

## Briefing on Planning Guidance 2015/16 6<sup>th</sup> January 2015

The planning guidance published by NHS England sets out the framework of delivery for the first year of the 5 year Forward View. The key principles of the guidance are as follows:

- Set the scale and pace of transformation
- Differential national approach
- Achieving core standards
- Maximising the value of local planning
- Planning on the local planning footprint – supporting a joint approach

### Key areas of focus for operational plan refresh are as follows:

1. **Prevention** – CCGs will be required to work with LA partners and Public Health to set shared quantifiable levels of ambition to reduce local healthcare inequalities and improve outcomes for health and wellbeing. This needs to be supported by agreed actions – specifying behavioural interventions for patients and staff – in line with NICE Guidance – setting appropriate metrics for monitoring – we need to ensure we drive this through our JSNA and JHWS. There will a national diabetes prevention programme developed with local areas being invited to be part of the programme and register their interest by the end of January 2015. By March 2015 NHSE will publish their approach including a national implementation plan.
2. **Work place Health** - NHS employers will be expected to take significant actions to improve workplace health and wellbeing of their staff.
3. **Empowering patients by extending choice and control** –
  - a. from April 2015 patients will have online access to their GP records
  - b. major expansion in the offer and delivery of Personal Health Budgets (PHB)- by April 2016 PHBs/integrated personal budgets for people with learning disabilities. For children with Special education needs to work with LAs and schools on the implementation of integrated care plans and offer personal health budgets
  - c. A particular priority for choice in 2015/16 will be Mental Health – CCGs will be expected to works with GPS and providers to ensure that patients are aware of their rights and are offered choice in mental health services
  - d. In 2015/16 CCGs will be asked to review the choices available for women accessing maternity services – working with service users and public to consider what more can be done to offer meaningful choice.
4. **Engaging communities** – CCGs need to focus on ensuring that they meet their statutory duties on public and patient involvement in their commissioning decisions. There is a specific expectation to develop joint plans with LA partners to identify and support carers. CCGs need to be mindful of the

significant changes to LA powers and duties from April 2015 under the Care Act 2013.

5. **Voluntary Sector** - Use of grant agreements to fund voluntary sectors rather than contracts – a grant agreement template will be published in the new year.
6. **NHS Workforce** – from April 2015 the first NHS workforce race equality standard will be published in NHS contracts to ensure that boards and leadership of the NHS organisations reflect the diversity of the local communities they serve. All NHS employers will be expected to assess themselves against this standard.
7. **Co-creating new models of care** – 2015/16 will be a year for accelerating the design and implementation of the new models of care as set out in the 5 year forward view. There will be an opportunity to express interests in becoming one of the first cohort sites and bid for investment to support the transformational change locally. Expressions of interests need to be submitted by 2<sup>nd</sup> February 2015. Further information on core requirements will be provided in Early January 2015.
8. **Building the foundations for early adoption** – CCGs and providers as part of their local planning unit are required to create conditions for rapid early adoption. So, rather than proceeding with stand-alone procurement of services – CCGs may want to consider how best to integrate these within a new model. These conversations should take place on the same ‘units of planning’ basis as 2014/15 unless otherwise locally agreed. This supports how we are approaching the future procurement for example of 111.
9. **New regime for challenged systems** - a ‘success regime’ will focus on addressing current performance and financial challenges within challenged systems. The intervention process will be overseen by NHSE, TDA and Monitor including involvement from CQC and LGA.
10. **A new deal for Primary Care** – there is commitment to the workforce development of general practitioners to address some of the immediate workforce issues. In addition an additional £100million is available to improve access to general practice through the Prime Minister’s Challenge Fund.
11. **New care models for urgent and emergency care, maternity, cancer and specialised services**
  - a. establishment of urgent and emergency care networks building upon existing system resilience groups by April 2015. Will be expected to assure the quality of urgent care facilities in line with guidance planned for summer 2015.
  - b. NHSE will be undertaking a review of maternity and perinatal mental health services by autumn 2015
  - c. A national cancer strategy will be published addressing the following key areas:
    - i. Better prevention
    - ii. Swift access to diagnosis
    - iii. Better treatment and aftercare
  - d. By summer 2015 NHSE will initiate a first round of service reviews working with local partners.

**12. Improving Quality Outcomes** – CCGs should CQC's inspection reports and ratings to assure the quality of care in their area. There will be an expectation that the practice of clear clinical accountability will be embedded during 2015/16.

**13. Improving Patient Safety** –

- a. expectation to continue to drive and embed improvements in response to Francis, Winterbourne View and Berwick Review Reports.
- b. NHSE have identified Tackling Sepsis and Acute Kidney Injury as specific clinical priorities for improving patient safety in 2015/16. They will therefore be the basis of new national indicators for CQUIN in 2015/16
- c. Improving antibiotic prescribing in primary and secondary care will be the basis a new national quality premium in 2015/16
- d. SDIPs should be agreed with acute providers to implement at least five of ten clinical standards for 7-day services – within available resources.

**14. Achieving parity for mental health** –

- a. Plans need to be refreshed in order to ensure delivery against the pre-existing mandate objectives – specifically dementia and IAPT.
- b. Waiting times standards to be introduced in MH for first time – these will be for PIER and IAPT - £40m will be made available through tariff inflator and £10m investment to meet standards
- c. A plan to improve liaison psychiatry for all ages will be required – linked to developing SDIPs with providers.
- d. Crisis Care Concordat – support the provision of mental health support as an integral part of NHS 111 services, 24/7 crisis care home treatment teams and capacity to prevent children, young people and adults undergoing mental health assessments in police cells.

**15. Transforming care of people with learning disabilities** – delivering progress in improving the system of care for people with learning disabilities – ensuring that nobody becomes an inpatient inappropriately

**16. Enabling Change** – plans need to demonstrate the following; NHS number will be used as the primary identifier in all settings, use of electronic prescription service, expand the provision of online services through the GMS contract and structured coded electronic discharges and electronic referrals.

**Recommendation:**

The East Leicestershire and Rutland CCG Strategy, Planning and Commissioning Committee is requested to:

**RECEIVE FOR INFORMATION**