

Committees in Common of and Health Wellbeing Board and ICB Sub-Committee

7th November 2023

Title of report	System Planning Cycle 2024/25
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Wards affected	All
Key Decision	No
Executive summary	<p>North East London Integrated Care System (ICS) has agreed an approach and timeline for refreshing the Joint Forward Plan (JFP) for 2024/25. As part of this process, places are asked to refresh and finalise their local plans by the end of February 2024.</p> <p>The Barking and Dagenham Partnership developed local plans in the following areas: (i) long term conditions (ii) obesity and smoking; (iii) the best start in life; ageing well ; (iv) estates.</p> <p>This paper sets out the approach for refreshing the Barking and Dagenham local plans for 2024/25.</p>
Action / recommendation	<p>The Committees in Common are asked to:</p> <ul style="list-style-type: none"> • Endorse the approach to reviewing local plans • Note the reporting and governance timelines
Reasons	<p>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). 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.</p>
Previous reporting	Barking and Dagenham Executive Group
Next steps/ onward reporting	Outlined in Section 3.7
Conflicts of interest	There are no conflicts of interest in relation to this report

Strategic fit	The report aligns with the following strategic objectives: <ul style="list-style-type: none"> • To improve outcomes in population health and healthcare • To tackle inequalities in outcomes, experience and access • To enhance productivity and value for money • To support broader social and economic development
Impact on local people, health inequalities and sustainability	Joint planning will help us to prioritise the initiatives that will improve health and wellbeing outcomes for people in Barking and Dagenham and reduce health inequalities.
Impact on finance, performance and quality	Not identified at this stage – the impact will be described in the revised plans.
Risks	Not identified at this stage

1. Introduction

- 1.1 The ICS brings both the opportunity and expectation for greater collaboration and alignment between partners – we are asked to plan as a system with one strategy, one delivery plan (in the form of the joint forward plan) and within a single system financial envelope.
- 1.2 By planning together as a system, we will move closer to:
- creating an environment that enables us to be guided by the voices of local people and of clinical and care professionals to help us find new ways of tackling entrenched problems.
 - taking a population health approach to our planning ensuring that we are addressing health inequalities as well as moving us towards our net zero goals.
 - prioritising the different initiatives and transformation programmes across NEL as a system to ensure we are delivering our ICS strategy and meeting the needs of local people.
- 1.3 This year saw the development and publication of our first Integrated Care Partnership Strategy, our first five –year delivery plan or ‘Joint Forward Plan’ and an extended two-year operating plan. Learning from planning for 23/24 we are aiming to:
- Start our annual planning cycle early to ensure there is a logical flow from the strategy through to five-year plans and then annual plans
 - Communicate the timing of planning submissions with stakeholders in advance
 - Provide clear guidelines with articulated purpose, value and benefits
 - Enable better co-ordination of local and NEL plans - agree how we are going to reconcile place versus system plans
 - Clarify role of provider collaboratives versus individual organisations
 - Ensure all our partners are involved in the JFP development - there is more to do to integrate social care
 - Create more deliberate ways of co-designing and engaging with local people within planning timeframes
- 1.5 Our system planning process will continue to evolve as we receive greater clarity on national and regional priorities and funding. We recognise there is further work we need to do as a system, in particular to

- Align our planning process with our financial recovery plan and medium-term financial strategy work
- Understand and mitigate risk
- Develop a system approach to prioritisation

2. System Planning Cycle

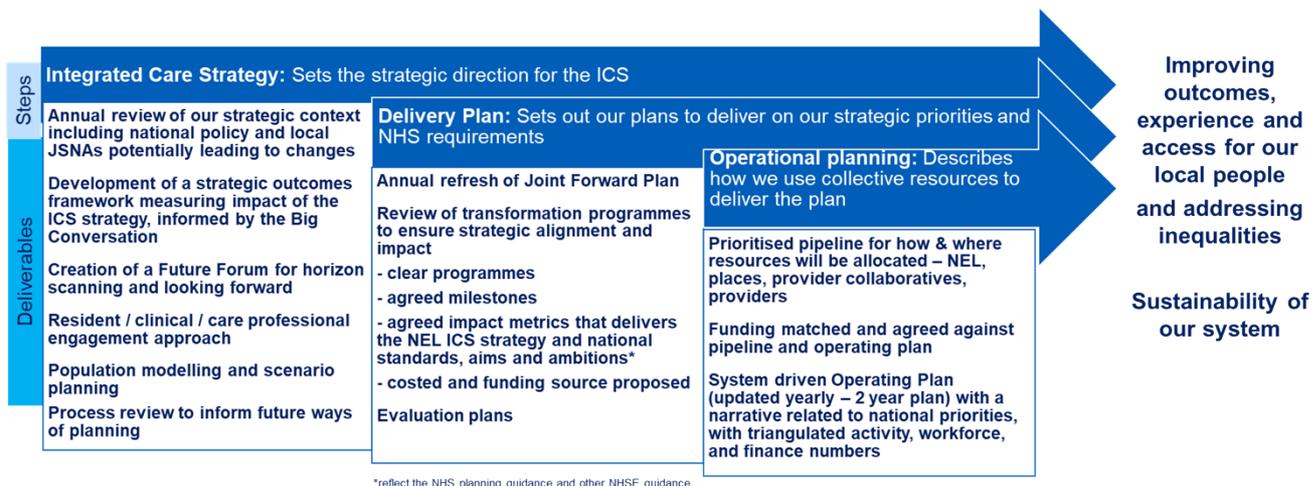
2.1 To help us work closer as a system ICS partners have co-designed a system planning cycle to ensure planning is driven by local needs and agreed ways of working, while at the same time meeting the national requirements set out by DHSE and NHS England, regarding guidance and timelines. With that in mind, the following system planning principles have been agreed across the ICS:

<p><u>Our system planning cycle will be:</u></p> <ul style="list-style-type: none"> • informed by local people and patient voices and building and expanding on existing networks to better understand health and care needs. • co-designed by partners from across the system, and include both health and care • evidence-based, using learning from across our system to inform our plans for service delivery and improvement programmes, with opportunities for innovation • include use of population health management as a tool to increase our focus on population health outcomes, prevention and equity • delivered through an open, transparent and collaborative approach which nurtures a high trust environment, where plans are shared early in the process so that broad system engagement can take place • clearly communicated to allow all partners to engage meaningfully 	<p><u>Our system planning cycle will enable NEL IC'S to:</u></p> <ul style="list-style-type: none"> • meet the needs of our growing population, for example aligning prevention programmes and sharing best practice • Sustain core services and drive greater value while reducing inequalities in access to healthcare, experience and outcomes • operate within our financial envelope and move money effectively around the system by facilitating the development of the new ICB finance environment and finance mechanisms needed to support change • develop a cohesive workforce plan that meets the need of our system • better understand the inter relationships and inter dependencies in delivering health and care as a system partnership, ensuring codesign and input from all partners • support the system in developing appropriate roles, responsibilities and an accountability framework
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2.2 The ICS system planning cycle has been divided into three steps:

- 1) integrated care strategy,
- 2) delivery plan, and
- 3) operational planning.

These are outlined below with related deliverables included below each step. These are not comprehensive but indicate some of the key activities underpinning each stage.

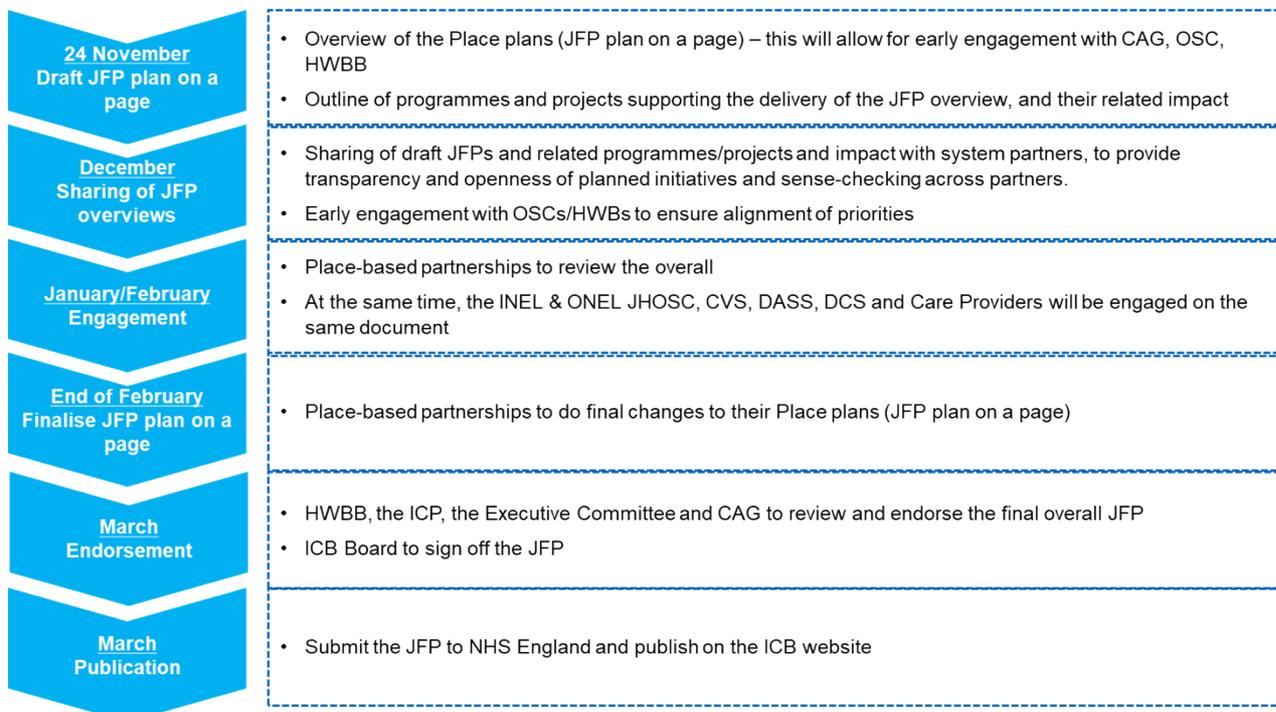


2.3 The system planning cycle has been designed with input from a wide range of system partners including at a workshop in July 2023. The final draft plan has been discussed at the ICS Executive Committee and the Integrated Care Partnership.

3.0 The development of the Joint Forward Plan

3.1 Place-based partnerships are being asked to lead the development of local plans and feed these into the Joint Forward Plan (JFP), working with place partners, the provider collaboratives and wider system partners. The high-level timeline is outlined below:

Joint forward plan development - The ask of the place-based partnerships



3.2 Barking and Dagenham Place agreed the following local plans for 2023/24, which were aligned to local partnership priorities:

- (i) Addressing long term conditions (adults and children) with a focus on early diagnosis and treatment
- (ii) Addressing obesity and smoking
- (iii) Enabling the best start in life
- (iv) Ageing well/proactive care
- (v) Estates

The Executive Committee has agreed an approach to refreshing the plans for 2024/25, which includes a review of current plans to:

- Reflect on the work that has been undertaken so far, including the successes and challenges
- Ensure they are informed by local insights – data and resident feedback
- Clarify resource requirements required to deliver the plans for 2024/25

3.4 We are aiming, through the planning process, to set out the areas where we would be seeking to reduce health inequalities and improve outcomes.

3.5 We recognise that we need to agree the priority areas where we can, as a partnership, make the most impact within the resources available, focusing on transformation and innovation opportunities through partnership working

3.6 To co-ordinate this work a partnership Planning Group has been established which will report to the Executive Group.

3.7 Timelines for delivery and governance are outlined in the table below.

Governance meeting	Timescale	Purpose
Executive Committee	22 nd November 2023	Agree priority areas
Executive Committee	17 th January 2024	Review first cut plans
Executive Committee	14 th February 2024	Agree final draft plans
Committees in Common development session	29 th February 2024	Engagement on draft plans
Committees in Common	12 th March 2024	Approval place plans
NEL Integrated Care Board	27 th March 2024	Approval ICB plans

4.0 Risks and mitigations

4.1 Risks and mitigations will be set out in the final plans.

5.0 Conclusion / Recommendations

5.1 The Committees in Common are asked to:

- Endorse the approach to review local plans
- Note the reporting and governance timelines

6.0 Attachments

6.1 Attachment 1: Barking and Dagenham Joint Forward Plan 2023/24