

TRUST BOARD IN PUBLIC		Date: 26th January 2016	
		Agenda Item: 4.3	
REPORT TITLE:		NHS PLANNING GUIDANCE 2016/17 – 2020/21	
EXECUTIVE SPONSOR:		Michael Wilson Chief Executive	
REPORT AUTHOR (s):		Gillian Francis-Musanu Director of Corporate Affairs	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		N/A	
Action Required:			
Approval ()	Discussion (√)	Assurance (√)	
Purpose of Report:			
Provide an overview of the new NHS planning requirements for 2016/17 – 2020/21			
Summary of key issues			
As part of the planning process, all NHS organisations are asked to produce two separate but interconnected plans: <ul style="list-style-type: none"> • A local health and care system ‘Sustainability and Transformation Plan’, which will cover the period October 2016 to March 2021; and • A plan by organisation for 2016/17 which will need to reflect the emerging Sustainability and Transformation Plan. 			
Recommendation:			
The Board is asked to note the report and the Trusts plans to work in partnership with the health system to deliver the requirements.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
SO5: Well led: Become an employer of choice and deliver financial and clinical sustainability around a clinical leadership model			
Corporate Impact Assessment:			
Legal and regulatory impact	Ensures the Board are aware of current and new requirements.		
Financial impact	N/A		
Patient Experience/Engagement	Highlights national requirements in place to improve patient experience.		
Risk & Performance Management	Identifies possible future strategic risks which the Board should consider		
NHS Constitution/Equality & Diversity/Communication	Includes where relevant an update on the NHS Constitution and compliance with Equality Legislation		
Attachment: N/A			

TRUST BOARD REPORT – 26th January 2016 NHS PLANNING GUIDANCE 2016/17 – 2020/21

1. Introduction

The leading national health and care bodies in England recently jointly published 'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21' which sets out steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, wellbeing and NHS finances.

Backed up by £560 billion of NHS funding, including a new Sustainability and Transformation Fund to support financial balance, the delivery of the Five Year Forward View, and enable new investment in key priorities.

As part of the planning process, all NHS organisations are asked to produce two separate but interconnected plans:

- A local health and care system 'Sustainability and Transformation Plan', which will cover the period October 2016 to March 2021; and
- A plan by organisation for 2016/17 which will need to reflect the emerging Sustainability and Transformation Plan.

2. Local health system Sustainability and Transformation Plans (STPs)

Every health and care system must come together, to create an ambitious local blueprint for accelerating its implementation of the Forward View. 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. Organisations have the next six months to develop and deliver core access, quality and financial standards while planning properly for the next five years.

Planning by individual institutions will increasingly be supplemented with planning by place for local populations. For many years now, the NHS has emphasised organisational separation and autonomy that does not make sense to staff or the patients and communities they serve.

Producing a STP is not just about writing a document, nor is it a job that can be outsourced or delegated. Instead it involves five things:

- local leaders coming together as a team;
- developing a shared vision with the local community, which also involves local government as appropriate;
- programming a coherent set of activities to make it happen;
- execution against plan; and
- learning and adapting.

Where collaborative and capable leadership cannot be found, NHS England and NHS Improvement will help secure remedies through more joined-up and effective system oversight.

Success in developing the plans will also depend on having an open, engaging, and iterative process that harnesses the energies of clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors, and local government through health and wellbeing boards.

As a truly place-based plan, the STPs must cover all areas of CCG and NHS England commissioned activity including:

- specialised services, where the planning will be led from the 10 collaborative commissioning hubs; and
- primary medical care, from a local CCG perspective, irrespective of delegation arrangements.

The STP must also cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies.

For the first time, the local NHS planning process will have significant central money attached. The STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards. This step is intended to reduce bureaucracy and help with the local join-up of multiple national initiatives.

The most compelling and credible STPs will secure the earliest additional funding from April 2017 onwards.

3. Agreeing ‘transformation footprints’

The STP will be the umbrella plan, holding underneath it a number of different specific delivery plans, some of which will necessarily be on different geographical footprints. For example, planning for urgent and emergency care will range across multiple levels: a locality focus for enhanced primary care right through to major trauma centres.

The first critical task is for local health and care systems to consider their transformation footprint – the geographic scope of their STP. They must make proposals to regulatory bodies by Friday 29 January 2016, for national agreement.

Local authorities should be engaged with these proposals. Taken together, all the transformation footprints must form a complete national map. The scale of the planning task may point to larger rather than smaller footprints.

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. In future years regulatory bodies will be open to simplifying some of these arrangements.

Where geographies are already involved in the Success Regime, or devolution bids, the expectation is that these determine the transformation footprint. Although it is important to get this right, there is no single right answer. The footprints may well adapt over time. The focus of energies should be on the content of plans rather than have lengthy debates about boundaries.

4. National ‘must dos’ for 2016/17

Whilst developing long-term plans for 2020/21, the NHS also has a clear set of plans and priorities for 2016/17 that reflect the Mandate to the NHS and the next steps on Forward View implementation. Some of the most important requirements for 2016/17 involve partial roll-out rather than full national coverage.

The ambition is that 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:

- 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;
- 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
- 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 as part of their STPs.

5. The Nine must dos for 2016/17 for every local system

5.1 Develop a high quality and agreed STP, and subsequently achieve what we determine are our most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View.

5.2 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 RightCare programme in every locality.

5.3 Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues.

5.4 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.

5.5 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.

5.6 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.

5.7 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.

5.8 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.

5.9 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.

6. Operational Plans for 2016/17

An early task for local system leaders is to run a shared and open-book operational planning process for 2016/17. This will cover activity, capacity, finance and 2016/17 deliverables from the emerging STP.

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. The detailed requirements for commissioner and provider plans are set out in the technical guidance.

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.

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

Building credible plans for 2016/17 will rely on a clear understanding of demand and capacity, alignment between commissioners and providers, and the skills to plan effectively. A support programme is being developed jointly by national partners to help local health economies in preparing robust activity plans for 2016/17 and beyond.

7. Our approach to the requirements in the planning guidance

The Trust has already begun working with our partners across the health system and plans are being put in place for organisations to come together to input, develop and agree a clear process for development and agreement of the STP.

CCGs and NHS England are providing guidance on the geographical footprint which will be based on the commissioning intentions and landscape and SaSH will have an important role in agreeing this footprint.

8. 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

A full copy of the planning guidance can be found at

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

9. Recommendation

The Board is asked to note the requirements for the NHS Planning Guidance for 2016/17 and beyond and the plans in place to deliver these requirements.

Michael Wilson
Chief Executive
26th January 2016