Briefing
February 2020

NHS CONFEDERATION

NHS Operational Planning and Contracting Guidance 2020/21

The 2020/21 planning guidance outlines the trajectory of the NHS in the coming financial year. This briefing summaries the key points of note to NHS Confederation members and provides a brief analysis of what the guidance means for health and care.

Key points

- Central funding to cover system deficits, subject to agreement.
- Programmes to improve care pathways in key areas including cancer, mental health, ophthalmology, musculoskeletal, dermatology and cardiology.
- Funding incentives for providers to support overall system performance.
- Payment system reforms to support a one-third reduction in face-to-face outpatient appointments by 2023/24.
- On public health, support for an additional 25,000 people to lose weight and expansion of alcohol care teams and smoking cessation support for inpatient and maternity services.
- Workforce growth funding in 2020/21 to bolster primary care network workforce redesign and development.
- Central funding to write off CCG debt from historic overspends, subject to conditions.
- From April 2020, NHS-led local provider collaboratives to be responsible for managing budgets and patient pathways for specialist mental health, learning disability and autism care.
- Further exploration of using technology to improve productivity and efficiency.

Introduction

The NHS Operational Planning and Contracting Guidance 2020/21 outlines the trajectory of the NHS in the coming financial year. It places a strong emphasis on systems as the default operational level, as well as providing greater detail on how local NHS organisations will be supported to deliver on the aims of the NHS Long Term Plan.

The guidance takes into account the changing nature of services, with particular attention paid to the new role primary care networks will be expected to take on. It also highlights the role of systems in improving members' financial and operational performance, and the new responsibility of those members to work towards supporting system performance overall.

The guidance renews efforts to recruit and retain workforce across primary and secondary care and recognises the need to improve services, including mental health and cancer.

Crucially, it offers support for systems and commissioners with historic deficits and outlines what criteria must be met in order to receive this.

System planning

This section of the guidance sets out what NHS England and NHS Improvement expects of integrated care systems (ICSs) and sustainability and transformation partnerships (STPs) working towards ICS status, over 2020/21. Importantly, it outlines how funding will be tied to expectations around financial and operational performance, with new incentives for providers to support overall system performance.

System development

Key points

Integrated care systems will undertake two core roles: system transformation and collective management of system performance.

While NHS England and NHS Improvement recognises that different systems are at different levels of maturity, there are some operational arrangements that it expects all systems to agree with regional directors and put in place during 2020.

- These arrangements include system-wide governance arrangements (such as a system partnership board), a leadership model, system capabilities (such as population health management) and agreed ways of working across the system in areas such as financial governance.
- To support this approach, NHS England and NHS Improvement will move to a combined System Oversight Framework for providers and CCGs, and will consult on this shortly.

System planning

Key points

- Operational plans will implement the first year of local strategic plans.
- A requirement for system leaders to agree individual commissioner and provider plans to ensure they are consistent with agreed system plans.
- Systems will also need to set out proposals on how they plan to use revenue transformation or capital funds and the benefits they anticipate.

Financial controls and allocations

Key points

- NHS England and NHS Improvement will continue to operate system control totals across the country. System leaders will be able to agree with regional directors' net neutral changes in individual organisational financial trajectories in the planning process and during the year.
- 50 per cent of the financial recovery fund will be tied to system financial performance and not just to an individual organisation's performance. This is to avoid financial pressures simply being passed, for example, between commissioners and providers.
- Some capital funding and revenue transformation funding will be allocated to systems to agree how it can be used consistently to deliver national frameworks and objectives. However, continued access to system capital and transformation funding will depend both on delivering system financial trajectories and agreeing system plans with NHS England and NHS Improvement.
- From April 2020, NHS England and NHS Improvement will enable local service providers to join NHS-led provider collaboratives. These will be responsible for managing the budget and patient pathway for specialised mental health, learning disability and autism care.

Operational requirements

This section outlines what changes will need to be made to operational plans in order to deliver the NHS Long Term Plan and improve delivery and coverage of services within the context of system working.

Primary care and community health services

Key points

In 2020/21, additional workforce growth funding will enable primary care networks (PCNs) to continue expansion in line with the following priorities:

- Supporting workforce redesign and team development.
- Improving patient access and practice waiting times.
- Building operational relationships with community providers.

In 2020/21, STPs, ICSs and CCGs must:

- work with PCNs to maximise recruitment under the Additional Roles Reimbursement scheme
- ensure delivery of an online consultation system to general practices where they are not in place
- work with PCNs to deliver national service requirements (details to come in the updated GP contract and network contract direct enhanced service)
- work with PCNs to support and implement personal health budgets and social prescribing
- work with community providers to support submission of comprehensive data to the community services data set
- support community providers to provide an agreed number of two-hour home response appointments between 1 November 2020 and 31 March 2021.

In addition, CCGs only must provide monthly data to each PCN showing the number and cost of A&E attendances by that PCN's patient population.

Mental health

Key points

- An emphasis on meeting the final recommendations of the Mental Health Five Year Forward View, which comes to a close in March 2021. The next deliverables for mental health in the NHS Long Term Plan are set out in the Mental Health Implementation Plan, which was published in July 2019.
- An additional investment of £1.5bn in mental health services to meet the mental health investment standard. If previous years' information demonstrates that a commissioner has not met the standard, they will need to demonstrate how they are working towards this in 2020/21.
- Expanding access to Improving Access to Psychological Therapies (IAPT) by over 14 per cent.
- Mental health providers to work in partnership with ICS/STPs on workforce, finance and activity plans. This includes working with NHS-led provider collaboratives and asking systems to build on the November 2019 mental health workforce submission, to ensure they include non-NHS providers.
- CCGs will be given £135m to strengthen the provision of community mental health services for adults and older people. The Mental Health Community Framework published in September 2019 provides further details on this, including plans for alignment with PCNs.

Learning disabilities and autism

Key points

- Continuing the commitment to reduce the number of children and young people in inpatient settings and ensuring there is the right care and support within the community. This includes using care and treatment plans to create a proper discharge plan.
- Improving choice and control for people with a learning disability and/or autism by increasing the use of personal health budgets.
- Commissioners to visit patients placed out of area, with children and young people visited every six weeks and adults every eight weeks.
- Improved annual health checks for people with a learning disability and/or autism.

Urgent and emergency care

Key points

- Systems and organisations will be expected to reduce general and acute bed occupancy to a maximum of 92 per cent.

- A requirement for credible plans to release capacity through reductions in length of stay, DTOCs and admission avoidance programmes.
- By September 2020, all providers to achieve both same day emergency care (SDEC) for 12 hours per day and acute frailty services for 70 hours per week.

During 2020/21 all trusts to:

- increase the proportion of patients seen and treated on the same day/ within 12 hours if this spans midnight
- record SDEC activity on emergency care data sets (ECDS) or admitted patient care rather than outpatient to more accurately measure activity
- increase completeness of specified data (ECDS) fields to 95 per cent for all type 1 and 2 emergency departments and urgent treatment centres
- work with commissioners to explore how to better assess low acuity ambulance dispositions via local integrated care clinical assessment services, to reduce pressure on emergency hospital services.

Referral to treatment time including 26-week choice

Key points

- Waiting lists to be reduced in 2020/21 via appropriate planning and profiling of elective and non-elective performance, with a particular focus on reducing elective cancellations during the winter.
- No patients to wait longer than 52 weeks, and providers to submit data via weekly patient tracking lists. Financial sanctions will stay in place for providers with waits of over 52 weeks.
- During 2020/21, all providers and systems should implement supplementary choice at 26 weeks.

Outpatient transformation

Key points

- Reduction in face-to-face outpatient appointments of one third by 2023/24, facilitated by an increase in the number of digitally enabled outpatient appointments and a reduction of clinically unnecessary appointments.
- Capacity released from this reduction should be used to reduce elective waiting list numbers and elective waiting times through diagnostic consultations and clock-stopping treatments.
- Reforms to the payment system will be delivered in 2020/21 to ensure

there is no loss of income from reduced outpatient appointments. Proposed National Tariff Payments System reforms will ensure commissioners and providers can more easily agree blended payments for outpatients that include advice and guidance.

- Systems will be expected to demonstrate progress against their 2018/19 position on patient-initiated follow up for outpatient specialities.
- Systems will be expected to engage with development and mobilisation of elective high impact interventions, as well as early priority areas for clinically led pathway redesign (ophthalmology, musculoskeletal, dermatology and cardiology).
- By March 2023, first contact practitioner services will be available to the whole adult population in England, with an expectation that coverage increases to 50 per cent in 2020/21, 75 per cent in 2022/23 and 100 per cent by 2023/24.
- Expectation of all hospital eye services to report compliance with portfolio of indicators for eye health and care follow-up performance standard.

Cancer

Key points

The NHS Long Term Plan has ambitions to achieve 55,000 more people surviving cancer for five years or more each year by 2028, and to increase to 75 per cent the number of people diagnosed at stage 1 or 2.

To meet these ambitions, cancer alliances will be supported by £90m of funding (by 2020/21) to:

- improve against the 62-day standard and the 28-day faster diagnosis standard, which will be introduced from 1 April 2020. From April, every alliance and trust must deliver data completeness of at least 80 per cent and meet the faster diagnosis standard at the proposed threshold of at least 70 per cent.

Cancer alliance plans should prioritise the following actions:

- Full implementation of four optimal timed diagnosis pathways (lung, prostate, colorectal and oesophagogastric) and increased patient tracking list management by 2020/21.
- Implementation of faecal immunochemical test in bowel screening programme leading to demonstrable reduction in the number of surveillance colonoscopies undertaken.
- Implementation of personalised stratified follow-up pathways for colorectal and prostate cancer by April 2021 and new or revised service specification for children's, teenager and young adult cancer and proton beam therapy.

Trusts identified as genomic laboratory hub (GLH) networks will sub-contract testing services and distribute funding to non-GLH trusts where the following requirements are met:

- Testing meets the minimum specification of the national genomic test directory.
- Tests are accredited.
- NHS England-mandated contract management data is available.
- Tests are delivered by laboratories agreed by each GLH's oversight board.

NHS public health functions and prevention

Key points

The NHS will support a greater emphasis on prevention by 2020/21:

- Expand alcohol care teams and roll out smoking cessation support for inpatients and maternity services.
- Support an additional 25,000 people to lose weight and reduce risk of diabetes.
- Reduce air pollution from fleet vehicles by ensuring all new purchases of leases support the transition to low and ultra-low emissions. Car leasing schemes must also restrict availability of high-emission vehicles.
- Consider signing up for a Green Fleet review.
- End business travel reimbursement for domestic flights within England, Wales, Scotland.
- Move to purchasing 100 per cent renewable energy from suppliers by April 2021.
- Replace lighting with LED alternatives during routine maintenance and reduce the use of single-use plastics.
- Reduce the carbon impact of metered dose inhalers and anaesthetic gases.

People

With the NHS People Plan due to be published in March 2020, focus will be on implementing the plan, with key priority areas including improving recruitment and retention rates, growing and supporting the workforce, working to develop the right skill mix in the workforce, allowing staff the time for learning and development and improving the leadership culture.

Key points

- 50,000 more full-time equivalent nurses by 2025, with a new national programme focusing on international recruitment.
- 6,000 more doctors in primary care and 26,000 more roles in the wider primary care workforce.
- Having a more inclusive and diverse workforce at all levels. In particular, NHS trusts and commissioners should focus on improving the number of BME staff in senior posts.

Hospital and community health service workforce

Key points

- Providers should update plans setting out their actions to improve retention and how they are enabling cultural changes to make the NHS a better place to work.
- Investment of £150 million in continuing professional development (CPD). This should equate to a £1,000 training budget over the next three years for each nurse, midwife and allied health professional (AHP). Providers should also use this investment to backfill staff time to attend training.
- Providers should work towards implementing effective rostering and job planning software.

Primary care workforce

Key points

The new GP contract update must:

- set out how the additional roles reimbursement scheme will be fully used. CCGs must support PCNs that are unable to recruit to the additional roles outlined in the direct enhanced service requirements
- be designed to retain as many GP trainees as possible at STP/ICS level after completion of specialist training
- include an action plan to improve retention with a specific focus on high-need workforce areas. This should include targeted action for both practice nurses and GPs.

Financial settlement

This section outlines the financial expectations of trusts and the support available to improve efficiency and agree upon financial trajectories. It details how commissioners and providers should align plans to deliver best value for patients.

Payment reform and national tariff

Key points

Proposals on national tariff changes include:

- 2020/21 tariff cost uplift set to 2.5 per cent and efficiency factor set to 1.1 per cent with a proposed inflationary increase for medical pay included to cover expected increase in costs for providers.
- Commissioners should have due regard for the impact of Agenda for Change reforms on actual cost inflation in local price-setting changes.
- Blended payments for outpatient services to cover all first and follow-up attendances, applying where expected annual value of CCG's relevant activity with any one provider is above £4m. The payment would comprise a fixed element based on locally agreed planned levels and a quality-based element agreed locally and aligned to the successful delivery of those advice and guidance services.
- Blended payments for maternity services to include all care commissioned by CCGs, but to exclude any commissioned by specialised commissioning or locally agreed transformation funding.
- All CCGs to complete and return national tariff local variations template.

Key financial commitments

Key points

Mental Health Investment Standard

- For 2020/21, every CCG must increase spend by at least their overall programme allocation growth plus an additional percentage to reflect additional funding in CCG allocations. This new investment should be prioritised to deliver activity commitments set out in strategic plans. Each CCG's achievement in this respect will be attested to by the governing body and independent verification. Where the 19/20 audit shows the standard has not been met, any shortfall must be recovered.

- Local system leaders, including a nominated lead mental health provider, will review plans to agree whether it is credible.

Primary medical and community health services funding guarantee

- Systems and CCGs should continue planning to spend the GP allocations in full to increase numbers of GPs.
- Increase overall spending from CCG allocations on the aggregate of primary medical care, community services and continuing healthcare services taken together so that by 2023/23 they deliver STP targets set through system planning. This includes commitment to provide £1.50 per registered patient to PCNs.

Historic commissioner overspends

From 2020/21, historic CCG debt will be written off subject to:

- the level of total overspend being such that repayment over four years is not feasible
- the CCG agrees a repayment profile with NHS England and NHS Improvement showing the element of cumulative debt, taking into account historic funding levels
- the CCG addresses underlying issues that caused overspend to deliver financial balance.

Better Care Fund

- Better Care Fund (BCF) planning requirements will be published in February 2020. CCG minimum contributions to social care will be expected to grow by 5.3 per cent on average in cash terms.
- NHS and local authority partners should agree key elements of planning. The total contribution to the BCF in 2020/21 will be £4.084bn. The non-recurrent allocation made to CCGs in 2019/20 to fund the late change in planning assumption will not be repeated in 2020/21.

Financial framework for providers and CCGs

Key points

- The October 2019 financial improvement trajectories will be updated to ensure efficiency requirements remain consistent. Access to the financial recovery fund, capital and revenue funds allocated to systems, suspension of sanctions for some providers and the process for writing off historic debts, will depend on agreement with NHS England and NHS Improvement and delivery of trajectories.
- To improve cashflow via the financial recovery fund, payments will be spread equally at 25 per cent per quarter and made available as soon

as possible for that quarter. Payments will be calculated using planned financial performance for the first quarter and the latest reported financial performance for subsequent quarters.

- 50 per cent of financial recovery fund allocation will be paid based on the performance of the organisation and the other 50 per cent linked to achievement of system trajectory. A taper will be introduced to ensure that a proportion of the fund will still be available even if trajectories are not met. From 2020/21, systems will be automatically entitled to all the funding allocated to their constituent organisations, providing they meet financial improvement trajectories
- Providers that deliver breakeven or surplus control totals in years 2019/20 and 20/21 (before sustainability funding) will be rewarded with a one-year transitional payment worth 0.5 per cent of relevant income. This also applies to providers with a deficit control total in 2019/20 reaching breakeven by 2023/24. Tapering will not apply to this scheme.

Additional financial planning assumptions

Key points

- Marginal rate emergency tariff arrangement will remain the same.
- The transitional approach to pensions revaluation and employer contributions will continue. For 2020/21 an employer rate of 20.6 per cent will apply. The NHS Business Service Authority will continue to collect 14.38 per cent. Employers should ensure that their payroll provider continues to apply an employer contribution of 14.38 per cent from 1 April 2020, with central payments made for the remaining 6.3 per cent.
- Inflationary pressure funding for contracts with local authorities will not be repeated in 2020/21, so any local contracts must reflect the impact of inflation and loss of non-recurrent funding.
- CCGs should assume no further upward or downward margin adjustments for category M medicines.
- The simplified approach to Commissioning for Quality and Innovation (CQUIN) is set to continue. Operational delivery network leads and mental health providers will continue to be eligible for higher prescribed specialised services CQUIN funding up to a maximum of 1.25 per cent.

Productivity and efficiency

Key points

A suite of programmes has been created under the 'time to care' banner. This includes:

- help for local systems to agree optimal care pathways drawing on the work of RightCare and GIRFT, among others
- practical support for effective demand/capacity planning, implementation of multi-professional workforce support models, optimising scope of practice and better workforce deployment through universal deployment of electronic rostering
- support for using digital solutions to remove non-productive tasks and making essential tasks more efficient
- a range of approaches focused on specific professions or services such as community, mental health or urgent and emergency care, helping to release more time for care.

In addition, systems will be expected to prioritise delivery of:

- pathology and imaging networks
- rostering and job planning
- digital tools that release time for care
- clinical and operational improvement to pathways that improve productivity and efficiency through reducing length of stay and improving flow.

Diagnostic services

- Systems should work with and through their cancer alliances to implement networks for imaging and pathology services.
- Understand capacity and demand for endoscopy and physiological measurement.
- Take full advantage of HEE-supported opportunities to increase workforce and support training in diagnostic services.
- Continue to upgrade and replace equipment including through the additional targeted £200m investment for imaging announced in 2019.

Digital transformation to support system integration

- Systems and providers to set out clear plans to work towards agreed ambitions by 2024, expectations will be embedded in CQC inspection framework and the single oversight framework.
- NHSX and NHS England and NHS Improvement to engage with systems and providers to determine if there is a need for a minimum and optimal indicative benchmark level of technology revenue spend linked to digital maturity standards.
- During 2020/21, NHSX and NHS England and NHS Improvement will identify high-impact, productivity enhancing solutions that all NHS

organisations should be using. Where appropriate, NHSX will negotiate licence agreements to improve value.

NHS spend comparison service

- The NHS should continue to work with Supply Chain Coordination Limited to identify best value for the NHS, working towards savings of £400m in provider administration costs by 2023/24.

Legal and finance back office

- NHS organisations should standardise their legal services operating models and contracts to deliver better value for money.
- All systems should align provider financial back office services to align more closely and allow for interoperability between back office systems.
- In both cases, organisations must not take decisions that prevent collaboration on a regional and/or national scale.

Payroll

- Where NHS organisations' payroll contracts are up for renewal within the next 12 months, or where they are not in contract, plans should be developed to collaborate at a minimum at STP/ICS level.

Apprenticeship levy

- NHS organisations should ensure they are using the levy to support entry into the workforce, continuing professional development and retention. Over 70 per cent of the levy was returned to government in 2018/19.

Evidence-based interventions

- Local ICS-wide arrangements should be in place to ensure implementation of existing and new guidance.

Specialised commissioning efficiencies

- To ensure that procurement opportunities are maximised, from 1 April 2020 NHS England and NHS Improvement will only reimburse high-cost devices through a single supply route. Providers must therefore ensure that all product categories are migrated before the end of the 2019/20 financial year.

Capital and estates

Key points

- In the next Spending Review, the government will reinforce its commitment to improve NHS buildings, technology and equipment. Linked to this,

providers are asked to take into account known funding sources and schemes when submitting plans.

- The Health Infrastructure Plan highlights that providers are legally responsible for maintaining their estates and for setting and delivering their organisational-level capital investment plans. They should work with ICSs/STPs to ensure that organisational plans are consistent with system plans.
- Some changes have been proposed to improve the balance between control and delivery. To help business case development there will be a tailored training package and a portion of grants will be funded earlier. To streamline the approvals process for cases already submitted, there will be tailored documentation and streamlined governance processes.
- All STP/ICSs need to clarify in its estates strategy which estates are surplus, and how they are making effective use of their estates.
- Any lease taken out on or after 1 April 2020 will score to national capital budgets and national capital budget will allow for the effect of leasing. Further guidance has been provided to NHS finance teams.

NHS Standard Contract

Key points

- The NHS Standard Contract is mandated by NHS England for use by commissioners (including NHS England and CCGs) for all contracts for healthcare services other than primary care. The consultation on the draft Standard Contract for 2020/21 closed on 31 January 2020.
- Any new contracts must be completed by 27 March 2020.
- CCGs and providers are required to agree a have a system collaboration and financial management agreement (SCFMA). This agreement will promote collaborative working within local systems and to support implementation of the ICS operating model and will be a requirement as part of the standard contract. The SCFMA It will set out minimum requirements and is not intended to replace local arrangements.

Milestone	Date
System plans shared with regional teams	November 2019
S118 Tariff Consultation published	December 2019
Further operational and technical guidance ready for issue	w/c January 2020
Draft 2020/21 NHS Standard Contract published for consultation	19 December 2019–31 January 2020
2020/21 CQUIN guidance published	January 2020
National tariff published	January 2020
First submission of draft operational plan	5 March 2020
First submission of system-led narrative plans	5 March 2020
2020/21 STP/ICS-led contract/plan interim alignment submission	12 March 2020
Deadline for 2020/21 contract signature	27 March 2020
2020/21 STP/ICS-led contract/plan interim alignment submission	8 April 2020
Parties entering arbitration to present themselves to national directors of NHS England and NHS Improvement (or their representatives)	6 April–10 April 2020
Submission of appropriate arbitration documentation	15 April 2020
Final submission of operational plans	29 April 2020
Final submission of system-led narrative plans	29 April 2020
Publication of the People Plan and national implementation plan for the NHS Long Term Plan	March/April 2020
Arbitration panel and/or hearing (with written findings issued to both parties within two working days after panel)	16 April–1 May 2020
2020/21 STP/ICS-led contract/plan final alignment submission	6 May 2020
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	7 May 2020

NHS Confederation's view

At its heart, this guidance is about a move to system working. While each section addresses a very different challenge or opportunity, the golden thread tying them together is the notion of greater integration through local systems. It is encouraging to see that devolution of responsibility to the system level is recognised; this represents the next logical step for the NHS.

The document sets out a number of welcome commitments to improving NHS services in mental health, urgent care, cancer, learning disabilities, autism, public health and prevention. There are also commitments to invest in the enablers of these service improvements, such as workforce, buildings, technology and equipment.

Yet the delivery of all of this requires another leap in the development of systems and how the partners in them work together. It is pleasing to see the commitment to part fund the development of system infrastructure, as this is something we called for in our recent report *Accelerating transformation*. For less mature systems, the need for practical support to meet these challenges is significant. NHS England and NHS Improvement need to articulate what genuine support will be available and ensure it is easily accessible when systems need it.

The move to systems having a role in the collective management of system performance is an interesting development. For some more mature systems this may sit comfortably with their development journey, but for others this will be a significant challenge when relationships and ways of working are insufficiently developed to be able to support this. There also needs to be careful thought about how this operates in practice, to ensure that decision-making is located at the right level within systems and we do not lose clarity about responsibilities and accountabilities.

Above all else though we need a more mature relationship between NHS England and NHS Improvement, and systems driven by local needs and aspirations. Our report, *Delivering together: developing effective accountability in integrated care systems*, calls for the regulatory relationship to be reframed so that ICSs' system plans set the agenda for conversations with arm's-length bodies and regulators about how and where systems will make a difference. Local leaders need the discretion to tackle the problems faced in their local communities without being boxed in with detailed prescription and limited flexibility over the multiple separate transformation funding streams. This means that NHS England and NHS Improvement's operating model needs to change both nationally and regionally to respond to the new world in which we are all operating.

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of the whole NHS. We represent over 500 members across health and social care, including hospitals, community and mental health providers, ambulance trusts, independent sector organisations providing NHS care, and clinical commissioning groups.

We have three roles:

- to be an influential system leader
- to represent our members with politicians, national bodies, the unions and in Europe
- and to support our members to continually improve care for patients and the public.

All of our work is underpinned and driven by our vision of an empowered, healthy population supported by world-class health and care services; and our values of voice, openness, integrity, challenge, empowerment.

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