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A NEW VIEW

Delivering the Forward View: NHS planning guidance 2016/17 – 2010/21

Contents

Introduction

The NHS planning guidance, produced in December 2015, is a joint document prepared by NHS England, NHS Improvement (Monitor and the NHS Trust Development Authority), Care Quality Commission, Health Education England, National Institute of Health and Care Excellence and Public Health England.

It sets out the requirement for the NHS 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 developing STP

Because of the need to deliver savings despite additional funding announced in the 2015 Spending Review, local systems are also to be asked to move faster on transformation in a few priority areas.

This is a summary of the key points and the full planning guidance is available here.

Local health system Sustainability and Transformation Plans

Every health and care system is to develop an ambitious plan to speed up the implementation of the Forward View. These STPs will cover the period from October 2016 to March 2021.

Place-based planning

- An emphasis on system leadership that involves:
  i. Local leaders coming together as a team
  ii. Developing a shared vision with the local community including local government
  iii. Planning clear and rational activities that will make the vision happen
  iv. Delivery of the plan
  v. Learning and adapting as required

- Involving clinicians, patients, carers, citizens, local government and local community partners (including the independent and voluntary sectors) in an 'open, engaging and iterative process'.

- The STPs will cover all areas of CCG and NHS England activity including specialised services and primary medical care.

- The plans will cover better integration with local authority services including prevention and social care.

Access to future transformation funding

The Spending Review provided additional dedicated funding streams for transformational change. The STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards*.

* For 2016/17 limited additional transformation funding will continue to run through separate processes.

Protected funding is for initiatives such as:

- New care models (vanguards and beyond)
- Primary care access and infrastructure
- Technology roll-out
- Driving clinical priorities (e.g. diabetes prevention, learning disability, cancer and mental health)

Many of these funding streams form part of the new national Sustainability and Transformation Fund (STF).

STPs that are 'compelling and credible' will secure additional funding from April 2017 onwards. To be considered is:

i. quality of plans, particularly the scale of ambition and track record of progress already made
ii. reach and quality of local process including community, voluntary sector and local authority engagement
iii. strength and unity of local system leadership and partnerships (including governance structures)
iv. confidence in a clear sequence of implementation actions

'Transformation footprints'

The STP is to be an umbrella plan with a number of different delivery plans below it some of which will be based on different geographical footprints. Local health and care systems, including local authorities, must consider their transformation footprint (geographic scope of their STP). Proposals must be submitted to NHS England by 29 January 2016 for national agreement[†]. The transformation footprints must collectively cover the whole of England.

Footprints should be:

- locally defined
- based on natural communities
- existing working relationships
- reflective of patient flows

and take account of the scale needed to deliver the services, transformation and public health programmes required.

National 'must dos' for 2016/17

By March 2017:

- 25% of the population will have seven day access to acute hospital services that comply with four priority clinical standards
- 20% of the population will have enhanced access to primary care

[†] Further guidance on the STP process is to be provided in January 2016 setting out the timetable and early phasing of support etc.

Three distinct challenges under the banner of seven day services:

i. Reducing excess deaths – increasing the level of consultant cover and diagnostic services available in hospitals at weekends
    a. 25% must be offering four of the ten standards during 2016/17
    b. 50% must be offering four of the ten standards by 2018
    c. 100% must be offering four of the ten standards by 2020
ii. Improving access to out of hours care – better integration and redesign of 111, minor injuries units, urgent care centres and GP out of hours
iii. Improving access to primary care at weekends and evenings

Local systems need to reflect the above in the 2016/17 operational plans (where relevant) and all STPs need to set out ambitions for seven days services.

There is an expectation that the development of new care models will feature prominently within STPs including the trial of two new specific approaches with areas that volunteer to be involved:

- Secondary mental health providers managing care budgets for tertiary mental health services
- The reinvention of the acute medical model in small district hospitals

NHS England asks for organisations interested in working on either of these approaches to contact them by 29 January 2016.

Nine ‘must dos’ for 2016/17 for local systems

1. Develop a high quality and agreed STP and achieve most locally critical milestones for accelerating progress in 2016/17
2. Return the system to aggregate financial balance – including secondary care providers delivering efficiency savings by engaging with the provider productivity work programme led by Lord Carter. CCGs will be expected to tackle unwarranted variation in demand by implementing the RightCare programme.
3. Develop and implement a local plan to address the ‘sustainability and quality of general practice’
4. Ensure that more than 95% of patients wait no more than four hours in A&E and 75% of Category A ambulance calls are responded to in eight minutes by implementing the urgent and emergency care review and associated ambulance standard pilots
5. Improve on and maintain the 18 week referral to treatment standard (92% of patients)
6. Deliver the 62 day cancer waiting standard, the two week and 31 day cancer standards and make progress in improving one-year survival rates
7. Continue to meet a dementia diagnosis rate of at least $^{2}/_{3}$ of estimated prevalence and achieve and maintain the two new mental health access standards - >50% of people experiencing a first episode of psychosis commence a NICE approved care package within two weeks of referral; 75% of people referred to Improved Access to Psychological Therapies (IAPT) programme treated within six weeks for referral, 95% within 18 weeks.
8. Deliver actions set out in local plans to transform care for people with learning disabilities
9. Develop and implement an affordable plan to make improvements in quality. Providers are required to participate in the annual publication of avoidable mortality rates.

Measuring success

NHS England is developing a new CCG Assessment Framework, referred to in the Mandate as a CCG scorecard. It will be consulted on in January 2016 and will apply from 2016/17. Its relevance reaches beyond CCGs as it will reflect how local health and care systems and communities can assess their own progress.

Operational Plans for 2016/17

A shared and open book operational planning process for 2016/17 must cover activity, capacity, finance and 2016/17 deliverables from the emerging STP. Commissioner and provider plans need to be agreed by NHS England and NHS Improvement by April 2016 (based on local contracts signed by March 2016). Plans should be considered as year one of the five year STP and significant progress on transformation is expected.

Technical guidance setting out detailed requirements is to follow‡ but plans need to demonstrate:

- how finance and activity will be reconciled – setting out plans for financial balance
- planned contribution to efficiency savings
- 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 identified and mitigated
- how plans link with and support local emerging STPs

National partners are jointly developing a support programme to help local health economies prepare robust activity plans for 2016/17 and beyond.

Allocations

NHS England has set firm three year allocations for CCGs and indicative allocations for a further two years. In 2016/17 these will rise by an average of 3.4% and no CCG will be more than 5% below its target funding level. Allocations for primary and specialised commissioned activity will be published alongside CCG allocations.

Allocations are intended to achieve:

- greater equity of access
- closer alignment with population need including a new inequalities adjustment for specialised care, more sensitive adjustments for CCGs and primary care and a new sparsity adjustment for remote areas
- faster progress with NHS England strategic goals with higher funding growth for GP services and mental health and the introduction of the STF.

  - Overall primary medical care spend will rise by 4-5% each year
  - Specialised services funding will rise by 7% in 2016/17 with at least 4.5% in each subsequent year (reflecting forecast pressures from ne NICE legally mandated drugs and treatments)

‡ As at 3 January 2016

Real terms element of growth in in CCG allocations will be dependent on the development and sign off of the STP (and associated STF funding).

Returning the NHS provider sector to balance

In 2016/17 the NHS trust and foundation trust sector will be required to return to financial balance.

£1.8 billion of income from the 2016/17 STF will replace direct Department of Health (DH) funding and will be calculated on a trust by trust basis.

Quarterly release the Sustainability Funds to trusts and foundation trusts will depend on achievement of:

i. deficit reduction
ii. access standards
iii. progress on transformation

Where trusts default on the conditions, access to the fund will be denied and sanctions applied.

Workforce productivity will be a particular priority. All providers will be expected to evidence effective use of e-rostering for nurses, midwives, health care assistants and other clinicians.

Non-pay expenditure will also be examined, e.g. all providers will be expected to report and share data on what they are paying for the top 100 most common non-pay items, and be required to only pay the best price available for the NHS.

Due to the constrained level of capital resource available from 2016/17, the repayment of existing and new borrowing related to capital investment will have to be funded from the trust's own internally generated capital resource. More efficient means of procuring capital assets will have to be found and trust have to consider alternative methods such as managed equipment services, maximising disposals and extending asset lives.

Efficiency assumptions and business rules

Tariff

- Consultation will proposed a 2% efficiency deflator and a 3.1% inflation uplift for 2016/17
    - predicated on a forecast deficit of £1.8 billion for 2015/16. Worsening of this situation will lead to a higher efficiency deflator
- HRG4 will remain for a further year
- No changes to specialist top ups in 2016/17
- Specialised service risk share is suspended for 2016/17
- Consultation will include the timetable for implementing new payment approaches for mental health
- An indicative price list is available for planning purposes on the Monitor website

Specialised commissioning

- A single national purchasing and supply chain arrangement for specialised commissioning high cost tariff excluded devices will be in place from April 2016

Commissioners

- Continuation of the requirement to deliver a cumulative surplus of 1% (excluding public health and specialised commissioning)
- A minimum achievement of an in-year break even position
- Any commissioner with a cumulative deficit will be expected to use the increased allocation to address this other than that required to fund new national policy requirements
- Draw down of cumulative surplus will continue to be available
- 1% of allocations should be planned to be spent non-recurrently and should be uncommitted at the start of the year to mitigate financial risks
- An additional 0.5% of contingency is also required to be held
- Investment in mental health services must continue to increase at a level which at least matches overall expenditure increase
- Where CCGs collaborate with specialised commissioning to improve service efficiency, they will be eligible for a share of the benefits

Better Care Fund

- CCGs and councils need to agree a joint plan to deliver requirements of the Better Care Fund (BCF) in 2016/17
- CCGs will be advised of the minimum amount they're required to pool as part of their allocation notification
- BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care[§]

Timetable

Timetable	Date
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

[§] Further guidance on the BCF will be available in early 2016

Annex 1: Indicative 'national challenges' for STPs

STPs are about the 'holistic pursuit' of better health, transformed quality of care delivery and sustainable finances. They also need to show how local systems will deliver their part of the Mandate.

Local systems are asked to first focus on creating an overall local vision and three overarching questions:

A. How will you close the health and wellbeing gap?
   Include plans for a 'radical upgrade' in prevention, patient activation, choice and control, and community engagement.
   1. How will you assess and address the most important and highest cost preventable causes of ill health?
      i. How rapidly could you achieve full local implementation of the national Diabetes Prevention Programme?
      ii. What action will you take to address obesity?
      iii. How will you achieve a step-change in patient activation and self-care? How will you embed the six principles of engagement and involvement of local patients, carers and communities?
   2. How will you make real the aspiration to design person-centred coordinated care?
   3. How will a major expansion of integrated personal health budgets and implementation of choice be an integral part of your programme to hand power to patients?
   4. How are NHS and other employers going to improve the health of their own workforce?

B. How will you drive transformation to close the care and quality gap?
   Include plans for new care model development, improving against clinical priorities, and rollout of digital healthcare.
   1. What is your plan for sustainable general practice and wider primary care?
   2. How rapidly can you implement enhanced access to primary care in evenings and weekends and using technology?
   3. What are your plans to adopt new models of out-of-hospital care and when are you planning to adopt best practice from the enhanced health in care homes vanguards?
   4. How will you adopt new models of acute care collaboration? How will you work with organisations outside your area and learn from best practice from abroad, other sectors and industry?
   5. What is your plan for transforming urgent and emergency care including the achievement of A&E and ambulance access standards?
   6. What is your plan to maintain the elective care referral to treatment standard?
   7. How will you deliver transformation in cancer prevention and care?
   8. How will you improve mental health services?
   9. What steps will your local area take to improve dementia services?
   10. How will you ensure that people with learning disabilities are supported at home rather than in hospital wherever possible?
   11. How fast are you aspiring to improve the quality of care and safety in your organisations as judged by the CQC?

12. What are you doing to embed an open, learning and safety culture locally that is ambitious enough?
13. What plans do you have in place to reduce antimicrobial resistance and ensure responsible prescribing of antibiotics in all care settings?
14. How will you achieve the full roll-out of seven day services for the four priority clinical standards by 2020?
15. How will you implement the forthcoming national maternity review?
16. How will you put your children and young people mental health plan into practice?
17. How quickly will you implement your local digital roadmap to deliver a fully interoperable health and care system by 2020, paper free at the point of care?
18. What is your plan to develop, retrain and retain a workforce with the right skills, values and behaviours?
19. What is your plan to improve commissioning?
20. How will your system by at the forefront of science, research and innovation?

C. How will you close the finance and efficiency gap?
Describe how will you achieve financial balance across your local health system and improve the efficiency of NHS services.
    1. How will you deliver the necessary efficiency across the total NHS funding base in your local area by 2020/21?
    2. What is your comprehensive and credible plan to moderate demand growth?
    3. How will your reduce costs (as opposed to growing income) and how will you get the most out of your existing workforce?
    4. What capital investments do you plan to unlock additional efficiency?
    5. What actions will you take as a system to utilise NHS estate better?