

## **2016/17 NHS England Planning Guidance**

**Report by: Joe Corrigan Chief Finance & Operating Officer NHS  
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### **1. Purpose of the report**

- 1.1 This report provides an update on the key messages of the NHS England Planning Guidance which was published on 22<sup>nd</sup> December 2015. **Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21**  
<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

### **2. Recommendations**

- 2.1 It is recommended that the Health and Wellbeing Board
- Consider and comment on the requirements in the planning guidance, including the connection with the Commission for Health and Social Care Integration report expected by Summer 2016 and the need to develop a clear overall shared vision and plan for our area.

### **3. Introduction and background**

- 3.1 Each year NHS England produces a framework which CCG commissioners use to work with providers and local authority partners to develop robust and ambitious plans in order to secure high quality services, reduce health inequalities and improve health outcomes for patients and public.

The document sets out a clear list of national priorities for 2016/17 and longer-term challenges for local systems, together with financial assumptions and business rules.

It also reflects the settlement reached with the Government through its new Mandate to NHS England (Annex 2 of the document). For the first time, the Mandate is not solely for the commissioning system, but sets objectives for the NHS as a whole.

NHS organisations are required to produce two separate but connected plans:

- a five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
- a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP

In addition we are required to update the Better Care Fund Plan.

#### 4. **Key messages**

4.1 This is a new, different planning process that supports local change, transcends boundaries and looks beyond one year.

4.2 **There are specific asks for 2016/17:**

##### **Operational Plans for 2016/17**

The 2016/17 Operational Plan should be regarded as year one of the five year STP, and there is an expectation of significant progress on transformation through the 2016/17 Operational Plan.

By April 2016, commissioner and provider plans for 2016/17 will need to be agreed by NHS England and NHS Improvement, based on local contracts that must be signed by March 2016 covering activity, capacity, finance and 2016/17 deliverables from the emerging STP.

All plans will need to demonstrate:

• how they intend to reconcile finance with activity (and where a deficit exists, set out clear plans to return to balance);

- their planned contribution to the efficiency savings;
- their plans to deliver the key must-dos;
- how quality and safety will be maintained and improved for patients;
- how risks across the local health economy plans have been jointly identified and mitigated through an agreed contingency plan; and
- how they link with and support with local emerging STPs.
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##### **National MUST DO's for 16/17**

By March 2017, 25 percent of the population will have access to acute hospital services that comply with four priority clinical standards on every day of the week, and 20 percent of the population will have enhanced access to primary care. There are three distinct challenges under the banner of seven day services:

1. (i) reducing excess deaths by increasing the level of consultant cover and diagnostic services available in hospitals at weekends. During 16/17, a quarter of the country must be offering four of the ten standards, rising to half of the country by 2018 and complete coverage by 2020;
2. (ii) improving access to out of hours care by achieving better integration and redesign of 111, minor injuries units, urgent care centres and GP out of hours services to enhance the patient offer and flows into hospital; and
3. (iii) improving access to primary care at weekends and evenings where patients need it by increasing the capacity and resilience of primary care over the next few years.

Where relevant local systems need to reflect this in their 2016/17 Operational Plans, and all areas will need to set out their ambitions for seven day services.

There are nine 'must dos' for 2016/17 for every local system:

1. Develop a high quality and agreed STP, and subsequently achieve what you determine are your most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View.
2. Return the system to aggregate financial balance. This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through implementing the Right Care programme in every locality.
3. Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues.
4. Get back on track with access standards for A&E and ambulance waits, ensuring more than 95 percent of patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75 percent of Category A calls within eight minutes; including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots.
5. Improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment, including offering patient choice.
6. Deliver the NHS Constitution 62 day cancer waiting standard, including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
7. Achieve and maintain the two new mental health access standards: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia.
8. Deliver actions set out in local plans to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.
9. Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts.

### 4.3 The Five Year Local health system Sustainability and Transformation Plan (STP)

Every health and care system will come together, to create its own ambitious local blueprint for accelerating its implementation of the Forward View, this will be called the Sustainability and Transformation Plan (STP).

STPs will cover the period between October 2016 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016.

In the next six months the NHS is expected to deliver core access, quality and financial standards while planning properly for the next five years.

An important factor to note is that the STP will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards.

Many of these streams of transformation funding form part of the new wider national Sustainability and Transformation Fund (STF). The most compelling and credible STPs will secure the earliest additional funding from April 2017 onwards.

While the STP needs to address the list of national challenges set out in the guidance there is a clear message that the list should not be seen simply as a narrow template for what constitutes a good local plan, the most important initial task is to create a clear overall vision and plan for our area.

Annex 1 of the guidance provides the detailed list of 'national challenges' to help us set out ambitions for our populations – these are about reducing the 3 Gaps below, and are the basis on which we are developing our Plan for 2016/17.

- Health and Wellbeing
- Care and Quality
- Finance and efficiency.

The key national challenges which will need to be considered when discussing the future vision for the STP include our:

- Plan for sustainable general practice and wider primary care?
- Plan to implement enhanced access to primary care in evenings and weekends and using technology?
- Plan to adopt new models of out-of-hospital care, e.g Multi-specialty Community Providers (MCPs) or Primary and Acute Care Systems (PACS)? Why should NHS England prioritise your area for transformation funding?
- Plan for new models of acute care collaboration (accountable clinical networks, specialty franchises, and Foundation Groups)?
- Plan for transforming urgent and emergency care in your area?
- Plan to maintain the elective care referral to treatment standard? productivity?

- Plan to deliver transformation in cancer prevention, diagnosis, treatment and aftercare in line with the cancer taskforce report?
- Plan to improve mental health services, in line with the forthcoming mental health taskforce report, to ensure measureable progress towards parity of esteem for mental health?
- Plan to improve dementia services?
- Plan for delivering the Transforming Care programme, to ensure that people with learning disabilities are, wherever possible, supported at home rather than in hospital? How far are you closing out-moded inpatient beds and reinvesting in continuing learning disability support
- Plan for major expansion of integrated personal health budgets and implementation of choice – particularly in maternity, end-of-life and elective care – be an integral part of your programme to hand power to patients?

Addressing the national challenges is essential in gaining sign off of the plan, and importantly attracting additional national investment.

#### 4.4 **Better Care Fund (BCF plan)**

The CCG and Local Authority need to agree a joint plan to continue to deliver the requirements of the Better Care Fund (BCF) in 2016/17, building on the 2015/16 BCF plan, and taking account of what has worked well in meeting the objectives of the fund, and what has not.

CCGs will be advised of the minimum amount that they are required to pool as part of the notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care.

Further guidance on the BCF is expected in January but the BCF plan has the same submission deadline as the Operational plan of 8<sup>th</sup> February 2016.

#### 4.5 **Financial planning guidance**

Full guidance will be issued once the NHS allocations are known but:

- It is likely that contracts will need to be closed off earlier next year
- Plans will clearly need to identify the efficiency gap to meet the planning parameters, with an emphasis on risk assessment and scenario planning.
- Plans will need to contain final planning assumptions including fixed allocations for next three years
- Plans will need to build on triangulation work undertaken in 2015/16 with clear links between activity and finance (including QIPP plans) and commissioners and providers

#### 4.6 **Assurance**

There will be a new, more joined-up approach by arms length bodies to planning, to ensure detailed, credible and robust plans with evidence of them being jointly owned and delivered by commissioners and providers.

This will include organisations being asked to self – assess their readiness for shared planning, identifying issues that will require support, both for its operational plan and the STP.

#### 4.7 **Timelines**

<b>Timetable</b>	<b>Date</b>
Publish planning guidance	22 December 2015
Publish 2016/17 indicative prices	By 22 December 2015
Issue commissioner allocations, and technical annexes to planning guidance	Early January 2016
Launch consultation on standard contract, announce CQUIN and Quality Premium	January 2016
Issue further process guidance on STPs	January 2016
Localities to submit proposals for STP footprints and volunteers for mental health and small DGHs trials	By 29 January 2016
First submission of full draft 16/17 Operational Plans	8 February 2016
National Tariff S118 consultation	January/February 2016
Publish National Tariff	March 2016
Boards of providers and commissioners approve budgets and final plans	By 31 March 2016
National deadline for signing of contracts	31 March 2016
Submission of final 16/17 Operational Plans, aligned with contracts	11 April 2016
Submission of full STPs	End June 2016
Assessment and Review of STPs	End July 2016

#### **5. Reasons for the decision**

- 5.1 Developing the organisation and Sustainability and Transformational Plan within the planning footprint of Newcastle Gateshead will require close working with key partners to deliver the transformation required.

Consideration also needs to be given to Wellbeing for Life Strategy, reconfiguration programmes and devolution. The Health and Wellbeing Board will have a pivotal oversight role in the development of these plans and the production of the Health and Social Care Integration report.

## **6. Alternative Options**

6.1 N/A

## **7. What happens next**

7.1 Work is underway internally in the CCG to develop a framework for the development of the plans.

### **Accountable Officers meeting**

The guidance specifies the need for local system leaders to come together to develop a clear overall shared vision and plan for our area. The Accountable Officers across the Newcastle Gateshead health and social care system are meeting on 12<sup>th</sup> January in order to discuss how this work can be collectively taken forward.

### **Agreeing 'transformation footprints'**

One of the first milestones is for us to submit our proposed transformation footprint to NHS England by Friday 29 January 2016, for national agreement.

Transformation footprints should be locally defined, based on natural communities, existing working relationships, patient flows and take account of the scale needed to deliver the services, transformation and public health programmes required, and how it best fits with other footprints such as local digital roadmaps and learning disability units of planning

### **Developing the STP**

We need to come together to develop the STP with senior colleagues across the system, mandated by the Accountable Officers to firstly review in more detail the planning guidance, and agree how we drive forward the development of the system sustainability and transformation plan.

A meeting has been arranged for 21<sup>st</sup> January to begin to progress this work, with membership made up from the current Newcastle and Gateshead Integrated Programme Boards.

## **8. Background papers**

The Planning Guidance is attached as Appendix 1.

## **9. Contact officers**

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