic practice: an integrative review – J Hum Nutr</p>
	<p>“Through social prescribing the range of support available to people will widen, diversify and become accessible across the country”</p> <p style="text-align: right;"><i>p25</i></p>	<p>Social prescribing is a key part of the NHS’s commitment to Universal Personalised Care. It will not be something that only a GP can do, but any member of the wider MDT. Of course, dietitians may find themselves delivering social prescribing services as well, perhaps as part of the third sector.</p>	<p>NHS Social Prescribing</p>

CHAPTER 2: More NHS action on prevention and health inequalities			
General	<p>“The Global Burden of Disease (GBD) study quantifies and ranks the contribution of various risk factors that cause premature deaths in England. The top five are: smoking, poor diet, high blood pressure, obesity, and alcohol and drug use.”</p> <p style="text-align: right;"><i>p33</i></p>	<p>Dietitians have a role to play in the prevention and treatment of all of the top five risk factors for premature death, in particular poor diet and obesity. Clearly, these factors are too widespread to be dealt with by dietitians alone, but RDs can provide crucial support and training to other healthcare professionals where they aren’t delivering services directly. The recently published AHP public health strategic framework sets out a much wider role for all AHPs in prevention and public health.</p>	<p>Global Burden Of Disease Study Country Profile - England</p> <p>UK AHP Public Health Strategic Framework</p>
Diabetes	<p>“The NHS will 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+”</p> <p style="text-align: right;"><i>p37</i></p>	<p>Dietitians clearly have a central role in delivering weight management programmes already, but the emphasis on primary care is what is of interest here. Against a backdrop of cuts to local authority public health weight management services, this represents an opportunity to bolster provision within the NHS.</p>	<p>BDA Obesity Key Fact Sheet</p>
	<p>“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”</p> <p style="text-align: right;"><i>p37</i></p>	<p>Dietitians already support the Diabetes Prevention Programme, but the doubling of funding represents a significant opportunity for dietitians to grow their service. Dietitians already use digital solutions to help treat patients with type 2 diabetes, such as Oviva’s diabetes programme.</p>	<p>NHS Diabetes Prevention Programme</p> <p>NHSDPP – digital innovation</p> <p>Oviva Diabetes programme</p>
	<p>“We will test an NHS programme supporting very low-calorie diets for obese people with type 2 diabetes.”</p> <p style="text-align: right;"><i>p37</i></p>	<p>Dietitians have been involved in the development and roll out of the very low-calorie diet approach studied as part of DiRECT. As a specialist diet that is difficult to maintain, it is important that those using it have support from dietitians and other suitably qualified professionals.</p>	<p>Very Low Calorie Diet programme</p> <p>Diabetes UK – VLC and DiRECT</p>
Medical Training	<p>“Together with the professional bodies and universities we will ensure nutrition has a greater place in medical training.”</p> <p style="text-align: right;"><i>p37</i></p>	<p>The BDA already works with organisation such as Nutritank and NNEdPro. There are also examples, such as Brighton & Sussex and Bristol Medical Schools, where dietitians are already helping to deliver training to junior doctors. This is something that dietitians need to grasp by the horns or else someone else will deliver it.</p>	<ul style="list-style-type: none"> • NNEdPro • Nutritank • Brighton and Sussex Medical School • Blog from Elaine MacAninch RD, Dietitian Medical Educator.

Inequality	<p>“NHS England, working with PHE and our partners in the voluntary and community sector and local government, will develop and publish a ‘menu’ of evidence-based interventions that if adopted locally would contribute to reducing health inequality”</p> <p style="text-align: right;"><i>p40</i></p>	<p>Food poverty and insecurity are a key driver of health inequality. Ensuring that dietetic options are part of this menu of options is key. The BDA will look to contribute to this process, but individual dietitians also need to highlight the work they do that could form part of this suite of interventions.</p>	<p>Long Term Plan Healthy Inequalities Impact Assessment</p>
	<p>“We will invest up to £30 million extra on meeting the needs of rough sleepers”</p> <p style="text-align: right;"><i>p42</i></p>	<p>Nutrition is a key part of meeting the needs of homeless people, and some dietitians, particularly those working in the third sector, already have experience of delivering services for this particularly vulnerable group.</p>	<p>Case study - Building a dietetics programme for homeless young people</p>
Mental Health	<p>“By 2020/21, the NHS will ensure that at least 280,000 people living with severe mental health problems have their physical health needs met. By 2023/24, we will further increase the number of people receiving physical health checks to an additional 110,000 people per year”</p> <p style="text-align: right;"><i>p41</i></p>	<p>Dietetic interventions lead to reduced malnutrition, better weight management, reduction in nutrition related side-effects of psychiatric medications, improve self-care and management of co-morbid conditions, and improved health and nutritional status amongst those with mental health conditions. Dietitians are committed to parity of esteem between mental and physical health.</p>	<p>BDA Mental Health Key Fact Sheet</p> <p>Equally Well</p>
LD and Autism	<p>“Action will be taken to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.”</p> <p style="text-align: right;"><i>p52</i></p>	<p>Poor nutrition, obesity and its related conditions are one of the key reasons for higher morbidity for people with LD and Autism. It is obvious therefore why dietitians have a key role to play. The BDA Mental Health Specialist Group are signatories to the STOMP initiative, to prevent over medication of people with LD and autism.</p>	<p>STOMP initiative</p> <p>BDA learning disabilities specialist key facts</p>
CHAPTER 3: Further progress on care quality and outcomes			
Children and Young People	<p>“All maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation process in 2019/20.”</p> <p style="text-align: right;"><i>p49</i></p>	<p>The BDA supports the Baby Friendly Initiative, and would encourage all dietitians to ensure they are aware of the expectations on them required by it, and take steps to actively support breastfeeding where possible.</p>	<p>UNICEF Baby Friendly</p> <p>BDA Breastfeeding Policy Statement</p>

	<p>“Over the next five years, we will also boost investment in children and young people’s eating disorder services.”</p> <p style="text-align: right;"><i>p50</i></p>	<p>Nutrition interventions are an essential part of treatment of an individual with an eating disorder. Dietitians are the experts in using evidence-based practice and behaviour change skills to work alongside an individual with an eating disorder, developing a personalised strategy to restore and maintain a healthy body weight, and re-ordering beliefs and attitudes to food, weight and appetite.</p>	<p>BDA Eating Disorders Key Fact Sheet</p> <p>Innovative eating disorder care pathway succeeds in Plymouth</p>
	<p>“We will therefore develop and implement networked care to improve outcomes for children and young people with cancer, simplifying pathways and transitions between services and ensuring every patient has access to specialist expertise.”</p> <p style="text-align: right;"><i>p53</i></p>	<p>Many people experience eating concerns either before, during and after their treatment, for example unintentional weight loss, cancer related fatigue, digestive problems and swallowing difficulties. Dietetic oncology expertise should be a key part of the multidisciplinary team supporting children and young people with cancer.</p>	<p>BDA Cancer Key Fact Sheets</p>
	<p>“models will support health development by providing holistic care for children across local authority and NHS services, including primary care, community services, speech and language therapy etc.”</p> <p style="text-align: right;"><i>p55</i></p>	<p>Moving dietetic services closer to patients, with a greater role for dietitians in primary care, needs to apply to services for children as much as adults. This will allow dietitians to manage issues such as allergy, childhood obesity, type 1 diabetes and other conditions more appropriately and conveniently.</p>	<p>BDA Primary Care Project</p>
	<p>“From 2019/20 clinical networks will be rolled out to ensure we improve the quality of care for children with long-term conditions such as asthma, epilepsy and diabetes”</p> <p style="text-align: right;"><i>p55</i></p>	<p>Dietitians have an important role to play in supporting children with long term conditions. From highly specialist ketogenic diets for children with epilepsy to nutrition advice and support to children managing diabetes, there is a clear role for dietitians in any proposed clinical networks.</p>	<p>Ketogenic diet – Epilepsy Society</p> <p>BDA Food Fact Sheet – Type 1 Diabetes</p>
Major health conditions	<p>“By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support”</p> <p style="text-align: right;"><i>p61</i></p>	<p>Oncology specialist dietitians are able to provide evidence based, expert advice on the diet needed to help optimise a patient’s nutritional wellbeing and quality of life. They can provide nutritional counselling to patients and their families/carers at any stage of their cancer treatment and rehabilitation.</p>	<p>BDA Cancer Key Fact Sheets</p>
	<p>“Scaling up and improving marketing of cardiac rehabilitation to be amongst the best in Europe will prevent up to 23,000 premature deaths and 50,000 acute admissions over 10 years.”</p> <p style="text-align: right;"><i>p63</i></p>	<p>Dietitians are recognised by the British Association for Cardiovascular Prevention and Rehabilitation as a core part of the cardio rehab team.</p>	<p>BACPR – BDA Ally</p> <p>BACPR Standards</p>

<p>“The NHS will work with Health Education England to modernise the stroke workforce with a focus on cross-specialty and in some cases cross-profession accreditation of particular ‘competencies”</p> <p style="text-align: right;"><i>p64</i></p>	<p>Approximately 30% of stroke survivors have malnutrition, poor dietary intake and dehydration. These conditions can lead to a higher incidence of death, disability, chest infection and longer hospital stay. Dietitians clearly have a key role in a modernised stroke workforce.</p>	<p>BDA Key Fact Sheet – Stroke</p> <p>SSNAP – Providing an excellent dietetic service to stroke patients</p>
<p>“We will support people who are newly diagnosed with T2D to manage their own health by further expanding provision of structured education and digital self-management support tools. For those who periodically need secondary care support we will ensure that all hospitals in future provide access to multidisciplinary footcare teams and diabetes inpatient specialist nursing teams to improve recovery and to reduce lengths of stay and future readmission rates.”</p> <p style="text-align: right;"><i>p93</i></p>	<p>Dietitians have a key role to play in supporting people with Type 2 diabetes, given the central role that diet plays. That should include offering a range of services and options for patients to help them manage their condition or even put it into remission. This includes a range of dietary approaches, including Very Low Calorie Diets, low fat and lower carbohydrate approaches.</p>	<p>BDA Key Fact Sheet – Diabetes</p> <p>Case Study: Move Away from Prediabetes</p>
<p>“Low back and neck pain is the greatest cause of years lost to disability, with chronic joint pain or osteoarthritis affecting over 8.75 million people in the UK”</p> <p style="text-align: right;"><i>p73</i></p>	<p>It is positive to see Physios are being given a leading role, but important that other AHPs are also involved – MSK conditions are often caused by or exacerbated by obesity, and conditions such as osteoporosis can be prevented or managed through changing lifestyle factors such as diet and exercise.</p>	<p>ARMA – BDA Ally</p> <p>BDA Food Fact Sheet – Osteoporosis</p>
<p>“Under the Long Term Plan, the local NHS is being allocated sufficient funds over the next five years to grow the amount of planned surgery year-on-year, to cut long waits, and reduce the waiting list.”</p> <p style="text-align: right;"><i>p74</i></p>	<p>Cutting waiting lists for surgery will be aided by preparing people better for surgery and helping them recover more quickly, freeing space. Dietitians are already taking forward the prehab approach for nutrition, and these should be expanded to help people prepare nutritionally for surgery.</p>	<p>Case Study – Prehabilitation for major abdominal cancer surgery</p>

CHAPTER 4: NHS Staff will get the backing they need			
AHP Workforce	<p>“We aim to ensure sufficient supply of nurses and to address specific shortages for AHPs and other key groups. The national workforce group will make specific recommendations for AHPs, in particular those in short supply.”</p> <p style="text-align: right;"><i>p79</i></p>	<p>We strongly believe that dietitians are amongst those AHPs that are in short supply, even with growing numbers. It is very clear that RDs could be playing a much bigger role. It will be important for dietitians to monitor and provide evidence the workplace pressures that they face and to build business cases for expanding their services. There are concerns that the longer-term impact of removing the AHP bursary could see fewer young people applying for health courses as a first degree.</p> <p>We also strongly believe that dietitians could be playing a wider role and would urge members to evidence their impact, and demonstrate their leadership roles.</p>	<p>Nine step guide for making the case for dietetics</p> <p>Interim NHS People Plan</p> <p>“Building our workforce of the future” – blog from CAHPO Suzanne Rastrick regarding interim people plan and #AHPsIntoAction</p>
	<p>“in the short-term we must also continue to ensure that high-skilled people from other countries from whom it is ethical to recruit are able to join the NHS.”</p> <p style="text-align: right;"><i>p84</i></p>	<p>The BDA strongly believes that the non-UK dietetic workforce, representing some 10% of all dietitians, is hugely important. Current limitations on immigration from outside the EU, in particular the very high minimum earnings threshold prevents talented dietitians from coming from abroad.</p>	<p>Government Immigration White Paper</p>
	<p>“we will also seek to grow wider apprenticeships in clinical and non-clinical jobs in the NHS”</p> <p style="text-align: right;"><i>p81</i></p>	<p>The BDA is supportive in principle of the development of apprenticeships which relate to the dietetic workforce, subject to apprenticeship schemes meeting the following criteria:</p> <ul style="list-style-type: none"> • High quality delivery; • Affordable; • Occupational standard adhering to BDA curriculum guidelines; • Standard aligning with HCPC requirements for eligibility to practise as a dietitian in the UK; 	<p>BDA Apprenticeships webpages</p>
HCP Training	<p>“Following agreement of the HEE training budget in this year’s Government Spending Review, we will expect to increase investment in CPD over the next five years.”</p> <p style="text-align: right;"><i>p85</i></p>	<p>Current investment in CPD, both in time and financial support, is too low, so this is welcome. Dietitians will need to push their services and managers to ensure that they grant sufficient time for CPD and other development and training, and make best use of the additional resources for CPD.</p>	<p>BDA CPD</p> <p>BDA’s professional development toolkit</p>

	<p>“To make the NHS a consistently great place to work, we will seek to shape a modern employment culture for the NHS – promoting flexibility, wellbeing and career development, and redoubling our efforts to address discrimination, violence, bullying and harassment.”</p> <p style="text-align: right;"><i>p86</i></p>	<p>This is very welcome; however, it remains to be seen how this improvement in workforce wellbeing will be achieved. At least some of the pressure on NHS staff is as a consequence of resource and funding pressure.</p>	<p>Interim NHS People Plan</p>
Improved place to work	<p>“the NHS will have the most comprehensive national mental health support offer to doctors of any health system in the world.”</p> <p style="text-align: right;"><i>p87</i></p>	<p>It is important that world-leading mental health support is offered to all health care professionals, not just doctors – all healthcare professionals face mental health pressures, and need access to confidential, non-stigmatising services.</p>	<p>BDA Trade Union Wellbeing advice</p>
	<p>“By 2021, NHS Improvement will support NHS trusts and foundation trusts to deploy electronic rosters or e-job plans.”</p> <p style="text-align: right;"><i>p88</i></p>	<p>Job planning is an important way to help ensure people’s roles and professional activity and we support the use of AHP Job Planning best practice. We welcome the wider use of e-rostering with appropriate safeguards for existing rights. It offers an opportunity to provide more efficient and flexible way to organise working hours, sick leave, holiday and so forth for our members.</p>	<p>Allied health professionals job planning: a best practice guide</p> <p>NHS Employers – e-rostering</p>
	<p>“We will also do more to nurture the next generation of leaders by more systematically identifying, developing and supporting those with the capability and ambition to reach the most senior levels of the service.”</p> <p style="text-align: right;"><i>p89</i></p>	<p>It is vital that leadership is a path available to all healthcare professionals, not just doctors or nurses. AHPs need to have options to go into senior leadership positions in trusts, including Director of Nursing posts, and to access training and programmes to help them realise their leadership potential. Dietitians should push for these opportunities within their trusts, and inform us of barriers they encounter.</p>	<p>BDA Professional Leadership Policy Statement</p> <p>AHPF Leadership campaign</p> <p>Investing in chief allied health professionals: insights from trust executives</p>
CHAPTER 5: Digitally-enabled care will go mainstream across the NHS			
Digital Tools	<p>“People will be empowered, and their experience of health and care will be transformed, by the ability to access, manage and contribute to digital tools, information and services.”</p> <p style="text-align: right;"><i>p93</i></p>	<p>We fully support this vision. Professionals also have much to contribute and should be enabled to contribute to the development of these digital tools and services. This requires a systematic approach to education and training of the future and present workforce and a culture that supports innovation in services.</p>	<p>NHSX – driving forward digital transformation</p>

	<p>“Supporting moves towards prevention and support, we will go faster for community-based staff. Over the next three years we want all staff working in the community to have access to mobile digital services”</p> <p style="text-align: right;"><i>p94</i></p>	<p>There are great examples of services developing and using digital services, but it will be challenging to deliver these everywhere and consistently. This requires a supportive culture and the infrastructure to enable the delivery of digital services on the go.</p>	<p>Going all digital – articles from Dietetics Today</p>
	<p>“If people need NHS advice or care, they will have increasing digital options.”</p> <p style="text-align: right;"><i>p95</i></p>	<p>Dietitians already deliver services digitally, and there’s plenty of good examples, such as the Somerset Digital Model using webinars to increase the range of options for patients and massively increasing the number of patients that can access a dietitian.</p>	<p>Somerset Digital Model</p> <p>Calling dietitians – would you like to join the digital transformation?</p>
Digital Services	<p>“All providers, across acute, community and mental health settings, will be expected to advance to a core level of digitisation by 2024”</p> <p style="text-align: right;"><i>p96</i></p>	<p>This is an ambitious target given the NHS’s track record with digital and IT projects, and it will be important that this process is not rushed. Barriers to digital transformation are well recognised – resourcing, culture and training needs.</p>	
	<p>“During 2019, we will deploy population health management solutions to support ICSs to understand the areas of greatest health need and match NHS services to meet them.”</p> <p style="text-align: right;"><i>p97</i></p>	<p>Understanding population health needs, using data and evidence to determine services and target efforts towards areas of greatest need is absolutely the right approach. Dietitians need to play an active part in this process, taking into account wider determinants of health.</p>	
CHAPTER 6: Taxpayers’ investment will be used to maximum effect.			
Funding	<p>“NHS England’s revenue funding would grow by an average of 3.4% in real terms a year over the next five years”</p> <p style="text-align: right;"><i>p100</i></p> <p>“The NHS (including providers) will return to financial balance”</p> <p style="text-align: right;"><i>p101</i></p>	<p>This is an extremely welcome step, but as the LTP recognises, much of this additional funding is likely to be taken up by demographic change and dealing with current pressures. NHS funding will need to increase further in future, and digitisation and efficiency will not be enough to produce the ambitious improvements to services outlined elsewhere in the LTP. Consideration also needs to be given to the cuts that have been made elsewhere in the health and care system, such as to local authority public health budgets or social care provision which will directly impact on NHS sustainability.</p>	<p>Prime minister sets out 5-year NHS funding plan</p>

	<p>“The NHS will achieve cash-releasing productivity growth of at least 1.1% per year”</p> <p>“Despite the overall efficiency of the NHS, there is still waste and an opportunity to improve efficiency”</p> <p style="text-align: right;"><i>p103</i></p>	<p>We welcome steps to improve productivity and efficiency and reduce waste, including freeing up more time for dietitians and other healthcare professionals to spend with patients.</p> <p>However, as is recognised within the LTP, the NHS is already more productive than the economy as a whole and has improved much more quickly already. Drives for efficiency</p> <p>We are concerned that the NHS has already made decisions about prescribing and services (for examples for gluten free foods) which are driven by short term financial concerns, rather than longer term considerations, so we hope the approach in this instance is different.</p>	<p>Carter review into unwarranted variations in mental health and community health services</p>
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CHAPTER 7: Next Steps			
Funding	<p>“To support local planning, local health systems will receive five-year indicative financial allocations for 2019/20 to 2023/24 and be asked to produce local plans for implementing the commitments set out in the Long Term Plan in 2019”</p> <p style="text-align: right;"><i>p110</i></p>	<p>We warmly welcome longer-term funding commitments, which will help services plan for the longer term. It will still be important to ensure funding is not just provided in advance, but is sufficient to pay for the services that are required.</p>	
New and Improved Models	<p>“ICSs will be central to the delivery of the Long Term Plan and by April 2021 we want ICSs covering all of the country.”</p> <p style="text-align: right;"><i>p110</i></p>	<p>Dietitians and indeed all AHPs should be closely involved with the creation and running of ICSs. It is vital that these organisations are not dominated by any one professional group. We welcome the creation of local/regional AHP networks, which have the function of enabling allied health professionals to respond to and influence local workforce priorities and support the deliver of ICS. We would strongly encourage all dietitians to get involved with their AHP network.</p>	<p>North West AHP Network</p>
	<p>“The NHS has an almost unrivalled ability to bring together data to inform care, and we will build on the Model Hospital by increasing its transparency and extending it into the model health system.”</p>	<p>The BDA believes that all dietetic managers and their teams should be involved with the Model Hospital programme.</p>	<p>Model hospital on BDA website</p> <p>What Does A Model Hospital Look Like? – Article from BDA Ed&PD team</p>