Committee: Health and Wellbeing Board

Date: 28th March 2023

Agenda item:

Wards:

Subject: Joint Forward Plan (JFP)

Lead officer: Mark Creelman Place Executive for Merton, SWL ICB

Lead member:

Forward Plan reference number:

Contact officer:

Recommendations:

A. The Board is asked to note the development of an NHS Joint Forward plan and specifically comment on what local priorities it would like included in the plan

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To liaise with the Health and Wellbeing Board Committees and Chair to:
 - Support the ICB to meet its general legal duty to involve each HWB.
 - Ask HWBB what they would like the Joint Forward Plan to take into account from the Local Health and Wellbeing Strategy and local needs
 - Establish a regular agenda item regarding the JFP on the Health and Wellbeing Board agenda between March and June.
 - Provide a statement of the final opinion of your HWB that the JFP draft takes proper account of Merton's local strategy and plans

2 BACKGROUND

- 2.1 The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts to prepare their 5-year Joint Forward Plan before the start of each financial year.
- 2.2 ICBs have a duty to prepare a first JFP before the start of the financial year 2023/23 i.e., by 1 April. However, for this first year NHS England has specified the 30 June 2023 for publishing and sharing the final plan with NHS England, their integrated care partnerships (ICPs) and Health and Well-being Boards (HWBs).
- 2.3 It is therefore expected that the process for consulting on a draft (or drafts) of the plan, should be commenced with a view to producing an initial version by 31 March, but recognise that consultation on further iterations after that date, prior to the plan being finalised in time for publication and sharing by 30 June.

- 2.4 The guidance sets out a flexible framework for JFPs to build on existing system and local strategies and plans and also states specific statutory requirements that plans must meet.
- 2.5 ICBs and their partner trusts must consult with those for whom the ICB has core responsibility and anyone else they consider appropriate. This should include the ICP and NHS England (with respect to the commissioning functions that have been and will be delegated to ICBs) and HWBBs.

3 DETAILS

- 3.1 The following presentation sets out the process and indicative content for delivery of a JFP, in draft for April, and final in June
- 3.2 ICBs and their partner trusts must involve Merton HWBBs in preparing or revising the JFP. This includes sharing a draft with the Health and Wellbeing Board and consulting on whether the JFP takes proper account of Merton's local health and wellbeing strategy.
- 3.3 The final version must be published, and ICBs and their partner trusts should expect to be held to account for its delivery including by their population, patients and their carers or representatives and in particular through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees.
- 3.4 ICBs and their partner trusts must review JFPs annually 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.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1 This is the start of a consultation process which specifically asks the Health and Wellbeing Board what it would like to see included in the JFP from its own local plans and strategies

5 TIMETABLE

5.1 A final draft JFP needs to be published and submitted to NHSE by 30th June 2023

6 IT, FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1 The JFP will have sections on finances, resources estates and IT and digital

7 LEGAL AND STATUTORY IMPLICATIONS

7.1 It is a statutory requirement for the ICB to publish its five-year Joint Forward Plan

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1 The JFP has chapters on addressing inequalities and ill health, building on the JSNA, core 20+5 and other needs analysis

9 CRIME AND DISORDER IMPLICATIONS

9.1 None

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1 Risk to the delivery of the plan will be detailed in system and organisational risk registers

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Please see presentation slides on the content and process of developing a Joint Forward plan

12 BACKGROUND PAPERS

ICP strategy discussion document

Developing the ICB Joint Forward Plan

Merton Health and Wellbeing Board Mark Creelman 28th March 2023

We have sought the views and concerns of local people and our communities in developing our priorities

NEW!

DIVERSITY AND INCLUSIVITY

Ensure systemic issues are investigated

People and

communities

Encourage conversation about transparency

Unconscious bias training

Be prepared to make changes

on cultural differences

and tackled



COST OF LIVING CRISIS

- Affecting people's mental health and ability to live a healthy lifestyle - from early years
- Accessibility of services transport and affordability
- Financial support through the crisis help to know about and access the funds that are available to support them - lack of trust contributes to this, not just about signposting
 - * Concerns about feeding families and heating homes
 - Concerns about housing lack of availability and affordability
 - Homelessness on the increase
 - Higher risk of certain health conditions putting extra pressure on NHS services - particularly mental health services and increasing health inequalities

EMPLOYMENT

- Pathways to employment aπer covid. for carers, people with learning disabilities
- Support for local economies, including
- local businesses and job growth



one point of contact

- Access to clean, green spaces
- Traffic and poor air quality barriers to healthy living

ENVIRONMENTAL

NEVAL REN AND

CONCERNS

Active travel

VOLUNTARY AND COMMUNITY SECTOR CAPACITY

Capacity and resource across the sector

patients about status of their referral

Important to hear from small & large organisations

REFERRALS AND WAITING TIMES

children and young people's mental health and outpatient services

referral. How can we support and provide more information and updates for

Broader representation is needed

SUPPORT FOR CARERS

· Carers' voices need to be elevated and need for carers to be considered as essential part of support and decision making



- Challenges getting timely referrals and long waiting times for mental health. * Patients left chasing updates and not being clear who to contact about their
- Availability of appointments, waiting times including face-to-face
 - Variation in access across and within boroughs

COMMUNICATION, NAVIGATION AND SIGNPOSTING

- Jignposting, navigation and a single point of access where possible
- Sufficient information to know where to get help, all in one place
- People's ability to look after their own health and wellbeing (self-care), with ability to ask professionals questions or and contact to help navigate where necessary
- Lack of materials in accessible formats, including for people with a learning disability, translations, sight impaired
- * Transition between services need for joined up approach across health and care - 'tell us once' approach
- Missing letters and not keeping patients informed about delays and changes to appointments



- In public sector organisations and professionals amongst some communities
- Trust issues higher in areas of inequalities and those from Black, Asian and Minority Ethnic backgrounds
- Need to build trust in services, based on experiences people have had before



- Shift to digital services has left some population groups facing digital exclusion
- Need multiple points of access and to retain options for face to face contact



MENTAL HEALTH SERVICES

- Long service waiting times, need interim
- Access, hard to navigate, more support needed in some communities and services need to be culturally competent
- Children and young people's mental health access, waiting times, substance misuse



rearning disabilities

SOCIAL ISOLATION

solation for older people and adults with

Also for carers and younger adults and children

NEW!

SERVICE AVAILABILITY AND DEMAND

- Perceptions that additional services are wanted and are not always delivered
- Concern around service availability of services/sites in some areas
- Multiple engagement requests with tight timescales and low resources affect communities ability to be involved
- * Priority for local people that we feedback how their feedback has influenced the provision of services



NEW! New topic



Added view

Developing our NHS Joint Forward Plan



Joint Forward Plan guidance: headline summary

- The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts to prepare their 5-year Joint Forward Plan before the start of each financial year.
- ICBs have a duty to prepare a first JFP before the start of the financial year 2023/23 i.e. by 1 April. However, for this first year, however, NHS England has specified the 30 June 2023. as the date for publishing and sharing the final plan with NHS England, their integrated care partnerships (ICPs) and Health and Well-being Boards (HWBs).
 - It is therefore expected that the process for consulting on a draft (or drafts) of the plan, should be commenced with a view to producing a version by 31 March, but recognise that consultation on further iterations may continue after that date, prior to the plan being finalised in time for publication and sharing by 30 June.
- The JFP guidance:
 - **sets out a flexible framework** for JFPs to build on existing system and place strategies and plans, in line with the principle of subsidiarity.
 - also states specific statutory requirements that plans must meet.
- ICBs and their partner trusts **must consult with those for whom the ICB has core responsibility** and anyone else they consider appropriate. This should include the ICP and NHS England (with respect to the commissioning functions that have been and will be delegated to ICBs).





Joint Forward Plan guidance: headline summary

- ICBs and their partner trusts must involve relevant HWBs in preparing or revising the JFP. This includes sharing a draft with each relevant HWB, and consulting relevant HWB's on whether the JFP takes proper account of each relevant joint local health and wellbeing strategy (JLHWS).
- Bs and their partner trusts should agree processes for finalising and signing off the JFP. The final version must be published, and ICBs and their partner trusts should expect to be held to account for its delivery including by their population, patients and their carers or representatives and in particular through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees.
- ICBs and their partner trusts must reviewed JFPs and, where appropriate, updated 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.
- A draft JFP should be shared with the relevant ICP and NHS England.

Purpose of the JFP



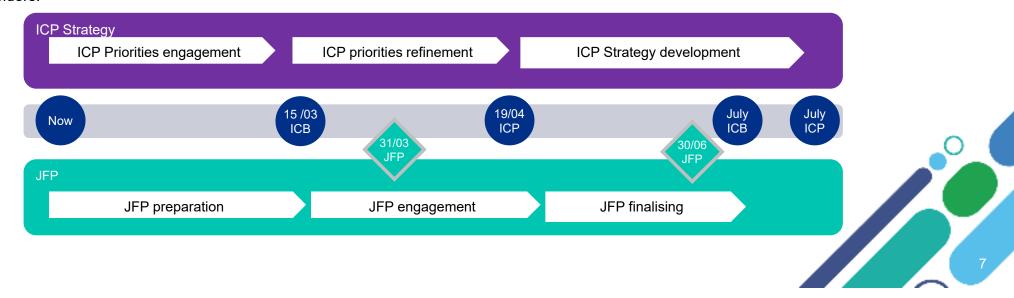
As a minimum, the JFP should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs. This should include the delivery of universal NHS commitments, address ICSs' four core purposes and meet legal requirements.

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. However, we encourage systems to use the JFP to develop a shared delivery plan for the integrated care strategy (developed by the ICP) and the JLHWS (developed by local authorities and their partner ICBs, which may be through HWBs) that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners.

The Joint Forward Plan will be developed as a shared delivery plan for the integrated care strategy and JLHWSs



- SWL has to produce two plans, a system-wide plan 'the Integrated Care Partnership Strategy' and an NHS plan 'the Joint Forward Plan (JFP)'
- SWL ICP will publish in June the **integrated care partnership (ICP) strategy** that will detail shared outcomes and key strategic priorities for system-level action.
- JFP will be a five year delivery plan and will describe how ICBs and their partner NHS trusts intend to meet the health needs of their population through arranging or providing NHS services. It will include delivery plans for the integrated care strategy and will align with joint local health and wellbeing strategies (JLHWSs)
- As the ICP strategy influences the JFP considerably we intend to collaborate and develop both elements together. We intend to use information currently available to build the draft JFP, which we will adapt with key stakeholders, and the views of our population in order to meet the legislative requirements and build a plan that makes sense for SWL
- We have created a simple approach to development the document; we will articulate our direction of travel, our ambitions for health and care and describe how we meet the core national requirements clearly and concisely. To ensure the JFP is owned across the system, we will co-design it with our stakeholders.



Role of health and wellbeing boards



- In preparing or revising their JFPs, ICBs and their partner trusts are subject to a general legal duty to involve each HWB whose area coincides with that of the ICB, wholly or in part. The plan itself must describe how the ICB proposes to implement relevant JLHWSs (a joint local health and wellbeing strategy (JLHWS) is defined as a strategy under section 116A of the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Care Act 2022).
- MOBS and their partner trusts must send a draft of the JFP to each relevant HWB when initially developing it or condertaking significant revisions or updates. They must consult those HWBs on whether the draft takes proper account of each JLHWS published by the HWB that relates to any part of the period to which the JFP relates. A HWB must respond with its opinion and may also send that opinion to NHSE, telling the ICB and its partner trusts it has done so (unless it informed them in advance that it was planning to do so) NHSE may discuss this opinion with the ICB and its partner NHS trusts and foundation trusts.
- If an ICB and its partner trusts subsequently revises a draft JFP, the updated version should be sent to each relevant HWB, and the consultation process described above repeated.
- The JFP must include a statement of the final opinion of each HWB consulted.

We have developed a draft outline of contents for the JFP...

NHS South West London

We have identified executive and director-level leads for the core content;

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				Senior leaders group		
Part	Section		Exec Lead	Content Lead		
	Foreword		Charlotte Gawne	n/a		
1	Needs assessment NHS Context ICP strategy headlines		Karen Broughton	Andrew Demetriades		
2	Addressing health In Preventing ill health Supporting self-care		John Byrne Gloria Rowland	Catherine Heffernan June Okochi & Vhenekayi Nyambayo		
Page 56	Settings of Care, Collaboratives and spotlights	Primary Care	Mark Creelman	Andy McMylor		
		Community care	Tonia Michaelides	Busayo Akinyemi		
		Mental health and our mental health provider collaborative	Tonia Michaelides	John Atherton		
		Acute care and our acute provider collaboratives	Jonathan Bates David Williams	Caroline Morris tbc		
		Spotlight on Cancer - Royal Marsden Partners cancer collaborative	Jonathan Bates	Caroline Morris		
		Spotlight on Diagnostics	Jonathan Bates	tbc		
		Spotlight on UEC	Jonathan Bates	Caroline Morris		
		Spotlight on Maternity	Gloria Rowland	<u>tc</u> b		
4	Working together at Place including HWBB Strategy requirements		Place Execs	Place leads		
5	Workforce plan – ICP and JFP content		Karen Broughton	Lorissa Paige		
6	Estates and green a	agenda	Helen Jameson	Piya Patel		
7	Data, digital and PHM		John Byrne	Martin Ellis and Andrew Murray		
8	Supporting wider social and economic development		Place Execs	Place leads		
9	System developmer	nt	Karen Broughton	Angela Flaherty		
10	Finance, Investment	t, Securing VFM, Procurement and Supply Chain	Helen Jameson	Joanna Watson		
11	Quality		Gloria Rowland	June Okochi		
12	Performance and ou	utcomes	Jonathan Bates	Suzanne Bates		
13	Engaging our popula	ation	Charlotte Gawne	Lizzie Whetnall Kate Wignall		

Part Three in detail: settings of care, collaboratives chapters and spotlight chapters





We have devised a phased approach to delivering the Joint Forward Plan



January



Phase 1

- Planning implementation
- Identifying 'must dos'
- Panning engagement

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58

February



Phase 2

- ICP needs assessment reviewed and SWL NHS context written (including for all settings of care)
- Identification of "mission-critical" challenges (i.e. those that, unless addressed in a timely way, are likely to prevent the ICB achieving its key priorities)
- Engagement with HWWBs about their needs and priorities for the JFP.
- · Prevention priorities drafted
- · Outline financial challenges/context
- Initial setting of care chapters drafted to show level of ambition, what patients say/need, and context
- Engagement with those leading programmes to identify requirements for the JFP
- Engaged Clinical Leadership Forum at an early stage of JFP development..
- Initiate place chapter development

March - April



Phase 3

- Discussion document developed for system partners on emerging JFP, including system development chapter
- Place chapters developed with Place partnerships including how place will support wider social and • economic development
- Workforce priorities developed in partnership with the ICP

May



Phase 4

- Feedback and create strategic priorities and delivery focus
- · Settings of care chapters completed
- Finance, Investment and securing VFM (including procurement and supply chain) chapter written
- · Performance and outcomes chapter written
- Estates implications of the JFP identified and estates priorities articulated
- Data and digital implications of the JFP identified and estates priorities articulated

June onwards



Phase 5

 JFP Signed off and published



By March 2023, we expect to discuss the following with system partners ...



The discussion document would outline:

- SWL Needs assessment and context including quality and performance
- Initial draft of priorities Preventing ill health, supporting self care and supporting people to manage their LTC –but finalised by June

 o Identify our critical challenges - from needs assessment and context
- Part one of setting of care chapters drafted to show level of ambition, what patients say/need, and setting context
 - HWWB needs and priorities for the JFP outlined
 - · Our priorities for improved performance against national targets
 - Outline high level financial challenges/context.
 - Engagement plan to June 2023



One small action ...



- 1. The Health and Wellbeing Board Committee and Chair are asked to:
 - Support the ICB to meet its general legal duty to involve each HWB.
 - Discuss what you would like the ICB JFP to take into account from the Merton Local Health and Wellbeing Strategy or other plans and produce a summary of that for the discussion document in March 2022
 - Have a regular agenda item on HWBB from now June on the JFP.
 - Provide a statement of the final opinion of your HWBB that the JFP draft takes proper account of each JLHWS published by the HWB.

NHS South West London



..... or feedback?



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