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# Planning guidance offers a glimpse of dawn

*NHSE/I's planning guidance for 2021/22 offers clarity on five key priority areas for the NHS. Critical to its success will be embracing partnership working across integrated care systems.*

On 25 March, just days before the beginning of the new financial year, NHS England and Improvement published its operational planning and contracting guidance for 2021/22.

The guidance sets out priorities for the year ahead, with a focus on workforce recovery, elective care and systems planning, providing much needed clarity for NHS leaders as they prepare for both the substantial challenges that face them over the next 12 months and the acceleration of systemic reform.

## Priorities for recovery and what they mean for NHS leaders

Just as the country faces a significant journey ahead with its recovery from COVID-19, so too does the NHS, and the two will be synchronous and co-dependent.

The NHSE/I guidance provides a framework for this recovery. The full list of priorities set out in it, and some key actions for NHS leaders, are:

- **Recruitment and retention:** supporting the health and wellbeing of staff and taking action on recruitment and retention.
  - Recuperation: recovery and transformation plans should reflect the need for staff to get support, rest and recuperation
  - EDI: people plans need to be refreshed to show progress made in 2020/21 and to show greater progress on equality, diversity and inclusion and workforce supply
  - Annual leave: trusts encouraged to allow staff to carry over unused annual leave and encourage staff to use their leave to get a break
  - Check-ins: ensure regular health and wellbeing conversations are conducted with staff
  - Mental health: occupational health and wellbeing support should be available to all staff, which will be supported by a national investment in a roll out of mental health hubs.



- **Vaccination:** delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
  - Current programme: continue the rapid and effective roll out of the COVID-19 vaccine programme.
  - Re-vaccination: be prepared for a COVID-19 re-vaccination programme from autumn, with high uptake ambitions for seasonal flu vaccination.
  - Children: be prepared for the possibility of COVID-19 vaccination of children, should vaccines be authorised for use in under 18s and recommended by the JCVI in this population.
- **Managing demand:** transforming the delivery of services, accelerating the restoration of elective and cancer care and managing the increasing demand on mental health services.
  - Capacity: maximise available physical and workforce capacity across each system and develop service transformation initiatives to drive elective recovery.
  - Priorities: prioritise the clinically most urgent patients, e.g. for cancer and P1/P2 surgical treatments.
  - Waiting lists: incorporate clinically led, patient focused reviews and validation of the waiting list on an ongoing basis, to ensure effective prioritisation and manage clinical risk.
  - Patient communication: include actions to maintain effective communication with patients including proactively reaching out to those who are clinically vulnerable.
  - Health inequalities: address the longest waiters and ensure health inequalities are tackled throughout the plan, with a particular focus on analysis of waiting times by ethnicity and deprivation.
  - Cancer: restore full operation of all cancer services and return the number of people waiting for longer than 62 days to the level we saw in February 2020.
  - Mental health: expand and improve mental health services and services for people with a learning disability and/or autism.
  - Maternity: deliver improvements in maternity care, including responding to the recommendations of the Ockenden review; maternity units will receive a share of £95m to help with this.
- **Primary care:** expanding primary care capacity to improve access, local health outcomes and address health inequalities.
  - Capacity: restore and increase access to primary care services by supporting PCNs to expand their workforce reaching their 15.5k FTE target; additional £120m funding will support this.
  - Population health: implement population health management and personalised care approaches to improve health outcomes and address health inequalities
- **Emergency care:** transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments.
  - Community health: set out plans to accelerate the rollout of the two-hour crisis community health response at home to provide consistent national cover (8am-8pm, seven days a week) by April 2022.
  - Urgent care: promote the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments.
  - Data sets: to assess the level of pressure within urgent and emergency care systems and monitor their recovery, systems are asked during Q1 to roll out the Emergency Care Data Set (ECDS) to all services.



## Financial settlement

The government has agreed a financial settlement for the NHS for the first half of the year of £6.5bn and an additional £1.5bn for COVID-19 costs, to assist with this work. A further £1bn has been set aside for elective recovery, mental health and workforce development. The financial settlement for the second half of the year is to follow 'once there is greater certainty around the circumstances facing the NHS'.

## Working collaboratively across systems to deliver on these priorities

Partnership working between the NHS and local authorities has been crucial to the pandemic effort and will continue to be so in the recovery, especially given the continued development of integrated care systems.

The guidance puts this collaboration and systems work at the heart of delivering on the priorities: 'The priorities set out in this guidance will only be delivered through effective partnership working across systems, including effective provider collaboration and place-based partnerships with local government.'

Integrated care systems will be responsible for a number of the actions set out against each of the priorities above, and others not listed here which can be found in the guidance document. They also have a number of specific responsibilities around collaborative working and systems development, including:

- **Governance:** to set out, by the end of Q1, the delivery and governance arrangements that will support delivery of the NHS priorities in the guidance, in a memorandum of understanding agreed with regional NHS England and NHS Improvement teams.
- **Oversight:** to set out oversight mechanisms and structures that reflect these delivery and governance arrangements in line with the proposed new NHS System Oversight Framework.
- **Priorities:** to develop their own set of local health and care priorities that reflect the needs of their population, aligned to the four primary purposes of an ICS, and tackle local health inequalities.
- **Digital and data:** to develop the underpinning digital and data capability to support population-based approaches.
- **Systems:** to update their system development plans, detailing the work they will undertake to ensure their system has the necessary functions, leadership, capabilities and governance.
- **Health inequalities:** to give particular focus in the first half of 2021/22 to tackling health inequalities using the five priority areas set out in the guidance as a framework.
- **Legislation:** to prepare for moving to a statutory footing from April 2022, subject to legislation.

These changes will be backed up by the financial framework arrangements for 2021/22, which, the guidance says, 'will continue to support a system-based approach to funding and planning'.

- Systems should ensure that they are continuing to strengthen their financial governance arrangements and building collaborative plans to optimise system resources.

GGI has already worked with several ICSs and with numerous partner and stakeholder organisations, including primary care networks, local authorities and others from the private and third sectors. This experience has taught us that the ability of any system to make binding decisions on behalf of all organisations is no small feat. It requires modern, flexible governance mechanisms, along with organisational development focused on ensuring that people and cultures are ready for system working.

## Leadership and good governance

The guidance provides a much-needed roadmap as the NHS prepares to navigate the significant challenge of continuing to manage the pandemic, sustaining the COVID-19 vaccine roll-out, restoring services, protecting and supporting its exhausted workforce while dealing with a fundamental shift from an institutional based model to the new integrated care system with commissioning and provision merging.

# illuminations



But strong, effective leadership, supported by good governance arrangements, will be key to driving forward these reforms and delivering the priorities to help the country arrive sooner rather than later at recovery.

## Illuminations

- The operational planning guidance for 2021/22 provides much needed clarity on priorities and direction of travel for NHS organisations.
- Integrated care systems will play a significant role and need to move quickly to establish effective governance arrangements and operational structures.
- Alongside restoring elective care and workforce recovery, tackling health inequalities will be essential to the recovery of the nation from the pandemic.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email [advice@good-governance.org.uk](mailto:advice@good-governance.org.uk).