

BOARD PAPER - NHS ENGLAND

Title: The planning round for 2015/16

From: Ian Dodge, National Director: Commissioning Strategy

Purpose of paper:

- To update the Board on the scope, timing and priorities for the planning round for 2015/16.

Key issues and recommendations:

This paper sets out the core elements of the planning framework that will be developed for 2015/16. These include the purpose of the planning round, and the context within which it will be undertaken. The paper highlights the priority developments that will be covered in the planning framework and sets out the planning timetable.

Actions required by the Board:

- To consider the key elements of the planning framework for 2015/16 and the timescales for the planning process.

The planning round for 2015/16

Context

1. Through its planning guidance, NHS England sets out how the NHS budget will be invested so as to drive continuous improvement and to make high quality care for all, now and for future generations a reality. It seeks to ensure that the NHS is on as strong a footing as possible, capable of remaining focused on quality through a period of significant economic challenges and delivering models of care that will be sustainable in the longer term.
2. *Everyone Counts, Planning for Patients 2014/15 – 2018/19* was published in December 2013. It set out an ambition for high quality care together with details of the planning process to achieve this ambition, including the development of five-year strategic plans and detailed two-year operational plans by CCGs and NHS England's direct commissioning teams for the years 2014/15 – 2015/16.
3. The Five Year Forward View, to be published in October, will set out a clear strategic framework within which context the next planning round will sit.
4. The NHS has a single-year financial settlement for 2015/16, as set out in the Chancellor's spending round in June 2013. Following the general election in May 2015 the incoming Government will, during the next Parliament, set out its longer term programme and funding plans.
5. Given this context of transition for 2015/16, the overarching objectives of the planning round for 2015/16 will be to:
 - refresh the second year of the existing two-year operational plans to sustain and continue to improve NHS performance on existing Mandate priorities;
 - establish a foundation for longer term transformation, based on the Five Year Forward View.
6. In delivering these objectives, we will need to:
 - secure alignment with the Better Care Fund plans and with Monitor and TDA's provider planning processes;
 - minimise the burden and opportunity cost for commissioners of completing the planning returns; and
 - model collective system leadership through joint working with partners.

Scope of the Planning Framework

7. Planning for 2015/16 will be focused on a refresh of the second year of current operational plans. The planning guidance will not revisit in detail all of the priorities and commitments included in *Everyone Counts* in December 2013. It will confirm the expectation that the plans agreed locally to deliver on these commitments in 2015/16 should stand, or be revised by exception.
8. The contents of the guidance will include:
 - any new 2015/16 requirements (we expect mental health access to be the only major new requirement);
 - requirements for NHS Constitution standards;
 - the immediate implications of the Forward View;
 - emerging system changes;
 - revised financial planning assumptions, allocations and drawdown envelopes;
 - revised activity planning assumptions; and
 - strategic enablers.
9. CCGs have already developed five-year plans with local partner organisations. The expectation will be that CCGs continue their work to implement these plans. We will not require a refresh of five-year strategic plans at this stage.
10. In other words, we propose to keep to a bare minimum planning requirements for 2015/16, so that CCGs and providers can focus on core aspects of improving quality, meeting NHS Constitution commitments, and financial sustainability.

Emerging system changes

11. The guidance will focus on the key themes from the Five Year Forward View on which progress will need to be made in 2015/16, and on the changes to the commissioning system in 2015/16 which have already been announced. These will include:
 - co-commissioning of primary care;
 - future commissioning models for specialised services;
 - the introduction of integrated personal commissioning

Co-commissioning of primary care

12. In May 2014, NHS England announced plans to work with CCGs on the development of new models for the co-commissioning of primary care. 196 CCGs

have submitted an expression of interest, indicating a range of preferred co-commissioning forms, including greater influence in primary care commissioning decision making, joint commissioning arrangements, and delegated commissioning arrangements.

13. The planning guidance will refer to further guidance on co-commissioning that will be produced in the autumn, including a detailed overview of the different co-commissioning models and the parameters and opportunities of each. It will set out the next steps towards implementation, including an overview of the emerging governance frameworks for joint and delegated commissioning models and advice on the management of conflict of interest.
14. It is intended that the first delegated co-commissioning arrangements and joint commissioning arrangements involving a pooled budget will be implemented from 1 April 2015.

Future commissioning models for specialised services

15. NHS England has established a task force for specialised commissioning to analyse the current commissioning arrangements; to address a number of challenges causing significant pressures across the system; and to identify options for future commissioning models.
16. The planning guidance will:
 - confirm the principle that specialised commissioning should take place at the most appropriate level;
 - reinforce the overall direction of travel towards place-based or population budgets; and
 - set out the financial and organisational aspects of involving CCGs more fully from 2015/16.

Integrated personal commissioning

17. In July 2014, NHS England announced plans to pool funding across local authorities, CCGs and specialised commissioning for certain population groups. The aims of this approach, to be known as Integrated Personal Commissioning (IPC), will be to test new commissioning and funding models including joined-up capitated funding approaches, and to explore how individuals can have more control over how the funding is used through personalised care and support planning.
18. The programme will start in April 2015. The planning guidance will set out the planning implications and requirements for the introduction of IPC models. The IPC Prospectus is attached at Annex A and the NHS Personalisation Guide at Annex B.

19. NHS England also aims to allow people to commission their own care and support through Personal Health Budgets (PHB). From October 2014, those in receipt of NHS Continuing Healthcare have the right to a PHB, which will allow care and support to be organised that meets their needs.

Alignment of Plans

20. A priority for this planning round will be to achieve alignment of a number of planning processes and requirements.
21. Better Care Fund plans will be submitted in September. They will include new ambitions for a reduction in total emergency admissions in 2015/16 at Health and Wellbeing Board level. A refresh of CCG operational plans will now need to ensure that these ambitions are fully reflected in activity plans.
22. Lack of consistency between commissioner and provider plans has been a significant weakness of previous planning rounds. Alignment of commissioner plans with those of providers will be a top priority for 2015/16, on which NHS England will work in close partnership with Monitor and the NHS Trust Development Authority (TDA).

Strategic Enablers

23. Two key strategic enablers for 2015/16 will be published alongside the planning guidance:
 - the standard NHS Contract, together with CQUIN, Quality Premium and CCG Outcome Indicators; and
 - the National Tariff.
24. The planning guidance will introduce the NHS Standard Contract for 2015/16 (and accompanying principles, guidance, tools and details of arbitration processes), together with the Commissioning for Quality and Innovation (CQUIN) scheme, the Quality Premium and CCG Outcome Indicators Set.
25. NHS England and Monitor jointly published a document on 18 July to seek the views of stakeholders on proposals for changes to the National Tariff Payment System for 2015/16. Feedback has shown widespread support for the National Tariff proposals (with some divergence of views between commissioners and providers on certain options).
26. In addition to the publication of the NHS Standard Contract and the National Tariff, the planning guidance will signal how the Five Year Forward View will provide the basis for the development of new commissioning, contractual and financial models to stimulate and support the development of new models of care.

Planning Support and Assurance

27. In the last planning round a detailed and comprehensive programme of support was implemented, including:
- universal, nationally developed tools, including information packs, exemplars and workshops;
 - bespoke support based around ten key specifications; and
 - an intensive support package for 'challenged' health economies.
28. A planned support package will include a second phase of the Challenged Health Economies work and a refresh of the Commissioning for Value packs. It will also build on the support programme implemented for the Better Care Fund.

The Planning Timetable

29. Detailed planning guidance will be published by early December 2014.
30. The key phases and milestones of the planning process are set out below.

Date	Activity
Early Dec	Issue Planning Guidance. Issue Standard Contract, National Tariff, CQUIN, Quality Premium and CCG Outcome Indicators Set
Mid Dec – end Mar	Planning support and challenge process
Mid Feb	Draft plan submission
Mid Feb – end Feb	Plan assurance and feedback
Early Mar	Contract completion
End Mar	Final plan submission and final plan assurance, including triangulation of plans with Monitor, TDA and LGA
From April	Support for plan implementation

Recommendation

31. Members of the Board are requested to consider the key elements of the planning framework for 2015/16 and the timescales for the planning process. The next Board meeting will be asked to make numerous substantive decisions on handling the 2015/16 commissioning round.

Ian Dodge
National Director: Commissioning Strategy

Annex A – IPC Prospectus/ Annex B – NHS Personalisation Guide