

INTEGRATED CARE PARTNERSHIP

19 April 2023

ITEM 07

Report sponsor: Chris Clayton, Chief Executive Officer, NHS Derby and Derbyshire Integrated Care Board (DDICB)

Report author: Zara Jones, Executive Director of Strategy and Planning, DDICB

Joint Forward Plan

Purpose

- 1.1 As set out in the accompanying guidance (appendix 1), Integrated Care Boards (ICBs) and their partner NHS trusts and foundation trusts (referred to collectively here as partner trusts) are required to develop their first 5-year Joint Forward Plans (JFPs) with system partners. The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts (the ICB's partner NHS trusts and foundation trusts are named in its constitution) to prepare their JFP before the start of each financial year.
- 1.2 The Integrated Care Partnership (ICP) is a key partner in this work with links to the Integrated Care Strategy and therefore it is important to engage and seek feedback at relevant stages of the process of developing our JFP.
- 1.3 ICBs have been provided with a flexible framework for JFPs to build on existing system and place strategies and plans, in line with the principle of subsidiarity. The guidance also states specific statutory requirements that plans must meet. The JFP is being developed in tandem with the connected NHS Operational Plan (appendix 2) which serves as year one of the 5-year JFP.

Recommendation(s)

The ICP is asked to:

- 2.1 Note the contents of the report.
- 2.2 Offer guidance and feedback on the questions posed below to support the effective development and delivery of the Derby and Derbyshire ICB's Joint Forward Plan – 5 Year Plan.

Reasons

- 3.1 We wish to engage with the ICP on our proposed approach and ensure we are aligned in our strategy development work. We value the contribution of our partners in this piece of work to ensure we make the greatest impact in improving the health of the local communities we serve.

Supporting information

- 4.1 The plan will set out how we intend to meet the physical and mental needs of their population through the provision of NHS services. This will include setting out how universal NHS commitments will be met and addressing the four core purposes of ICSs:
- Improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience and access
 - Enhance productivity and value for money
 - Help the NHS support broader social and economic development.
- 4.2 The questions we would appreciate being explored by the HWB as part of the discussion are:
- What are your views on our proposed approach to developing the JFP? What else do we need to consider as we further develop it?
 - What would you like to see in the local priority areas and are there any opportunities for strengthening the alignment to ICP priorities?
 - How would the Board like to be engaged in the work going forward ahead of final publication at the end of June?
- 4.3 ICBs and their partner trusts have a duty to prepare a first JFP before the start of the financial year 2023/24 – i.e. by 1 April. For this first year, however, NHS England is to specify that the date for publishing and sharing the final plan with NHS England, their integrated care partnerships (ICPs) and Health and Well-being Boards (HWBs), is 30 June 2023.
- 4.4 ICBs and their partner trusts must involve relevant Health and Wellbeing Boards (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).
- 4.5 ICBs and their partner trusts must consult with those for whom the ICB has core responsibility (people who are registered with a GP practice associated with the ICB, or unregistered patients who usually reside in the ICB's area, as described in the ICB constitution) 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). A draft JFP should be shared with the relevant ICP and NHS England.
- 4.6 ICBs 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 through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees.

- 4.7 Derby and Derbyshire ICB (DDICB) has started its early preparatory work to develop the content of how we are meeting our statutory duties and has held a development session with its Board to shape the localised content of the work within the set framework. Some further detail about this is set out below in section 4.9. The areas we are developing content for with respect to our duties are covered in the accompanying guidance (appendix 3).
- 4.8 At the end of March we aimed to be able to demonstrate the following:
- Tangible progress in the development of the plan including the minimum requirements set out in the guidance and priorities set out in the integrated care strategy.
 - Engagement with partners, including HWBs and trust partners as joint owners of the JFP.
 - A clear plan for finalising the JFP, including further engagement with partners including the HWB.
- 4.9 With regards to our local priorities which will form the main focus area of the DDICB JFP, we are seeking to build out these local priority areas from the following:
1. Key areas identified in our 23/24 plan – access, prevention and productivity are key themes to support managing our urgent and emergency care risks & recovering our elective care waiting time position
 2. Our productivity challenge opportunities, would be based on benchmarking and evidence-based approaches
 3. The specific actions the ICB will take in response to our ICP Integrated Care Strategy priorities – responding to the ask made of us from the priority workstreams across Starting Well, Living Well and Ageing/Dying Well.
 4. Health inequalities – targeted actions from year one
 5. Population health approach: Targeted improvement plan for healthcare improvement in our local population, with a Place lens and Primary Care Network lens.
- 4.10 In our developing work, we have considered the existing strategy (plan on a page) of the Derby City HWB, particularly the overarching outcomes and aims to increase life expectancy and healthy life expectancy. Through our ICP partnership across health and care, we are already aligned in our views on the key priority areas to improve the health of our population and therefore, have a solid foundation upon which to build the JFP from.

Public/stakeholder engagement

5.1 Our outline approach to engagement will include:

- ICP partner engagement in framework and content
- Formal discussion and review at both HWBs between March and June
- Engagement through our ICB sub-committees, particularly Population Health, Public Partnerships, People & Culture and Finance
- Consideration of public consultation requirements and engagement activities with approach developed accordingly Impact assessments undertaken for relevant content, underpinned by appropriate risk management / documented risks and mitigations.

Development of a “what the JFP means for me” guide alongside the publication to ensure well considered alignment and meaning to a range of stakeholders and organisations.

5.2 We have not undertaken any formal consultation at this stage as we are still developing our approach.

Other options

6.1 Our options are for the approach we take to develop the JFP as opposed to an option not to produce one as we are required to as set out above. These variations to the approach could include:

- A more dominant focus on the statutory duties and presenting the documentation more as an assurance statement against our duties, rather than our local priorities for development
- Purely referencing our existing partner strategies and plans and our commitment to supporting the delivery of these – ICP Integrated Care Strategy, HWB Strategies etc.

6.2 We are recommending we do not follow the above approaches as will mean a lost opportunity for the ICB to set out its own contribution within the broader health and wellbeing and integrated care landscape. It is important that the ICB is able to articulate the specific plans and impacts of delivery against the areas articulated in section 4.9 as they are key to improving the health and outcomes of our local population. A 5-year time period also enables the development of more medium and longer term interventions which will not have their greatest impact through short term operational planning.

Financial and value for money issues

7.1 There are no financial implications of this report.
We are yet to determine financial implications of the future developed JFP.

Legal implications

8.1 There are no legal implications of this report.

Climate implications

9.1 There are no climate implications of this report.

Socio-Economic implications

10.1 There are no climate implications & Socio-Economic implications of this report. We are yet to determine financial implications of the future developed JFP.

Other significant implications

11.1 None at this stage.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal Finance Service Director(s) Report sponsor Other(s)	Chris Clayton, Chief Executive, DDICB	07/03/2023

Background papers:

List of appendices:

Appendix 1 - Guidance on developing the joint forward plan
Appendix 2 - 2023/24 priorities and operational planning guidance
Appendix 3 - Guidance on development of the joint forward plan