

Cheshire East Health and Wellbeing Board 27th January 2015

The NHS Five Year Forward View and NHS Planning for 2015/16

The NHS Five Year Forward View was published in October 2014 and represented a significant shift in the way the NHS in England is managed and organised, setting a new direction for the NHS based on four key themes;

1. **Why the NHS needs to change**
2. **What will the future look like? A new relationship with patients and communities.....**
 - a. Getting serious about prevention.....
 - b. Empowering patients.....
 - c. Engaging communities.....
 - d. The NHS as a social movement.....
3. **What will the future look like? New models of care**
 - a. Emerging models
 - b. New care models
 - c. How we will support local co-design and implementation
4. **How will the NHS get there?**
 - a. support for diverse solutions and local leadership
 - b. aligning national NHS leadership
 - c. creating a modern workforce
 - d. exploiting the information revolution
 - e. accelerate useful health innovation
 - f. drive efficiency and productive investment

Following publication of the NHS 5 year Forward View, NHS England, Monitor, the NHS Trust Development Authority, the Care Quality Commission, Public Health England and Health Education England have come together to issue the joint guidance called **The Forward View into action: planning for 2015/16**, coordinating and establishing a firm foundation for longer term transformation of the NHS.

The guidance is backed by the recently-announced £1.98 billion of additional funding, and also a significant shift in the way funding for healthcare commissioners are allocated.

2015/16 Planning Guidance

In late December, NHS England published the 2015/16 planning guidance titled and information regarding 2015/16 CCG allocations.

In the main, it is less bureaucratic than in recent years, and focuses on implementing the NHS Forward View. CCG's are required to produce new 2 year operational plans with an option (not mandatory) to refresh their 5 year plans published in 2014/15

The key new requirements and initiatives set out in the guidance which affect clinical commissioning groups are summarized in bullet point below:

- A process to identify and appoint new **“vanguard” sites** to lead the development and implementation of the new NHS care models
- Clinical commissioning groups must increase their **spend on mental health** by at least as much as the increase in their allocation
- New commissioning for quality and innovation payments for treatment of **sepsis and acute kidney injury**
- A new CQUIN on improving urgent and emergency care
- A requirement to increase and accelerate plans to progress towards **seven day working**
- CCGs and providers to agree plans to **improve antibiotics prescribing**
- Introduction of **two new mental health access targets** (*By April 2016, 50% of people experiencing a first episode of psychosis to receive treatment within 2 weeks and at least 75% of adults should have had their first treatment session within 6 weeks of referral, with a minimum of 95% treated within 18 weeks*)
- Requirement for CCGs to work closer with Local Authority partners to **establish quantifiable ambitions to reduce inequalities**, specifically around behaviour interventions related to smoking, alcohol and obesity.
- Requirement for all NHS Organisations to implement actions to **improve staff health & wellbeing**
- **Expansion of personal health budgets**
- Requirement for CCGs to review choices available to women accessing **maternity care**
- Requirement for CCGs to draw up plans with Local Authority partners to **identify and support carers** (link to 2013 Care act)
- Confirmation of the £1bn fund available over 4 years to **improve primary care** premises and infrastructure
- 60% of practices to **process prescriptions electronically** and 80% of elective referrals to be completed electronically by March 2016
- Reconfirmed that CCGs must **reduce running costs** by 10%
- “Winter pressures funding” now included within CCG baselines

In the guidance, NHS England has made a significant step towards addressing the historical underfunding in some geographic areas, and an increasing recognition of the need to reflect ageing populations in CCG allocations. Both NHS South Cheshire CCG and NHS Eastern Cheshire CCG have seen improved allocations above the National average and have moved closer to their target allocations.

Perhaps the most significant section of the guidance relates to the development of new types of care models, recognising that the existing care system is not sustainable, the need to invest and improve primary care, the move to community integrate care models and the need for some treatments to move to specialist centres to improve health outcomes.

Cheshire East Council, NHS South Cheshire CCG, and NHS Eastern Cheshire and partner organisations are already moving forward exploring new models of care through both Caring Together and Connecting Care programmes.

NHS England has confirmed in the guidance that it wants to set up a cohort of health economies that can develop “prototypes” of new care models such as primary and acute care systems, and multispecialty community providers.

In summary the guidance presents both significant opportunities and challenges for both commissioners and providers of health and social care services. Many of the initiatives will require close collaboration of partners and a commitment to prevention and engagement with local communities.

The Health and Wellbeing Board will play a pivotal role in providing local leadership and ensuring the commitments in the guidance are delivered.