



## NHS planning guidance for 2016/17 – 2020/21

*Published 22 December 2015*

The planning guidance outlines a new approach to help ensure that health and care services are planned by place rather than around individual institutions.

Called [Delivering the Forward View, the NHS planning guidance for 2016/17 – 2020/21](#) is backed up by [£560 billion of NHS funding](#).

As in previous years, NHS organisations will be required to produce individual operational plans for 2016/17. In addition, every health and care system will be required, for the first time, to work together to produce a Sustainability and Transformation Plan (STP), a separate but connected strategic plan covering the period October 2016 to March 2021.

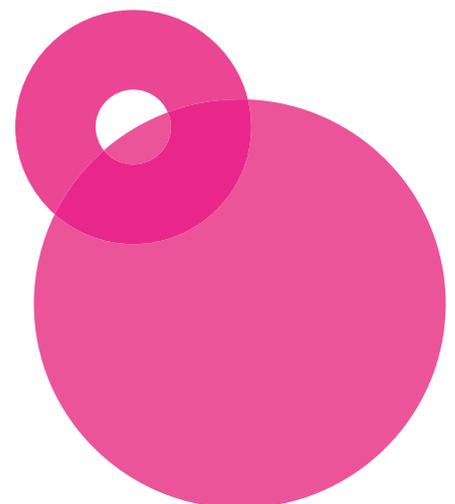
As part of this, local leaders will be required to set out clear plans to pursue the ‘triple aim’ set out in the [NHS Five Year Forward View](#) – improved health and wellbeing, transformed quality of care delivery, and sustainable finances.

The guidance also outlines nine ‘must dos’ for every local area in England in 2016/17, agreed by the leading health bodies in England. These include:

- ❖ Returning the system to financial balance
- ❖ Introducing a local plan to address the sustainability and quality of general practice
- ❖ Reducing waiting times for A&E, cancer and mental health
- ❖ Improving quality – particularly for organisations in special measures.

### Access to funding

- For the first time, the local NHS planning process will have significant central money attached. 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 – (new care models, vanguards, primary care access and infrastructure, technology roll-out, and to drive clinical priorities such as diabetes prevention, learning disability, cancer and mental health).
- The most compelling and credible STPs will secure the earliest additional funding from April 2017 onwards. There will need to be a clear vision not just a focus on Mandate objectives. There will be a focus on quality of plans, extent of community/stakeholder engagement. There also will need to be assurance that there is a clear sequence of implementation actions, defined governance and demonstrable capabilities.
- CCG allocations will be more closely aligned with population need.



## Transformation footprints

- The STP will be the umbrella plan, supported by delivery plans
- The first critical task is for local health and care systems to consider their transformation footprint – the geographic scope of their STP.
- Footprints may well adapt over time. The aim of for people to focus their energies on the content of plans rather than have lengthy debates about boundaries.

## Tariff proposals

- The consultation on the tariff will propose a 2 percent efficiency deflator and 3.1 percent inflation uplift for 2016/17 (the latter reflecting a step change in pension-related costs). This reflects Monitor and NHS England's assessment of cost inflation including the effect of pension changes.
- To support system stability, the plan is to remain on HRG4 for a further year and there will also be no changes to specialist top- ups in 2016/17; the specialised service risk share is also being suspended for 2016/17.
- The consultation on the tariff will also include the timetable for implementing new payment approaches for mental health.

### ***Further clarity is needed on:***

- How STP will support local areas incentivised mental health specific investment, rather than just talking about parity to gain sign-off on plans.
- How the sustainability and transformation plans (STPs), vanguard programmes and new models of care all fit together and with existing local planning tools. (JSNA's)

### ***Key issues for mental health:***

- Localities to submit proposals for STP footprints and volunteers for mental health and small DGHs trials by 29<sup>th</sup> January 2015.
- There is an ongoing expectation for CCGs to increase mental health investment to at least match their overall expenditure increase.
- Where CCGs collaborate with specialised commissioning to improve service efficiency, they will be eligible for a share of the benefits.
- There is a requirement to detail how mental health services will be improved in line with the MH taskforce report.
- Reducing mental health waiting times for EIP and IAPT services features as a 'must do' for every local area.
- There needs to be more detail of how new models of care secondary mental health providers are expected to managing care budgets for tertiary mental health services
- Requires development of CYP mental health plans
- Place-based planning approach has potential to reduce the issues around transitions
- CCGs will be expected to publish the first Ofsted style overall assessment for the six clinical areas (inc mental health) by the end of Q1 of 2016-17.

***Missed opportunities for mental health include:***

There is a general lack of detail around embedding mental health in a number of the national challenges including:

- Items on A+E/ambulance
- Referral to treatment and non-emergency pathways
- Omitting to mention mental health alongside obesity, diabetes etc. in reporting how to close the health and wellbeing gap
- Not prioritising mental health for choice and personal health budgets (maternity, end of life and elective care are singled out)
- Omitting to mention mental health in the items under the care and quality gap on out of hospital care; acute care collaboration; transforming urgent and emergency care; elective.
- Lack of focus on mental health components of the NHS Mandate (e.g. Increase in people with learning disabilities/autism being cared for by community not inpatient services, Agree and implement a plan to improve crisis care for all ages, including investing in places of safety).

You can read the Planning Guidance [here](#), the mandate [here](#) and allocations [here](#).

Please see timetable for implementation in the table below.

## Timetable for implementation – key dates

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

### Please note

- The consultation on the tariff will also include the timetable for implementing new payment approaches for mental health.
- Monitor and NHS England published two short guides about payment approaches following the autumn consultation. [Developing a capitated payment approach for mental health](#) and [Developing an episodic payment approach for mental health](#)

Please do contact Claire Mallett, at [Claire.mallett@nhsconfed.org](mailto:Claire.mallett@nhsconfed.org) with your thoughts, views and concerns.

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