

REPORT TO: Health & Wellbeing Board
DATE: 9 March 2016
REPORTING OFFICER: Chief Officer NHS Halton CCG
SUBJECT: Delivering the Forward View: Planning Guidance 2016/17- 2020/21

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Board with a briefing on the NHS Planning Guidance 2016/17- 2020/21. A full copy of the guidance is attached to this report (please see Appendix 1).

2.0 RECOMMENDATION : That the Board

- 1) **Note the contents of this report; and**
- 2) **Agree that the Council works collectively with Halton CCG and One Halton delivery partners to develop a local 5 year Sustainability and Transformation Plan with accompanying 12 month operational plan and contribute to the wider Cheshire and Merseyside footprint Sustainability and Transformation Plan**

3.0 SUPPORTING INFORMATION

3.1 The national health and care bodies in England have come together to publish shared NHS Planning Guidance for 2016/17 – 20/21, setting out the steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, wellbeing and NHS finances.

3.2 As part of the new planning process, NHS organisations have been asked to develop two plans:

1. A wider health and care system ‘Sustainability and Transformation Plan’, covering the period October 2016 to March 2021; and
2. A plan by organisation for 2016/17.

In addition Halton has agreed with its health and wellbeing partners to produce

The guidance is backed by [£560 billion of NHS funding](#), including a new Sustainability and Transformation Fund.

Place-based planning

3.3

The guidance indicates that planning by individual organisation will increasingly be supplemented with planning by place for local populations. Producing a Sustainability and Transformation Plan (STP) on a larger geographical footprint will encourage this joint approach and will involve five things:

- (i) Local leaders coming together as a team;
- (ii) Developing a shared vision with the local community, which also involves local government as appropriate;
- (iii) Programming a coherent set of activities to make it happen;
- (iv) Execution against plan; and
- (v) Learning and adapting

Success will also be dependent on having an open and engaging dialogue that harnesses the input of all partners including clinicians, patients, carers, citizens, the community and voluntary sector and local government through Health and Wellbeing Boards.

As a truly place-based plan, the STP must cover all areas of CCG and NHS England commissioned activity. It must also cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting locally agreed health and wellbeing strategies.

On the 29th January it was confirmed that Halton will form part of the Cheshire and Merseyside STP footprint

Access to future transformation funding

3.4

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

The Spending Review provided additional dedicated funding streams for transformational change, building up over the next five years. This protected funding is for initiatives such as the spread of new care models through and beyond the vanguards, primary care access and infrastructure, technology roll-out, and to drive clinical priorities such as diabetes prevention, learning disability, cancer and mental health. Many of these streams of transformation funding form part of the new wider national Sustainability and Transformation Fund (STF). For 2016/17 only, to enable timely allocation, the limited available additional transformation funding will continue to be run through separate processes.

The most compelling and credible STPs will secure the earliest additional funding from April 2017 onwards. The process will be iterative. They will consider:

- (i) The quality of plans, particularly the scale of ambition and track record of progress already made
- (ii) The reach and quality of the local process, including community, voluntary sector and local authority engagement
- (iii) The strength and unity of local system leadership and partnerships, with clear governance structures to deliver them; and
- (iv) Confidence that a clear sequence of implementation actions will follow as intended, through defined governance and demonstrable capabilities.

3.5 **Content of STPs**

Annex 1 of the document sets out a list of “national challenges” to help local systems set out their ambitions for their populations. The list of questions includes the objectives set out in the Mandate, however, local areas are urged not to “over-interpret” the list as a narrow template for what constitutes a good local plan. The most important task is to ensure a clear overall vision and plan for the area.

Local health systems also need to develop their own system wide local financial sustainability plan as part of their STP.

3.6 **Agreeing “transformation footprints”**

The STP will be the umbrella plan, with a range of delivery plans underneath it, some of which will necessarily be on different geographical footprints. The first critical task was for local systems to consider their transformation footprint. This was submitted on the 29th **January 2016**, for national agreement. Local authorities were engaged with these proposals. Transformation footprints should be locally defined, based on natural communities, existing working relationships, patient flows and take account of the scale needed to deliver services, transformation and public health programmes required and how it best fits with other footprints. Where geographies are already involved in the Success Regime, or devolution bids, we would expect these to determine the transformation footprint. The document stresses that the footprint may adapt over time and it is preferred that partnerships focus their energies on the content of plans rather than have lengthy debates about boundaries.

Further guidance on the planning process, including timetable, is

now finalised. It is anticipated that the full draft of the operational plan be submitted by the 2nd March 2016, and the final draft by 11th April 2016. The 5 year Cheshire and Merseyside STP should be completed by end of June 2016. There is no expectation that the local Halton STP be submitted to NHS England. By spring 2016, information will be made available on roadmaps for national transformation initiatives.

NHS England has also stated that they would like to work with a few local systems to develop exemplar, fast-tracked plans, and would welcome expressions of interest.

3.7

National “must dos” for 2016/17

NHS England with the other national NHS organisations has identified nine must-do priorities for local health economies.

1. Produce a **sustainability and transformation plan** and decide the geographical transformation footprint it will cover (see below).
2. **Return secondary providers to aggregated financial balance**, delivering savings through the Carter productivity programme, caps on agency spending, and CCGs reducing variations.
3. Develop and implement a local plan to address the **sustainability and quality of general practice**, including workforce and workload issues.
4. Achieve waiting time targets for **A&E patients and ambulance response times**.
5. Improve and maintain performance against the **18 week referral to treatment target**.
6. Deliver the **62 day cancer waiting time target**, including the 2 week referral and 31 day treatment targets, and make progress in one year survival rates.
7. **Achieve and maintain new mental health waiting time targets**, and continue to meet a **dementia diagnosis** rate of at least two-thirds of the estimated number of people with dementia.
8. Improve care for people with **learning disabilities**, including improved community services and reducing inpatient facilities.
9. Develop and implement an affordable plan to make **improvements in quality** particularly for organisations in special measures. Providers are required to publish **avoidable mortality** rates annually.

The guidance also sets milestones for areas meeting the clinical

standards for providing seven-day services, leading to complete coverage across the country by 2020. Access to out of hours care should be enhanced through better integration and redesign of NHS minor injuries units, urgent care centres and GP out of hours services. Areas should work to reduce avoidable NHS deaths by increasing consultant cover on hospital wards and improving access to diagnostic support at weekends.

NHS England is also extending the vanguard programme, looking for areas to trial two new approaches:

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

Organisations interested in working on either of these approaches should let NHS England know by **29th January 2016**.

4.0 POLICY IMPLICATIONS

4.1 As a local area Halton will need to develop a local 5 year Sustainability and Transformation Plan (STP) that contributes to the wider Cheshire and Merseyside 5 year STP and a 12 month operational plan that demonstrates:

- (i) How we intend to deliver the nine “must dos” and other requirements of the Mandate.
- (ii) How we answer the triple aim in each area of better health, transformed quality of care delivery and sustainable finance- specifically referencing the questions outlined in Annex 1 of the guidance (see Appendix 1)
- (iii) How we align and deliver a sustainable and transformation plan

4.2 All matters set out within this report have direct implications for the health and wellbeing priorities.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The development of a 5 year Sustainability and Transformation Plan for Halton and accompanying 12 month operational plan should contribute towards reducing the health inequalities gap, reducing the care and quality gap and closing the finance and efficiency gap. In real terms, this should result in improved health and wellbeing outcomes for Halton residents.

6.0 RISK ANALYSIS

6.1 Working collaboratively to address local health and wellbeing priorities should have a positive impact on improving health locally therefore negating any minor risks involved.

7.0 **EQUALITY & DIVERSITY ISSUES**

7.1 This report is in line with Equality and Diversity policy.