

**BOARD PAPER - NHS ENGLAND**

**Title:** The *Forward View* into Action: planning for 2015/16

**From:** Ian Dodge, National Director, Commissioning Strategy

**Purpose of paper:**

- To outline the approach and contents of the NHS planning guidance for 2015/16

**Actions required by the Board:**

- To consider and agree the overall approach
- To consider and agree the core contents
- To agree to delegate authority for sign off to the executive

## The Forward View into action: planning for 2015/16

### Proposed approach

1. This paper outlines the proposed approach to the NHS planning guidance for 2015/16 planned for pre-Christmas publication. It builds on prior Board discussions.
2. The document will bring together the main messages for the service on both (i) operational performance delivery, and (ii) how the NHS can begin to progress the *Forward View*. Neither is optional and both need to happen in tandem.
3. The *Forward View* committed the statutory NHS bodies to becoming more joined-up. NHS England has been working very closely with partners on the planning guidance. We are aiming to maximise what is produced in common, including shared planning assumptions. We are aiming for a short document.
4. Lots of the propositions in the *Forward View* were generated by other national partners: patient groups, the voluntary sector, staff groups and the royal colleges, commissioning and provider organisations, and the health sector think tanks. We want to continue to benefit from their expertise, energy and leadership. We therefore intend an open and highly collaborative approach to implementing the *Forward View*, both nationally and locally.
5. The planning guidance signals the national bodies working with local organisations in a more nuanced and multi-faceted way. We see four different modes, which may be operating together at the same time in the same place:
  - (i) the open offer of active national/local partnership – for example to develop replicable approaches to prevention, community engagement, patient empowerment and new models of care.
  - (ii) encouraging bodies within local health economies to collaborate in developing a shared local vision for the future. The *Forward View* has already been stimulating different conversations locally. Rather than require updated strategic plans, and on a single organisation basis, we propose to encourage the development of strategic plans across the local health economy. In a reversal of normal practice, local systems might choose to invite in the national bodies to add value and insight
  - (iii) clearer joint intervention and direction in those local systems that have been struggling the most, through a new ‘success’ regime intended to put in place the conditions for future success. This will be operated by NHS England, Monitor and TDA working in concert

- (iv) right across the NHS, a forensic approach to core performance standards. This means much more robust national assurance and reconciliation of commissioner and provider plans on the basics, e.g on activity and finance. Again, we expect better more open partnership working locally on operational planning. NHS England will be only be asking for commissioner operational plans for 2015/16, but we will require these to deliver against the Mandate.

**6. Is the Board content to proceed with:**

- **joint publication with ALB partners**
- **a co-production approach with wider partners**
- **the multi-mode approach as described above?**

**Proposed content**

*Prevention, empowering patients and engaging communities*

7. The planning guidance will signal our seriousness of intent to progress chapter 2 of the Forward View. This means, for example, the NHS making progress in 2015/16 on:
- workplace health
  - volunteering
  - supporting vulnerable carers
  - workforce race equality
  - developing the model for the new national diabetes prevention programme
  - empowering patients through information
  - delivering patients' legal rights to choose, including for mental health services
  - a major expansion of personal health budgets
  - the first steps towards integrated personalised commissioning.

*Co-creating new models of care*

8. The guidance will:
- invite organisations to register their interest in becoming the first cohorts of various care models; describe a more permissive approach across the board; and outline a joint intervention regime for systems in serious difficulty
  - begin to outline the approach for targeting the £250m infrastructure fund at multi-speciality community providers, and the £200m fund to support the creation of new care models

- set out a plan to deliver a new deal for primary care
- describe next steps to implement the urgent and emergency care review, review maternity, mental health and cancer services

### *Delivering the NHS Mandate*

9. There are few new national planning requirements. The Mandate for 2015/16 is broadly stable. Commissioners will be expected to refresh plans to ensure delivery of Mandate objectives such as Improving Access to Psychological Therapies, dementia diagnosis, and services for people with learning disabilities, as well as NHS Constitution standards for timely care.
10. The main change is the introduction of new access standards for mental health as part of our wider ambition to achieve a genuine parity of esteem between mental and physical health by 2020. Good progress needs to be made in 2015/16 to fully implement the new mental health access standards by March 2016, covering early intervention in psychosis, liaison psychiatry, and improving access to psychological therapies.
11. NHS England is proposing to introduce new national CQUIN indicators to tackle sepsis and acute kidney injury; and a new quality premium indicator to tackle resistance to antibiotics.

### *Enabling change*

12. The guidance will highlight key actions needed in 2015/16 to:
  - implement the Mandate and the National Information Board strategy, to move towards a paperless NHS by 2018
  - catalyse innovation
  - support staff and workforce reform in line with HEE's plans

### *Efficiency*

13. We will confirm common assumptions that should underpin all local plans. These will cover the range of pressures facing the health system, including cost inflation, the tariff cost uplift, pay, drugs and general procurement costs and activity pressures, as well as expectations to improve efficiency. NHS England is separately consulting on changes to the NHS Standard Contract. We will set out revisions to the CQUIN framework and the Quality Framework for CCGs.

### *Joined-up plan assurance*

14. NHS England, Monitor and the NHS Trust Development Authority (TDA) have

agreed a common timetable for the development, submission and assurance of local plans. We are putting in place joint approaches to achieving better aligned planning data. Plans developed by commissioners, NHS Trusts, and NHS Foundation Trusts will be assured by NHS England, the NHS TDA and Monitor respectively, in line with our distinct statutory and regulatory responsibilities. In performing these roles, we will be working together in partnership.

### **Recommendation**

15. The Board is requested to:

- consider the overall approach and the shape of the proposed core contents
- agree to delegate authority to the executive team to finalise the text of the guidance.

**Ian Dodge**  
**National Director, Commissioning Strategy**