

Update on Joint Forward Plan

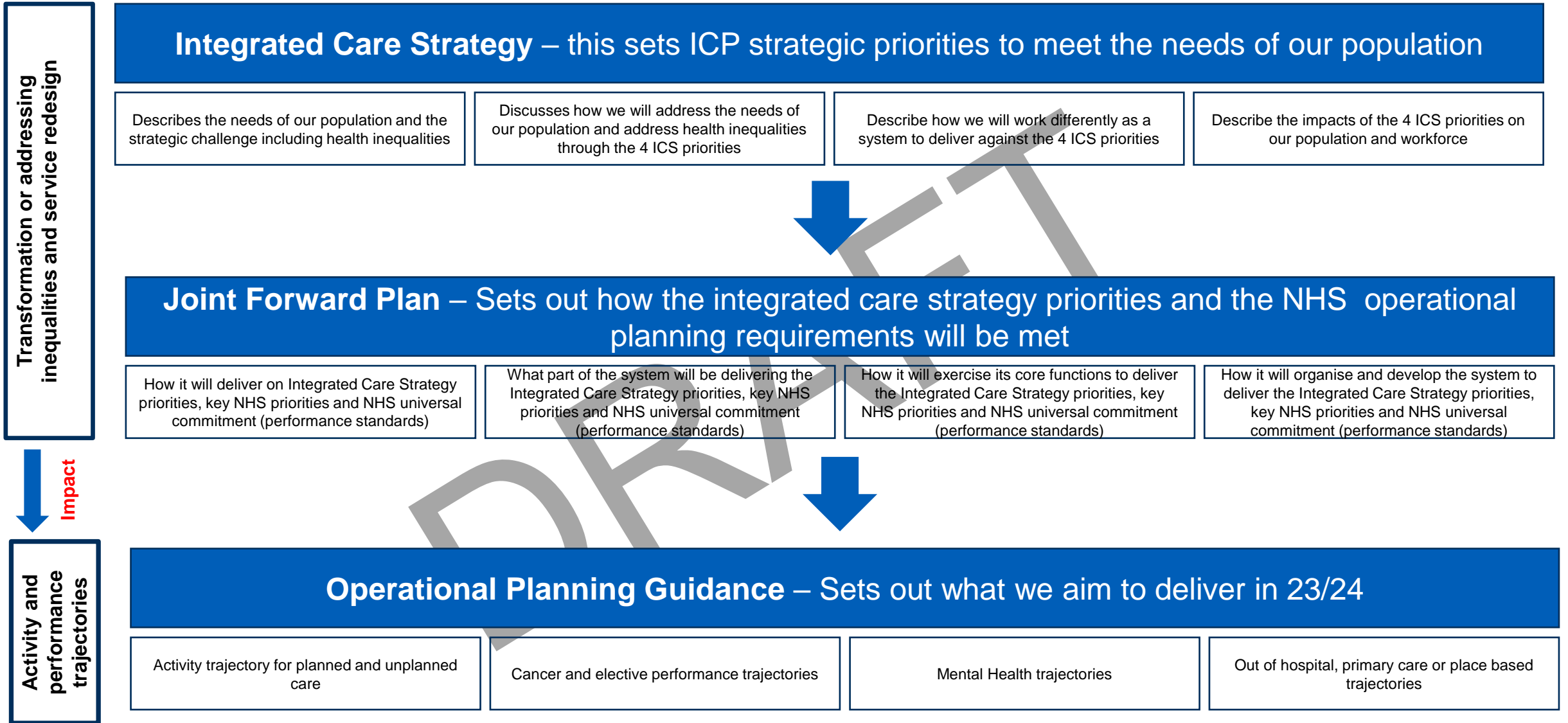
4th January 2023

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1. Introduction to Joint Forward Plan (JFP)

- The **Health & Care Act 2022** requires each Integrated Care Board (ICB) in England, and their partner NHS trusts and foundation trusts, **to produce and publish a Joint Forward Plan (JFP)**. As well as setting out how the ICB intends to meet the health needs of the population within its area, the JFP is expected to be a delivery plan for the integrated care strategy of the local Integrated Care Partnership (ICP) and relevant joint local health and wellbeing strategies (JLHWSs), whilst addressing universal NHS commitments. As such, the **JFP provides a bridge between the ambitions described in the integrated care strategy developed by the ICP and the detailed operational and financial requirements contained in NHS planning submissions**.
- Joined up planning is required to address multi-year challenges such as:
 - **Addressing current operational priorities** and pressures as well as **actions that will support sustainable services going forward**, in line with the fore core purposes of the ICS.
 - Supporting **delivery of NHS commitments (performance measures) including LTP commitments, finance, workforce, activity measures and local priorities** described in the integrated care strategy and joint health and wellbeing strategies.
 - Set out how the resources of the whole system will be to effectively organise and deploy to deliver these priorities.
- Systems have **significant flexibility to determine their JFP's scope** as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner trusts.
- ICBs and their partner trusts should review their JFP before the start of each financial year, by updating or confirming that it is being maintained for the next financial year. They may also revise the JFP in-year if they consider this necessary.
- The purpose of the JFP is to describe how the ICB, its partner NHS trusts and foundation trusts intend to meet the **physical and mental health needs of their population** through arranging and/or providing NHS services addressing the **four core purposes of the ICS, the universal NHS commitments and meeting the legal requirements of the guidance**.

2a. Relationships between strategy and plans

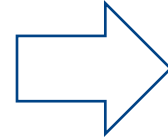


2b. Relationship of the JFP with other strategies and plans

Relationship

NHS mandate

The government's mandate to NHS England sets out our objectives, revenue and capital resource limits. This informs both our guidance on priorities and planning requirements.

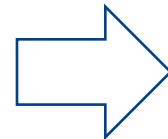


Progress update

- NHS priorities and operational guidance published on 23rd December 2023.
- NEL is currently in the planning round for this through the system Operational Planning coordination group.

Integrated care strategy

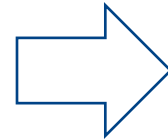
The Department of Health and Social Care has issued guidance on the development of integrated care strategies.



- Strategy currently under development.
- At engagement stage with the wider system.

Capital Plans

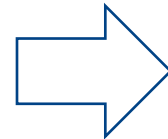
Before the start of each financial year, ICBs and their partner trusts must set out their planned capital resource use.



- Awaiting further guidance on this.
- Further guidance to be published nationally on development of capital plans.

Joint strategic needs assessments (JSNA)

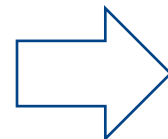
JSNAs, developed by each responsible local authority and its partner ICBs, assess needs that can be met or be affected by the responsible local authority, its partner ICBs or NHS England.



- Local JSNA's have informed our Integrated Care Strategy and the development of our four system priorities.

Joint local health and wellbeing strategies

Each responsible local authority and its partner ICBs will have produced a JLHWS.



- Health and Wellbeing strategies has informed our Integrated Care Strategy and we have highlighted and acknowledged the place based priorities, and identified where there are relationships between the four system priorities and the place based priorities.

3. Universal NHS requirements, core purposes and legal requirements

NHS universal commitments

Area	Objective
Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
People with a learning disability and autistic people	Improve access to perinatal mental health services
	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach

Recovering our core services and improving productivity

Four core purposes

- Improving **outcomes** in population health and health care
- Tackling **inequalities** in outcomes, experience and access
- Enhancing **productivity and value for money**
- Helping the NHS support **broader social and economic development**

Legislative requirement

- Describing the **health services** for which the ICB proposes to make arrangements
- Duty to **patient choice**
- Duty to **obtain appropriate advice**
- Duty to **promote integration**
- Duty to **promote innovation**
- Duty to have **regard to wider effect of decisions**
- Duty in respect of **research**
- Financial duties
- Duty to promote **education and training**
- Implementing any **JLHWS**
- Duty as to **climate change**, etc
- Duty to **improve quality of services**
- Addressing the particular **needs of children and young persons**
- Duty to **reduce inequalities**
- Addressing the particular needs of **victims of abuse**
- Duty to **promote involvement of each patient and the public**

4. Key principles in development of the JFP

Principle 1: Fully aligned with the ambitions of the wider system partnership

- The JFP should reflect the collective ambitions of the ICB, local NHS partners, local authorities and wider system partners to meet the health needs of the ICB's population.
- The JFP should describe delivery of ambitions articulated in the integrated care strategy (these may be in initial or outline form)

Principle 2: Supports subsidiarity by building on existing local strategies and plans as well as reflecting universal NHS commitments

- The JFP should be a single, cohesive plan. It should address both system and place priorities and universal NHS commitments.
- The plan should respect the principle of subsidiarity and be built from existing delivery plans at system or place (where these exist). The JFP is not intended to transfer planning or delivery activity to system level where this is best delivered at place but could be used to summarise or synthesise place level plans.

Principle 3: Delivery-focused, including specific objectives, trajectories and milestones as appropriate

- JFPs should be delivery plans with well-defined, measurable goals, annual milestones and trajectories. These should align with the detailed operational plans of the ICB and NHS provider partners and relevant plans of the local authorities in the ICS area.
- Plans should be appropriately ambitious and deliverable. As published plans, ICB and partner trusts should expect to be held to account for their delivery. ICB and NHS trust and foundation trust annual reports should describe progress in delivery.

5. Consultation and engagement

- **Close engagement with system partners is essential** to the development of the JFP, there we will need to work with the following partners;
 - the ICP (ensuring this also provides the perspective of social care providers)
 - primary care providers
 - local authorities and each relevant HWB
 - other ICBs in respect of providers whose operating boundary spans multiple ICSs
 - NHS collaboratives, networks and alliances
 - the voluntary, community and social enterprise sector
 - people and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives, in accordance with the requirement to consult described below.
- As JFPs will build on and **reflect existing JSNAs, JLHWSs and NHS delivery plans**, we **do not anticipate their development will require full formal public consultation, unless a significant reconfiguration** or major service change is proposed.
- Previous local patient and public engagement exercises and subsequent action should inform the JFP. The ICB and its partners will need to consider how this is managed to maximise the benefits from engagement and fulfil these statutory duties efficiently.
- The JFP **must be reviewed and either updated or confirmed annually** before the start of each financial year.
- Must also show they have **discharged their legal duty under the Public Sector Equality Duty**.
- ICBs and their partner trusts **must include in their JFP a summary of the views expressed by anyone they have a duty to consult** and explain how they have taken them into account.
- **We will develop an engagement plan to support the development of the JFP.**

6. Outline of content

Legislative requirement	Content descriptor	What do we have across NEL already?
Describing the health services for which the ICB proposes to make arrangements	<ul style="list-style-type: none"> The plan should set out how the ICB will meet its population's health needs. As a minimum, it should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet the physical and mental health needs of their population. Sets out clearly and coherently how the ICB will address each of the four core purposes of ICSs over the 5-yr planning period. Sets out, for each of the four core purposes, measurable, achievable and time-bound goals over the 5-yr planning period. Identifies coherent, well-resourced and well-led programmes of work to achieve the ICB's goals for each of the four core purposes over the 5-yr planning period. Demonstrates how the Board of the ICB, and the Boards of relevant partner NHS Trusts (& FTs), will exercise effective oversight on progress against the ICB's goals in respect of the four core purposes. 	<ul style="list-style-type: none"> Integrated Care Strategy describes the population health need and how these needs will be met
Duty to promote integration	<ul style="list-style-type: none"> Plans should describe how ICBs will integrate health services, social care and health-related services to improve quality and reduce inequalities. This could include organisational integration (e.g. provider collaboratives), functional integration (e.g. non-clinical functions), service or clinical integration (e.g. through shared pathways, multidisciplinary teams, clinical assessment processes). The ICB has planned and completed an inclusive process for identifying the JFP's key priorities over the 5-year planning period, and this process critically informs the content of the JFP. These priorities have been determined by a mix of a) functions vested in, and statutory duties placed upon, ICBs; b) universal NHS priorities; c) local health and well-being priorities, particularly those featuring in the ICP Strategy and in JLHWSs, and the ICB's role in achieving these priorities; and d) local socio-economic priorities. 	<ul style="list-style-type: none"> Integrated Care Strategy describes integration across NEL through place-based partnerships and collaboratives
Duty to have regard to wider effect of decisions	<ul style="list-style-type: none"> The plan should articulate how the triple aim was considered in its development. It should also describe approaches to ensure the triple aim (a) health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing), (b) quality of healthcare services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services) and (c) sustainable and efficient use of resources by NHS bodies is embedded in decision-making and evaluation processes. 	<ul style="list-style-type: none"> (a) Framework for tackling health inequalities and our system agreed priorities on the Integrated Care Strategy (b) NEL Quality Approach framework

Legislative requirement	Content descriptor	What do we have across NEL already?
Financial duties	<ul style="list-style-type: none"> The plan must describe how the financial duties will be addressed. This includes ensuring that the expenditure of each ICB and its partner trusts in a financial year (taken together) does not exceed the aggregate of any sums received by them in the year. 	<ul style="list-style-type: none"> Financial Strategy
Implementing any JLHWS	<ul style="list-style-type: none"> The plan must set out steps the ICB will take to deliver on ambitions described in any relevant JLHWSs, including identified local target outcomes, approaches and priorities. 	<ul style="list-style-type: none"> Integrated Care Strategy describes the population health need and including the priorities from JSNAs and HWB strategies.
Duty to improve quality of services	<ul style="list-style-type: none"> The plan should contain a set of quality objectives that reflect system intelligence. It should include clearly aligned metrics (on processes and outcomes) to evidence ongoing sustainable and equitable improvement. Quality priorities should go beyond performance metrics and look at outcomes and preventing ill-health, and use the Core20PLUS5 approach to ensure inequalities are considered. Plans should align with the National Quality Board principles. 	<ul style="list-style-type: none"> Integrated Care Strategy discusses inequalities in relation to the Core20Plus5 for adults and children
Duty to reduce inequalities	<ul style="list-style-type: none"> The plan should set out how the ICB intends to deliver on the national vision to ensure delivery of high-quality healthcare for all, through equitable access, excellent experience and optimal outcomes. ICBs must also be mindful of, and comply with, the requirements of the Public Sector Equality Duty, section 149 of the Equality Act 2010. 	<ul style="list-style-type: none"> NEL Quality Approach Framework
Duty to promote involvement of each patient	<ul style="list-style-type: none"> The plan should describe actions to implement the Comprehensive model of personalised care, which promotes the involvement of each patient in decisions about prevention, diagnosis and their care or treatment. 	<ul style="list-style-type: none"> Integrated Care Strategy includes a section on personalised care may need to build on this
Duty to involve the public	<ul style="list-style-type: none"> The plans should describe how: the public and communities were engaged in the development of the plan; the ICB and partner trusts will work together to build effective partnerships with people and communities, particularly those who face the greatest health inequalities, working with wider ICS stakeholders to achieve this and activity at neighbourhood and place level informs decisions by the system and how public involvement legal duties are met and assured. 	<ul style="list-style-type: none"> NEL Engagement Strategy

Legislative requirement	Content descriptor	What do we have across NEL already?
Duty to patient choice	<ul style="list-style-type: none"> The plan should describe how ICBs will ensure that patient choice is considered when developing and implementing commissioning plans and contracting arrangements, and delivering services. The plan should also describe how legal rights are upheld and how choices available to patients are publicised and promoted. 	
Duty to obtain appropriate advice	<ul style="list-style-type: none"> The plan should outline the ICB's strategy for seeking any expert advice it requires, including from local authority partners and through formal governance arrangements and broader engagement. 	<ul style="list-style-type: none"> Describe the NEL governance arrangements including ICP committees place base partnerships and HWB boards
Duty to promote innovation	<ul style="list-style-type: none"> The plan should set out how the ICB will promote local innovation, build capability for the adoption and spread of proven innovation and work with academic health science networks and other local partners to support the identification and adoption of new products and pathways that align with population health needs and address health inequalities. 	<ul style="list-style-type: none"> Integrated Care Strategy will include a section on research and innovation
Duty in respect of research	<ul style="list-style-type: none"> The plan should set out how the ICB will facilitate and promote research, and systematically use evidence from research when exercising its functions. This could include considering research when commissioning, encouraging existing providers to support and be involved in research delivery, recognising the research workforce in workforce planning, and supporting collaboration across local National Institute for Health and Care Research (NIHR) networks. Plans should address the research needs of the ICB's diverse communities. 	<ul style="list-style-type: none"> Integrated Care Strategy will include a section on research and innovation Care City – A partnership for innovation for NHS NEL
Duty to promote education and training	<ul style="list-style-type: none"> The plan should describe how the ICB will apply education and training as an essential lever of an integrated workforce plan that supports the delivery of services in the short, medium and long term. The plan should articulate the role of education and training in securing healthcare staff supply and responding to changing service models, as well as the role of trainees in service delivery. 	<ul style="list-style-type: none"> Integrated Care Strategy – priority around growing our own workforce within
Duty as to climate change, etc	<ul style="list-style-type: none"> The plan should describe how the ICB and its partner trusts will deliver against the targets and actions in Delivering a 'Net Zero' NHS , including through aligning the JFP with existing green plans. 	<ul style="list-style-type: none"> NEL ICS Green Plan 2022-25
Addressing the particular needs of children and young persons	<ul style="list-style-type: none"> This could include using data and gathering insights to ensure the plan identifies and sets steps for delivery of the longer-term priorities and ambitions for the ICB's population of children, young people and families. 	<ul style="list-style-type: none"> One of our four system priorities on our Integrated Care Strategy is Babies, children and young people

Legislative requirement	Content descriptor	What do we have across NEL already?
Addressing the particular needs of victims of abuse	<ul style="list-style-type: none"> • This should include related health inequalities and access to and outcomes from services. The plan should also cover the needs of staff who are victims of abuse. • This should include the use of data and lived experience to ensure the plan identifies and sets out steps for the delivery of longer-term priorities and ambitions for supporting victims, tackling perpetrators and the prevention of abuse, including through the commissioning of services. 	

Recommended content	Content descriptor	What do we have across NEL already?
Workforce	<ul style="list-style-type: none"> • Evidence-based, integrated, inclusive workforce plans that ensure the right workforce with the right skills is in the right place to deliver operational priorities aligned to finance and activity plans. 	<ul style="list-style-type: none"> • One of our four system priorities on our Integrated Care Strategy is Workforce. • Will have workforce plans as part of 23/24 operational planning
Performance	<ul style="list-style-type: none"> • Specific performance ambitions with trajectories and milestones that align with NHS operational plan submissions and pay due regard to the ambitions of the NHS Long Term Plan, as appropriate 	<ul style="list-style-type: none"> • 23/24 operating plan will have performance trajectories
Digital/data	<ul style="list-style-type: none"> • Steps to increase digital maturity and ensure a core level of infrastructure, digitisation and skills. These actions should contribute to meeting the ambition of a digitised, interoperable and connected health and care system as a key enabler to deliver more effective, integrated care. This could include reducing digital inequity and inequalities and supporting net zero objectives. 	<ul style="list-style-type: none"> • NEL Digital and Data Strategy
Estates	<ul style="list-style-type: none"> • Steps to create stronger, greener, smarter, better, fairer health and care infrastructure together with efficient use of resources and capital to deliver them. This should align with and be incorporated within forthcoming ICS infrastructure strategies. 	<ul style="list-style-type: none"> • NEL Estates Strategy

Recommended content	Content descriptor	What do we have across NEL already?
Procurement/ supply chain	<ul style="list-style-type: none"> Plans to deliver procurement to maximise efficiency and ensure aggregation of spend, demonstrating delivery of best value. This could include governance and development of supporting technology and data infrastructure to align or ensure interoperability with procurement systems throughout the ICS. 	
Population health management	<ul style="list-style-type: none"> The approach to supporting implementation of more preventative and personalised care models driven through data and analytical techniques such as population segmentation and financial demand modelling. This could include: developing approaches to better understand and anticipate population needs and outcomes (including health inequalities); using population health management approaches to understand future demand and financial risk; support redesign of integrated service models based on the needs of different groups; and putting in place the underpinning infrastructure and capability to support these approaches. 	<ul style="list-style-type: none"> Integrated Care Strategy include population health management and a learning health system PHM approach already being developed across NEL
System development	<ul style="list-style-type: none"> How the system organises itself and develops to support delivery. This could include: governance; role of place; role of provider collaboratives; clinical and care professional leadership; and leadership and system organisational development. 	<ul style="list-style-type: none"> Integrated Care Strategy describes how we arrange ourselves through collaboratives and place based partnerships
Supporting wider social and economic development	<ul style="list-style-type: none"> How the ICB and NHS providers will support the development and delivery of local strategies to influence the social, environmental and economic factors that impact on health and wellbeing. This could include their role as strategic partners to local authorities and others within their system, as well as their direct contribution as planners, commissioners and providers of health services and as 'anchor institutions' within their communities. 	<ul style="list-style-type: none"> NEL Anchor Charter

7. Timeline and deadline

Jan 2023	Feb 2023	March 2023	April 2023	May 2023	June 2023
Draft development of Joint Forward Plan			Further iteration of JFP after NHSE feedback		
	Engagement of Joint Forward Plan		Further engagement if required		
			Final draft of Joint Forward plan by 1 st April		JFP Published by 30 June 2023