Healthy Future

NHS
Hammersmith and Fulham
Clinical Commissioning Group

Summary of NHS Planning Guidance 2016/17 to 2020/21
(Published 23rd December 2015)

Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21

- This year, the leading health and care bodies in England have come together to publish shared planning guidance for the NHS
- The guidance is backed up by £560 billion of NHS funding, including a new Sustainability and Transformation Fund (STP) which will support:
    1. Financial balance
    2. Delivery of the Five Year Forward View and
    3. Enabling new investment in key priorities
- As part of the planning process, ALL NHS organisations are asked to produce **two** separate but interconnected plans:
    1. A local health and care system place based **Sustainability and Transformation** Plan (STP), for the period October 2016 to March 2021. This will be subject to formal assessment in July 2016 following submission in June 2016 - **NEW**
    2. One year organisation based **operational plan for 2016/17** but consistent with the emerging STP. Spanning providers and commissioners, these plans will set out a combination of:
- demand moderation
- allocative efficiency
- provider productivity
- income generation required for the NHS locally to balance its books
- final drafts of supporting technical guidance for commissioners and providers will be published in early January 2016
- emphasis is on population based services

Sustainability and Transformation Plan (STP) - place based planning
This will require:

1. Local leaders coming together as a team
2. Developing a shared vision with the local community including local government and voluntary and independent sectors
3. Programming coherent set of activities to make it happen
4. Execution against the plan
5. Learning and adapting

A truly place-based plan must cover all areas of CCG and NHSE commissioned activity including:

1. Specialised services and
2. Primary medical care

Importantly, the STP must also cover better integration with LA services, prevention and reflecting local agreed H&WB strategies.

STPs will become part of a single application and approval process for being accepted onto programmes with transformational funding from 2017/18 onwards. Credible STPs will secure additional funding from April 2017 onwards. The process will be iterative and will consider:

- Quality of plan: the scale of ambition and track record of progress already made. Whether we have adopted good practice from other geographies/ national framework
- Quality of local process including engagement with LA, community, voluntary sector
- Clear governance in place to deliver the plans
- Confidence in implementation actions

Sustainability and Transformation Fund (STF)

The protected fund is for initiatives such as:

- the development and spread of new care models through and beyond vanguard
- primary care access and infrastructure
- technology roll-out to drive clinical priorities such as diabetes prevention, LD, cancer and MH

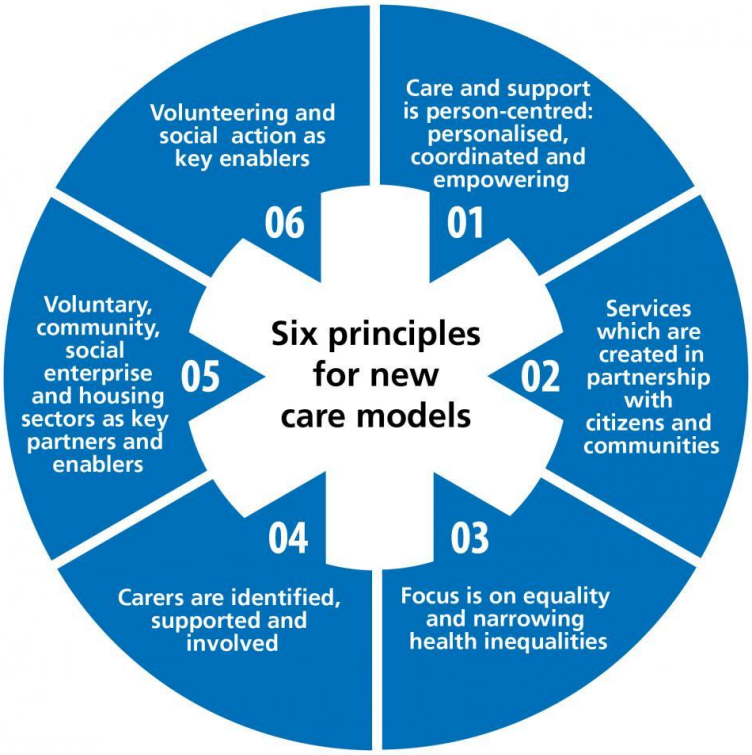
For 2016/17 only, the transformational funding will continue to be run through separate processes.

Agreeing 'transformation footprint'

- The first critical task is to consider the transformation footprint- the geographic scope of the STP
- This needs to be submitted **by Friday 29th January 2016** for national agreement and the LA should be engaged with these proposals
- Where geographies are already involved in success regime or devolution bids, these should determine the transformation footprint
- The footprint may develop over time and focus must be on the content of the plan rather than lengthy debates about boundaries
- Further brief guidance on the STP process will be published in January 2016

Involving local communities and citizens

Bulding on the 6 principles of the Five Year Forward View (below), will need to involve local communities and citizens in creating a credible STP.



National MUST DO for 2016/17

Ambition by end of March 2017 is:

- 25% of population will have access to acute hospital services that comply with four priority clinicial standards on every day of the week - NEW
- 20% of the population will have access to enhanced access to primary care- NEW

The 3 distinct challenges under 7 day services are:

1. Reducing excess deaths by increasing the level of consultant cover and diagnostic services in hospitals at weekend. During 2016/17, a quarter of the country must be offering 4 out of 10 standards, rising to half the country by 2018 and complete coverage by 2020
2. Improving access to out of hours care by achieving better integration and redesign of 111, minor injuries unit, UCCs and GP out of hours services
3. Improving access to primary care at weekends and evening where patients need it by increasing the capacity and resilience of primary care over the next few years

Where relevant, local systems will need to reflect this in their 2016/17 Operational plans and all areas will need to set out their ambition for 7 day services as part of their STPs

Nine MUST Dos for 2016/17

1. Develop a **high quality and agreed** STP - NEW

2. Return the system to **aggregate financial balance**. For CCGs, this will mean delivering savings by tackling unwarranted variations in demand through implementing the Right Care programme in every locality - NEW
3. Plans to delivery **sustainability and quality of general practice**, including workforce and workload issues
4. Delivery access standards for **A&E** (95%) and **ambulance waits** (75% of Cat A within 8 minutes)
5. More than 92% of patients on non-emergency pathway wait no more than 18 weeks from **referral to treatment**, including offering patient choice
6. Deliver **62 day cancer waiting** standard and 2 week and 31 day cancer standards and make progress in improving 1 year **survival rate**
7. Several MH targets:
    - More than 50% of people experiencing a first episode of **psychosis** will commence treatment with a NICE approved care package within 2 weeks of referral - NEW
    - Continue with IAPT referral to treatment target (75% for 6 weeks and 95% for 18 weeks)
    - Continue to meet the dementia diagnosis rate (around 67%)
8. Transform care for **people with LD** including implementing enhanced community provision, reducing inpatient and rolling out care and treatment reviews
9. Make **improvements in quality** and providers to participate in the annual publication of **avoidable mortality** rates

Trialling new approaches with volunteers:

- secondary mental health providers managing care budgets for tertiary mental health services
- **the reinvention of the acute medical model in small district general hospitals.**

Operational plans for 2016/17

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

The provider and commissioner plans will need to demonstrate:

1. how we intend to reconcile finance with activity
2. planned contribution to the efficiency savings
3. plans to deliver the key must-do's
4. how quality and safety will be maintained and improved for patients
5. how risks across local health economy have been jointly identified and mitigated
6. how plans link with and support local emerging STPs

Allocations

- Allocations will reflect a closer alignment with the population need through improve allocation formulae
- Commissioner allocations will be published in early 2016

- Overall primary medical care spend will rise by 4-5% each year
- Specialised services funding will rise by 7% in 2016/17, with growth of at least 4.5% in each year
- Funding reflects forecast pressures from new NICE legally mandated drugs and treatments
- NHSE has set 3 year allocations for CCGs, followed by 2 indicative years
- For 2016/17, allocation will rise by 3.4% and no CCG will be more than 5% below its target funding level
- NHSE to also publish allocations for primary care and specialised commissioned activity

Returning the NHS provider sector to balance

- £1.8 billion of income from the 2016/17 STF will replace direct DoH funding. The distribution of this funding will be calculated on a trust by trust basis by NHS Improvement and then agreed with NHSE
- Deficit reduction in providers will require forensic examination of spend, with focus on cost reduction (incl workforce productivity) and NOT income growth
- Capital investment is constrained
- Quarterly release of Sustainability Funds to trusts and foundation trusts will depend on achieving recovery milestones for (i) deficit reduction; (ii) access standards; and (iii) progress on transformation.

Efficiency assumptions and business rules

- For planning purpose, an indicative tariff list is being made available on the Monitor website
- The consultation on tariff will propose a 2% efficiency deflator and 3.1% inflation uplift for 2016/17
- Remain on HRG4 for a further year and there will be no changes to specialist top-ups in 2016/17
- NHSE is developing a single national purchasing and supply chain arrangement for specialised commissioning high cost tariff excluded devices with effect from April 2016
- Expect providers to deliver a 2% efficiency (provided forecast deficit of £1.8m at the end of 2015/16 is met)
- Commissioners will be required to deliver a cumulative reserve (surplus) of 1%
- Those who are unable to meet the cumulative reserve (surplus) requirement, must deliver an in-year break even position
- Commissioner is required to plan to spend at least 1% of their allocation non-recurrently. This should be uncommitted at the start of the year
- In addition, commissioners are also required to hold an additional contingency of 0.5%
- CCGs and councils will need to agree a joint plan to deliver the requirements of the BCF in 2016/17. CCGs will be advised of the minimum amount that they are required to pool as part of the notification of their wider notification. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfer of care- further guidance on BCF will be forthcoming in the new year

- Commissioners must continue to increase investment in MH services each year at the level which at least matches their overall expenditure increase

Measuring progress - NEW

- Will be measured through a new CCG Assessment Framework- NHSE will consult in Jan-2016
- Will be in the form of a mandated CCG Scorecard - it's about how local health and care systems and communities can assess their own progress

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

So what's new in 2016/17?

Sustainability and Transformation Plan (STPs)

- Holistic pursuit of the triple aim: better health, transformed quality of care delivery and sustainable finances. Three overarching questions:

A. How will we close the health and wellbeing gap?

Our plans should focus on a 'radical upgrade' of prevention, patient activation, choice and control and community engagement. Questions our plans should address:

1. Have we assessed and addressed our most important and highest cost preventable causes of ill health?
- What are we doing to address health demand and tackle health inequalities?
- Are we working closely with local government?
- How rapidly can we achieve full local implementation of the national diabetes prevention programme? Is our area prioritised for national funding?
- What actions are we taking to tackle childhood obesity?
- How are we doing on self-care agenda?

2. **Coordinated care plan**: How are we designing a person centred coordinated care plan to ensure patient have access to named accountable consultants?

3. **Powers to patients - how are** we dealing with integrated PHB and implementation of choice- particularly in maternity, EoL and elective care?

4. **Workforce Wellbeing**: How are we (as an NHS organisation) and other employers in our area going to improve the health of our workforce?

B. How will we drive transformation to close the care and quality gap?

Our plans should focus on development of new care models, improving against clinical priorities and rollout of digital healthcare. Questions our plans should address:

1. **Primary care infrastructure**: Sustainable general practice and wider primary care. Improving primary care infrastructure - supported in part through access to national primary care transformation funding

2. **Primary care access**: Access to primary care in evening and weekend and using technology - why should NHSE prioritise our area for additional funding?

3. **New models of care**: what are our plans on adopting new models of out of hospital care e.g. Multi-specialty community providers (MCPs) or Primary and acute care systems (PACs)

4. **New models of care**: How will we adopt new models of acute care collaborations? (Accountable clinical networks, specialty franchises, foundation groups)

5. **Transform Urgent care**: Do we have plans to transform urgent and emergency care in our area? Have we agreed recovery plans to achieve and maintain A&E and ambulance access targets?

6. **RTT**: What are our plans to maintain the elective care referral to treatment standards? Are we buying sufficient activity, tackling unwarranted variation in demand, offering patients choice of alternatives and increasing provider productivity?

7. **Cancer**: What are we doing in transforming cancer care (prevention, diagnosis, treatment, after care)

8. **MH**: What are we doing in improving MH services - are we making measurable progress towards 'parity of esteem for MH'?

9. **Dementia**: What are we doing locally to improve dementia services?

10. **LD**: Are we ensuring that people with LD are supported at home rather than in hospital? What are we doing in closing out-moded inpatient beds and reinvesting in continuing learning disability support

11. **CQC rating**: Are we ensuring that no organisation receives/has an overall inadequate rating from CQC?

12. **Governance**: What are we doing to promote and embed an open, learning and safety culture? Are we improving on reporting, investigations and supporting patients, their families and carers as well as staff who have been involved in an incident?

13. **Prescribing**: What plans do we have to reduce antimicrobial resistance and ensure prescribing of antibiotics/right drugs responsibly? Have we implemented good practice in reducing avoidable mortality from sepsis?

14. **7 day service**: Do we have a plan in place to achieve a full 7 day services for the four priority clinical standards by 2020? The four prioritised clinical standards to be achieved by April-2017 are:

    - Time to consult review
    - Access to diagnostics
    - Access to consultant-directed interventions
    - On-going review

15. **Maternity review**: Do we have plans to implement the forthcoming national maternity review?

16. **MH**: How will we put Children and Young People MH plan into practice?

17. **Digital roadmap**: What plans do we have to deliver a fully interoperable health and care system by 2020 that is paper-free at the point of care? Ensure patients have access to digital health records and increase services that can be offer online (e.g. repeat prescriptions and GP appts)

18. **Workforce development**: What plans do we have to develop and retain workforce to support delivery of transformed care vision? How ambitious are our plans to implement new workforce? (physician associates, community paramedics, pharmacists in general practice)

19. **Improving commissioning**: How rapidly will we move to place-based commissioning? How will the implementing 'devolution' (if in the area) deliver real improvements for patients?

20. **Innovation**: How will services change in the next 5 years as they embrace technological breakthroughs? Are we being innovative and learning from test bed programmes?

C. How will we close the financial and efficiency gap?

Our plans should focus on how we will achieve financial balance across health system and improve the efficiency of NHS services

Questions our plans should address:

1. **QIPP**: How will we deliver the annual efficiency required to support the total NHS funding base in NWL by 2020/21?

2. **Growth**: How are we managing growth? What are we doing to

(a) tackle unwarranted variation in care utilisation
(b) encourage patient activation and self-care
(c) develop new models of care
(d) implement urgent and emergency care reforms

3. **Reducing costs**: What plans do we have to reduce our costs (e.g. better purchasing and medicines mgt) and how will we get most out of our existing workforce? What plans are in place to improve workforce productivity?

4. **Capital investment**: What capital investment is required and how will this be financed?

5. **Estates**: What plans do we have to utilise our estate better, dispose unneeded assets and review of estates requirement to support delivery of redesigned care models?

The Government's mandate

The table below shows NHSE objectives with measurable goals for this parliament and clear priorities for 2016/17. These will need to be achieved in partnership with many organisations (e.g. DH, PHE, CQC, HEE, NHS Improvement, and LA).
Nb this is not a template and the focus needs to be on a wider overall vision and plan

1. Through better commissioning, improve local and national health outcomes, by addressing poor outcomes and inequalities	
1.1 CCG Performance	
2020 Goals	*2016/17 deliverables*
Consistent improvement in CCGs performance against new CCG assessment framework	• By June-2016, publish results of the CCG assessment framework for 2015-16. This will allow to benchmark against other CCGs and inform if NHSE intervention is required • Ensure new Ofsted-style CCG framework for 2016-17 includes health economy metrics to measure performance against priorities set out in mandate and NHS planning guidance • By the end of Q1 2016-17, publish first overall assessment for each of the 6 clinical areas (cancer, dementia, maternity, MH, LD, diabetes)

2. To help create a safer, highest quality health and care service	
2.1 Avoidable deaths and 7 day service	
2020 Goals	*2016/17 deliverables*
• Roll our 7 day service in hospital to 100% of the population, so patients receive same standard of care, 7 days a week • Significant reduction in avoidable deaths, with ALL trusts to have seen measurable reduction from their baseline • Support increase in trusts rated	• Publish avoidable deaths per trust annually and support improvement programme from March 2016 baseline • Rollout of 4 clinical priority standards in all relevant specialties to 25% of the population • Implement agreed recommendations of the National

outstanding/good and length of time they remain in special measures • Reduce rate of stillbirths, neonatal and maternal deaths and brain injuries soon after birth by 50% by 2030 with a measurable reduction by 2020 • Support new culture of learning for clinical mistakes and organisations to act on concerns raised • Measurable improvement in antimicrobial prescribing and resistance rates	Maternity review • Establish baseline and ambition for antimicrobial prescribing and resistance rates
2.2 Patient Experience	
2020 Goals	*2016/17 deliverables*
• Maintain and increase the no of people recommending services in FFT (currently 88%-96%) • 5—10k people to have PHBs or integrated personal budget (current est. is 4k) • Significant improvement in patient choice (maternity, EoLC, increase in no of people able to die in the place of their choice)	• Need to produce a plan with milestones for improving patient choice by 2020, particularly in maternity, EoLC (including preferred place of care/death) and PHBs • Develop proposal on how feedback could be enhanced to drive up improvements to services
2.3 Cancer	
2020 Goals	*2016/17 deliverables*
• Deliver recommendations of the Independent Cancer taskforce Improving 1 year survival rate to achieve 75% by 2020 for all cancers combined Patients given definitive cancer diagnosis or all clear within 28 days of being referred by a GP	• Achieve 62 day cancer wait time standard • Patient to wait no more than 6 weeks from referral to test • Agree trajectory for increase in diagnostic capacity required to 2020 and achieve 2016/17 target • Investment of £340m in Cancer drugs fund

3. To balance the NHS budget and improve efficiency and productivity	
3.1 Balancing the NHS budget	
2020 Goals	*2016/17 deliverables*
• Ensure NHS balances its budget in each financial year • Achieve year on year improvements in NHS efficiency and productivity (2%-3% each year), including	• Commissioners and providers to operate within their budgets and supporting £1.3b of efficiency savings- Lord Carter's

reducing growth in activity and maximising cost recovery	recommendations Delivering year 1 of trust deficit reduction plans and a balanced financial position Reduce agency spend by at least £0.8b • Rollout 2nd cohort of RightCare methodology to further 60 CCGs • Improve primary care productivity • Increase cost recovery up to £500m by 2017/18 from OVS patients • Ensure CCGs local estates strategies support overall goal of releasing £2b and land for 26k homes by 2020

4. To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives	
4.1 Obesity and diabetes	
2020 Goals	*2016/17 deliverables*
• Reduction in child obesity (as part of Government's childhood obesity strategy) • Diabetes prevention programme- support 100k people to reduce their risk of diabetes • Reduction in variation in management and care of people with diabetes	• Plan an improvement trajectory for the % of children who are overweight or obese – delivery 16/17 target • 10k people referred to the diabetes prevention programme
4.2 Dementia	
2020 Goals	*2016/17 deliverables*
Deliver improvements on dementia 2020 including • Maintain diagnosis rate of at least 2/3rd • Increase the no of people receiving a dementia diagnosis within 6 weeks of a GP referral • Improving quality of post-diagnosis treatment and support for people with dementia and their carers	• Maintain diagnosis rate of at least 2/3rd • Improve quality of post-diagnosis treatment and support

5. To maintain and improve performance against core standards
5.1 A&E, Ambulances and RTT

2020 Goals	*2016/17 deliverables*
• 95% of people attending A&E seen within 4 hours • Urgent and Emergency care networks rolled out to 100% of the population • 75% of Cat A ambulance calls responded within 8 minutes • 92% receive first treatment within 18 weeks of referral and no one waits more than 52 weeks	• Plan trajectory for A&E and deliver 16/17 target • Implement urgent and emergency care networks in 20% of the country designed as transformation areas • Plan and deliver 16/17 trajectory for ambulance responses • Reduce unwarrant variation between CCG referral rates to better manage demand • Meet 18 week RTT standard including implementing patient choice

6. To improve out of hospital care	
6.1 New models of care and general practice	
2020 Goals	*2016/17 deliverables*
• 100% of population to have access to weekend/evening routine GP appts • Reduction in age standardised EM admission rate and EM IP bed days • Progress in health & social care integration, urgent and EM care and electronic health record sharing • 5k extra doctors in general practice	New models of care covering 20% of population to: • Access to enhanced GP services including evening & weekend, same day GP appt for all over 75s who need them • Make progress on integration of in health & social care, integrated urgent and EM care and electronic health record sharing Publish practice-level metrics on quality of and access to GP services and HSCIC to provide GPs with benchmarking information for named patient lists Develop new voluntary contract for GPs (multidisciplinary community provider contract) ready for implementation in 2017-18
6.2 Health and Social Care Integration	
2020 Goals	*2016/17 deliverables*
• Significant improvements in performance against integration metrics within the new CCG assessment framework • NHS plays its part in significantly reducing DTOC	• Implement BCF in line with the BCF Policy Framework for 2016/17 • Every area to have an agreed plan by March 2017 for better integrating health & social care (e.g.: sharing electronic health records, integrated

	assessment and provision) • Ring fenced £3.519m within allocation to CCGs to establish BCF, to be used for the purpose of integrated care • Plan trajectory and delivery 2016/17 ambition for DTOC
6.3 Mental health, LD and Autism	
2020 Goals	*2016/17 deliverables*
• To close the gap between people with MH problems, learning disabilities and autism and the population as a whole • MH access and waiting times include: 50% of people experiencing first episode of psychosis to access treatment within 2 weeks and 75% of people with relevant conditions to access talking therapies in 6 weeks and 95% in 18 weeks	• 50% of people experiencing first episode of psychosis to access treatment within 2 weeks • 75% of people with relevant conditions to access talking therapies in 6 weeks and 95% in 18 weeks • Increase in people with LD/autism being care for by community not IP services (implement 2016-17 actions for Transforming Care) • Agree and implement a plan to improve crisis care for ALL ages, investing in places of safety • Implement plans for children and young people's MH (improve prevention and early intervention) • Deliver children and young people's IAPT programme by 2018 • Implement agreed actions from MH Taskforce

7. To support research, innovation and growth	
7.1 Research and growth	
2020 Goals	*2016/17 deliverables*
• Improve UK's international ranking for health research • Implement research proposals and initiatives • New affordable and cost-effective new innovations • Commitment to deliver 10k genomes	• Uptake of affordable and cost-effective new innovations
7.2 Technology	
2020 Goals	*2016/17 deliverables*
• Support delivery of 'Personalised Health and Care 2020' (local digital	• Minimum of 10% of patients accessing primary care services

roadmap, NHS that is paper free at the point of care) • 95% of patients to be offered e-consultation and other digital services • 95% of tests to be digitally transferred between organisation	online or through apps- set a trajectory with a significant increase by 2020 • Appt booking app with access to full medical record and agreed data sharing opt-out available from April-2016 • Robust data security standards in place • Deliver new consent-based data services for effective data sharing for commissioning and health & care benefits • Increase in patient access to and use of electronic health record
7.3 Health and work	
2020 Goals	*2016/17 deliverables*
• Reduce disability employment gap • Support increasing the use of fit for work	• Improve the health and wellbeing of workforce • Expand / trial interventions to support people with LT health conditions and disabilities back into employment