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| <b>Title of report</b>  | <b>Joint Forward Plan for 2024/25 to 2028/29</b>   |                        |  |
| <b>Presenter (name and role)</b>  | Toby Lambert, Executive Director of Strategy and Population Health   |                        |  |
| <b>Author (name and role)</b>   | Toby Lambert, Executive Director of Strategy and Population Health   |                        |  |
| <b>Accountable Director/ SRO</b>  | Toby Lambert, Executive Director of Strategy and Population Health   |                        |  |
| <b>Purpose of the report</b><br><br>Please tick and describe the requirement in the opposite column | <b>Decision/Approval</b>   |                        |  |
|   | <b>Assurance</b>   |                        |  |
|   | <b>For information</b>   |                        |  |
|   | <b>Advice</b>  |                        | ✓  |
| <b>The Board/ Committee is asked to:</b>  | <ul style="list-style-type: none"> <li>• Confirm whether the draft Joint Forward Plan takes proper account of the bi-borough's joint local health and wellbeing strategy;</li> <li>• Comment on the suggestions for improving the process for the next Joint Forward Plan.</li> </ul>  |                        |  |
| <b>Report history</b><br><br>Committees/ meetings where this item has been considered               | <b>Name of Committee/ Board</b>  | <b>Date of Meeting</b> | <b>Outcome</b>   |
|   | ICS Leadership   | 15 March 2024          | Endorsed   |
|   | Strategic Commissioning Committee  | 21 March 2024          | Endorsed<br>Agreed to publish draft Joint Forward Plan |
|   | Integrated Care Board  | 17 April 2024          | Noted (pending comments from HWBs)                     |
| <b>Key messages</b>   | <p>North West London ICB, in common with all ICBs, is required to produce a five-year Joint Forward Plan (JFP) that shows how the ICB and its NHS partners intend to deliver services to the population of North West London in line with the strategy set by the Integrated Care Partnership. The ICB is required to produce and publish this plan on an annual basis, before 31<sup>st</sup> March each year. The deadline for submission to NHS England has been changed to the end of June in recognition of the delays to the planning guidance for 2024/25.</p> <p>The ICB is also required to share the plan with each relevant Health and Wellbeing Board, who in turn are required to respond with their opinions as to whether the plan takes proper account of their joint health and wellbeing strategies.</p> <p>Given Health and Wellbeing Boards have not yet had the opportunity to comment, the Board of the ICB has not approved the JFP. Following endorsement at Strategic Commissioning</p> |                        |  |

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|   | <p>Committee, a draft of the JFP has been supplied to all HWBs, and published on the ICB’s website.</p> <p>NHS England guidance on the pre-election sensitivity period limited the ICB’s ability to discuss the JFP before the London mayoral and assembly elections. The ICB has accepted all invitations to attend HWBs after 2<sup>nd</sup> May.</p> <p>A summary of the JFP is provided at the end of this cover note and the full document is attached.</p> <p>The plan contains:</p> <ul style="list-style-type: none"> <li>• plans and outcomes across nine different priorities, decided through a prioritisation process</li> <li>• plans for the enabling work streams to support the priorities</li> <li>• borough plans setting out alignment with NWL priorities to achieve scale and separate, local priorities</li> </ul>  |
| <p><b>Key risks and mitigations</b></p> | <p>Risks include:</p> <ul style="list-style-type: none"> <li>• Feedback from NHS England that the JFP does not cover all work the NHS is expected to deliver. Mitigation: reiterating that we will get more done if we prioritise effectively</li> <li>• Feedback from HWBs that local needs and priorities are not adequately reflected. Mitigation: demonstrating that benefits of scale can be used to deliver more effectively when priorities are shared across NWL, and that this creates more space, rather than less, for local (i.e., not shared) priorities</li> <li>• Scepticism, particularly from ICB staff, that the organisation will adhere to the priorities and work set out in the plan. Mitigation: Living up the ways of working are intended to mitigate that.</li> </ul> <p>We also acknowledge that this is the first time NW London has attempted to prepare an NWL wide joint forward plan. We will integrate feedback on the process into next year’s JFP process.</p> |

Describe how this work supports delivery of the NW London Integrated Care System’s objectives (in particular describe the impact on inequality with reference to **equality impact assessment**)

- The JFP is the NHS plan to deliver on each of the ICS’ objectives and therefore each of the objectives were considered explicitly.
- The JFP will have a direct impact on each ICS objective, including the objective related to reducing inequalities – for example, priority 1 describes our plan for reducing inequalities and improving health outcomes through population health management.

**What involvement and insights from residents and communities in NW London have informed this work?**

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- The JFP Plan builds on the North West London Health and Care Strategy that was developed last year. This strategy was subject to public consultation and the final iteration included feedback from residents and communities
- Continuing input from the ICB's 'What matters to you' engagement programme has been fed into the development of the JFP.
- The draft of the JFP is on the website, giving residents and communities the opportunity to comment before the JFP is finalised.

**All Integrated Care Board papers are published, unless requested otherwise. If the paper is not suitable for publication, please confirm the reason for this below (Y= suitable, N = not suitable)**

|   |   |  |
|---|---|--|
| Commercial Confidentiality                        | Y |  |
| Patient Confidentiality                           | Y |  |
| Staff Confidentiality                             | Y |  |
| Other Exceptional Circumstances (please describe) |   |  |

## Joint Forward Plan

### Summary

The Joint Forward Plan is a statutory document that sets out how Integrated Care Boards (ICBs) and their partner NHS trusts propose to exercise their functions in the next five years. These should be reviewed before the start of each financial year.

In November 2023 North West London's Integrated Care Partnership published our Health and Care Strategy for North West London. The ICP brings together our eight local authorities, the NHS and wider partners. The strategy sets out how we will improve outcomes in population health and wellbeing, prevent ill health and tackle inequalities, enhance productivity and value for money and support broader economic and social development.

The Joint Forward Plan takes the strategy (including the borough joint health and wellbeing strategies), the nationally set NHS operating plan<sup>1</sup> and agreed national and local targets and translates these into meaningful milestones and activities. It clarifies where the NHS will prioritise resources and objectives now and where we should invest in the future. It hence reflects and complements the Joint Health Wellbeing Strategies developed by each of our boroughs.

Our borough based partnerships and provider collaboratives will continue to have their own specific plans to improve health and wellbeing and to deliver the operating plan. However, aligning these with the Joint Forward Plan will mean that we can concentrate resources across the system in the most effective way possible.

Delivery will require cross-system collaboration from our providers through provider collaboratives, ICS programme teams, clinical networks, voluntary and community sector organisations (VCSEs) and borough teams. The board will receive assurance on delivery of the JFP through reports supplied to Performance Committee.

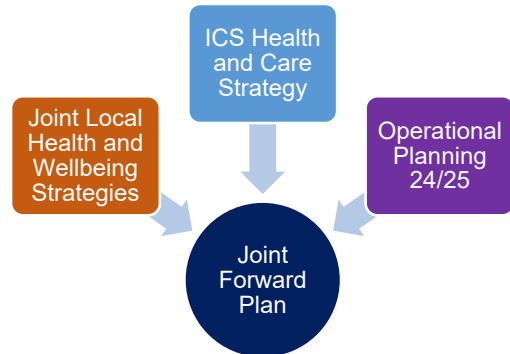
### Context

North West London ICB, in common with all ICBs, is required to produce a five-year plan that shows how the ICB and its NHS partners intend to deliver the ICS strategy. The ICB is required to produce this plan each year.

The process of producing the Joint Forward Plan, as well as being a statutory requirement, is part of the organisational effectiveness work stream within the organisational design programme. It aims to:

- Show how the six priorities identified in the strategy translate into a work programme;
- Deliver consistent plans and priorities and improve coordination across the ICB (and thereby reduce bottlenecks resulting from conflicting priorities between different parts of the ICB and the wider ICS);
- Identify areas where working at scale across North West London to develop a shared offer and models of care that can tailored locally will enable us to go further and faster in delivering for our population;
- Be consistent with the ICB's medium term financial strategy;

<sup>1</sup> The 2024/25 priorities and operational planning guidance was published on 27 March. The JFP was developed using our best intelligence as to the likely content of the guidance.



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- Ensure that local priorities that are not shared between North West London's borough Health and Wellbeing Strategies can continue to be progressed locally; and
- Be deliverable within the reduced capacity of the ICB.

Planning is taking place against a challenging backdrop – in common with the NHS across the country, our services have been under immense pressure in the last couple of years. Although NW London is one of the best performing healthcare systems, we have:

- A **financial challenge**, with a spend per head lower than average, insufficient capital to meet our estates need and a commitment to reallocate funding within NW London to services that need it most, rather than where it has been spent historically
- A **productivity challenge**, requiring a challenging 3.7% efficiency gain in addition to normal expectation of productivity improvement, so we can free up the funds to invest in better, more equitable services; and
- An **organisational challenge**, with new statutory duties and a requirement to restructure our workforce, but also new opportunities through changes to the way we work across our partnerships and our providers coming together as collaboratives to capture the benefits of scale, reduce unnecessary variation and create greater resilience.

This means that our focus in the initial period of the plan has to be on reducing waiting times and maximising productivity so we can provide equal access to a common set of high quality services regardless of where our residents live. During this time, we will also be testing proactive approaches that prevent, reduce or delay the onset of need, support our residents to stay well and identify and support people at risk of or diagnosed with illness through providing best practice interventions.

Our aim is to be ready to roll out these programmes over time work together with our local authorities and voluntary sector partners, within the context of a resilient and productive NHS.

## Process

We acknowledge that this is the first time that the ICB has attempted to prioritise and plan across its entire portfolio of work and has taken place within a very short timeframe. This first iteration of the JFP is capable of considerable improvement and subsequent JFPs will take on board lessons learnt and feedback from the first iteration to improve the process and the quality of the output each year.

In developing the plan, we took the following approach:

- Each programme, clinical network, borough team and collaborative submitted their **proposed work streams and plans** for the next five years, and in more detail for the earlier years.
- A **prioritisation framework** to support the leadership in selecting 5-10 shared initiatives was drawn up and taken through a working group. This covered the following domains:
  - a. Alignment with the Health and Care Strategy;
  - b. Contribution to health outcomes and inequalities;
  - c. Alignment with national requirements, including the NHS E operating framework and the medium term financial strategy; and
  - d. Delivery feasibility.
- We took **views from system leaders** on their priorities;
- A **town hall meeting** bringing together representatives across the ICS leadership was held in mid-February to discuss their plans, the initial prioritisation outcomes and what needed to be true to ensure the new priorities could be delivered well without additional asks;

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- Based on feedback from the Town Hall the programmes, clinical networks, borough teams and collaboratives **resubmitted their plans, including enabling programmes assessing feasibility of delivering requirements** and we refined the priorities.

## Summary of the Joint Forward Plan

The JFP contains eight priorities with corresponding activities, supported by four enabling work streams. It also includes a summary of each borough's plans.

### Priorities

| Priority   | Intended outcomes   | Focus in early years   | Focus in later years   |
|--|---|--|--|
| <b>PRIORITY 1:</b><br>Reduce inequalities and improve health outcomes through population health management (PHM) | <ul style="list-style-type: none"> <li>PHM based service design and investment decisions embedded in all settings including integrated neighbourhood teams.</li> <li>Improved value for money and better able to meet population need and tackle health inequalities.</li> </ul>  | <ul style="list-style-type: none"> <li>Deliver PHM &amp; Health Equity Academy – upskilling staff, starting with primary care; map financial position to need.</li> <li>Deliver core common offer, address hesitancy.</li> </ul>   | <ul style="list-style-type: none"> <li>Intelligence Function with PHM underpinning our approach across the system for all conditions.</li> <li>Complementary services where common offer does not deliver for specific groups.</li> </ul>                  |
| <b>PRIORITY 2:</b><br>Improve children and young people's mental health and community care                       | <ul style="list-style-type: none"> <li>Consistent core healthcare offers for children resulting in equitable outcomes for health conditions in childhood, and for reducing risks in later adulthood</li> <li>Local and national qualitative and quantitative evidence understood and shared across partners</li> <li>Integrated multi-professional partnership to provide seamless integrated healthcare to children</li> </ul> | <ul style="list-style-type: none"> <li>Reduce waiting list for child and adult mental health services (CAMHS)</li> <li>Close gap in school nursing provision for looked after children and children with special educational needs</li> <li>Implement child health and family hubs</li> <li>Deliver children and young people speech and language therapy priority quick wins</li> </ul> | <ul style="list-style-type: none"> <li>Transformational improvements for specific conditions with known health inequity</li> <li>Equity of experience of care</li> </ul>   |
| <b>PRIORITY 3:</b><br>Establish Integrated Neighbourhood Teams (INTs) with general practice at their heart       | <ul style="list-style-type: none"> <li>Clarity for residents on how to get the care they need.</li> <li>Avoidance in hospital and care home admissions Earlier detection of people at risk of ill health, earlier diagnosis of ill health and improved quality of care for people with long term conditions</li> </ul>  | <ul style="list-style-type: none"> <li>Establish and roll out standard operating procedures for the three Fuller areas, plus elective care</li> <li>Extend same day access across all INTs</li> <li>Establish core common offer for frail / elderly</li> </ul>   | <ul style="list-style-type: none"> <li>Focus on all residents and families to have care plans who need them with high adherence and making best use of local authority and community resources</li> <li>Early and accurate diagnosis of disease</li> </ul> |
| <b>PRIORITY 4:</b><br>Improve mental health services in the community and for people in crisis                   | <ul style="list-style-type: none"> <li>A reduction in unwarranted variation and equality in health outcomes, access to services and experience</li> <li>An increased use of analysis and insights to help inform</li> </ul>   | <ul style="list-style-type: none"> <li>Focus on productivity to reduce waiting lists waiting lists.</li> </ul>   | <ul style="list-style-type: none"> <li>Increase capacity to where needed to reduce inequalities</li> </ul>   |

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|  | productivity and local decision making   |   |   |
| <b>PRIORITY 5:</b><br>Embed access to a consistent, high quality set of community services by maximizing productivity          | <ul style="list-style-type: none"> <li>• Reduction in waiting times for community services</li> <li>• Increase in urgent community response for first care contacts</li> <li>• Reduction in length of stay in community beds</li> <li>• More clinical time with patients</li> </ul>  | <ul style="list-style-type: none"> <li>• Implement consistent offer in community nursing, community beds and specialist palliative care</li> <li>• Conduct demand and capacity modelling across system</li> <li>• Drive increased productivity across these services.</li> </ul>  | <ul style="list-style-type: none"> <li>• Implement consistent offer in neuro rehab</li> <li>• Services in line with right demand and capacity</li> <li>• Launch additional virtual ward pathways</li> <li>• Identify and reduce patients experiencing inequality of access, experience and outcome in urgent and emergency care services</li> </ul> |
| <b>PRIORITY 6:</b><br>Optimise ease of movement for patients across the system throughout their care – right care, right place | <ul style="list-style-type: none"> <li>• Reduced delay for patients in hospital who are medically well enough to be discharged</li> <li>• More patients are discharged back to their place of residence than in previous years</li> <li>• Patients put at a reduced risk of harm by being discharged from hospital sooner</li> </ul> | <ul style="list-style-type: none"> <li>• Remove delay for medically optimised patients in hospital - implement discharge to assess or equivalent model and embed system escalations and operational support</li> <li>• Enhance support to care homes to improve intermediate care</li> <li>• Direct referrals to same day emergency care (SDEC) services</li> </ul> | <ul style="list-style-type: none"> <li>• Launch additional virtual ward pathways</li> <li>• Identify and reduce patients experiencing inequality of access, experience and outcome in urgent and emergency care services</li> </ul>   |
| <b>PRIORITY 7:</b><br>Transform maternity care   | <ul style="list-style-type: none"> <li>• Reduce the inequity of pregnancy care and outcome</li> <li>• Improved safety of services, with more support from maternity services to higher risk cases</li> <li>• Low numbers of still births and intrapartum brain injuries</li> </ul>   | <ul style="list-style-type: none"> <li>• Develop maternity strategy</li> <li>• Achieve NHS England safe staffing standards</li> <li>• Inreach offer for ethnic communities adversely affected by poor outcomes in maternity services</li> </ul>   | <ul style="list-style-type: none"> <li>• Implement wider maternity transformation</li> </ul>  |
| <b>PRIORITY 8:</b><br>Increase cancer detection rates and deliver faster access to treatment                                   | <ul style="list-style-type: none"> <li>• Improved early diagnosis by tackling variation in screening</li> <li>• Faster and more efficient access to diagnosis and treatment</li> </ul>   | <ul style="list-style-type: none"> <li>• Increase HPV vaccination uptake in school age children</li> <li>• Reduce population differences in seeking help for symptoms of concern, focussing on Brent</li> <li>• Deliver and maintain national performance requirements for faster diagnosis and treatment</li> </ul>  | <ul style="list-style-type: none"> <li>• Roll out lessons on early diagnosis from Brent to wider NW London</li> <li>• Roll out and embed approaches to early diagnosis and treatment, ensuring spread and adoption of useful technology</li> </ul>  |

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|  |   | <ul style="list-style-type: none"> <li>Target lung health checks (TLHCs) in high risk wards</li> </ul>  |  |
| <p><b>PRIORITY 9:</b><br/>Transform the way planned care works</p> | <ul style="list-style-type: none"> <li>Elimination of waits over 52 weeks for elective care</li> <li>Reduction in avoidable outpatient referrals and activity</li> <li>More meaningful and effective communications with patients, leading to fewer missed appointments and a better patient experience</li> <li>Increase staff satisfaction, reduction in staff burnout</li> </ul> | <ul style="list-style-type: none"> <li>Drive productivity in outpatients and elective care</li> <li>Drive efficient use of diagnostic centres</li> <li>Innovation of new workforce models to deliver clinics</li> <li>Activities to improve patient communications (NHS App, better use of language)</li> </ul> | <ul style="list-style-type: none"> <li>Focus on care in most appropriate setting through transformation of clinical pathways, moving closer to home</li> <li>Embed continued wellbeing through recovery and proactive care models</li> </ul> |

We know that the Joint Forward Plan is currently underpowered in a couple of areas:

- We are committed to developing an urgent and emergency care strategy - completion due in the summer). Once complete, this will enable us to strengthen priority six on flow;
- The Acute Provider Collaborative is currently working up its strategy – completion again due in the summer. A particular theme in the strategy will be elective recovery and swifter access to specialist opinion (which underpins outpatient transformation). Once complete, this plan will allow us to strengthen priority nine (planned care).

### Enabling programmes

The priorities confirm the estates, digital and data, workforce and communication and engagement requirements to deliver the priorities, in addition to the enabling activities to deliver the wider strategy.

| Enabler          | Intended outcomes   | Focus in early years   | Focus in later years  |
|------------------|---|--|---|
| <b>Estates</b>   | <ul style="list-style-type: none"> <li>Estate facilitates services which respond to the needs of the local population</li> <li>Effective and appropriate utilisation</li> <li>Best design for integrated working</li> </ul> | <ul style="list-style-type: none"> <li>Immediate prioritised investments</li> <li>Fit for purpose estates for early INT sites</li> </ul>   | <ul style="list-style-type: none"> <li>Completion of major projects identified for integrated working</li> <li>Infrastructure planning and delivery</li> </ul>    |
| <b>Workforce</b> | <ul style="list-style-type: none"> <li>A safe and manageable workload</li> <li>Increased satisfaction from staff surveys</li> <li>Clear workforce model included new and fulfilling roles with productivity gain</li> </ul> | <ul style="list-style-type: none"> <li>Expand and diversify routes into recruitment</li> <li>Workforce productivity and new ways of working for community nursing and mental health roles</li> </ul> | <ul style="list-style-type: none"> <li>Workforce elements of the system wide programmes to enable new ways of working in support of new models of care</li> </ul> |



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| <p><b>Digital and data</b></p>             | <ul style="list-style-type: none"> <li>• Stable and secure ICT infrastructure</li> <li>• Shared records across health and care settings and with access to citizens to help them manage their own health and care</li> <li>• Data used intelligently to improve population health and reduce inequalities</li> <li>• Take advantage of digital healthcare innovation.</li> </ul>                              | <ul style="list-style-type: none"> <li>• Migration of the Whole Systems Integrated Care dashboard to a modern cloud platform and integration into workflows</li> <li>• Link 111, 999, VCS data to WSIC</li> <li>• Create population health dashboards for whole sector</li> <li>• Ongoing programme of digital enhancements</li> </ul> | <ul style="list-style-type: none"> <li>• Plan and implement the transformation required to make use of shared records</li> </ul> |
| <p><b>Communication and engagement</b></p> | <ul style="list-style-type: none"> <li>• The JFP includes an assessment of the communications and involvement work to deliver the priorities in addition to strategic activities not directly related to the priorities, such as the programme to combine resident insights with other data to improve decision-making and the campaign to simplify use of language across ICB and then wider ICS.</li> </ul> |  |  |

**Borough place partnership priorities**

The Joint Forward Plan also includes a summary of each borough based partnership’s plans. The plan sets out where these align with the nine NW London priorities and can therefore be delivered at scale and where there are additional activities which may be phased differently or implemented now for specific, local reasons in agreement with their Health and Wellbeing Boards. The priorities within the Joint Forward Plan for the Bi-borough are included below:

**Bi-Borough – bringing together Westminster, Kensington and Chelsea**

**Priorities for Bi-Borough Based Partnership for 2024/25 – 2027/28**

\*local implementation of NW London common priorities  
 \*\*identified local priorities for Bi-Boroughs resourced through partners

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| <p><b>Integrated Neighbourhood Teams</b></p> <p><b>Outcomes:</b> Reduce health inequalities in local population and tackle underlying causes of ill health. Delivered through a number of focused programmes.</p>   |  | <p><b>North Kensington Recovery</b></p> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Local community-led initiatives, engagement feedbacks, and health data.</li> <li>• Those affected by the Grenfell Tower fire can feel and express that they have received the right support from the NHS.</li> <li>• NHS’s Regulation 28 responsibilities are fulfilled.</li> </ul> <p>• Supplementary Personalised Health Assessments**</p> <p>• Future services (2024-9) co-design phase – Q2 24/25**</p> <p>• Future services (2024-9) transition phase – Q4 24/25**</p>   |  |
| <p><b>Adult mental health</b></p> <ul style="list-style-type: none"> <li>• Dementia Assessment and Diagnosis*</li> <li>• Talking Therapies access rates*</li> <li>• SMI Physical Health GLoji MIND weight management pilot project*</li> <li>• Early Intervention and Prevention**</li> <li>• Overrepresentation of people from the Global Majority detained under the MHA**</li> </ul>                                 | <p><b>Children and Young People</b></p> <ul style="list-style-type: none"> <li>• Family Hubs Q4 25/26*</li> <li>• Autism Waiting times Q4 24/25*</li> <li>• Mental Wellbeing in Schools Q3 24/25*</li> <li>• Asthma Friendly Schools*</li> <li>• Speech, Language and Communication Needs Q4 25/26*</li> <li>• Occupational Therapy Q4 25/26 **</li> </ul> | <p><b>Vibrant and healthy communities</b></p> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Enhanced delivery of preventative healthcare work</li> <li>• Minimum 50% uptake of Cervical screening by end Q1 24/25 via identified cohorts</li> <li>• Additional 35 connector roles in bi-Borough by end Q4 23/24</li> <li>• Reduced A&amp;E attendances for HIUs by 25% by end Q4 23/24</li> </ul> <p>• Building Voluntary and Community Sector capacity and influence*</p> <p>• Understanding and measuring impact*</p> <p>• Community based approaches to address health inequalities*</p> <p>• Our workforce*</p> |  |
| <p><b>Care homes</b></p> <ul style="list-style-type: none"> <li>• Implementation of signs of deterioration training across all care homes – Q2 24/25**</li> <li>• Implementation of personalised care and community connections programme across all care homes – Q4 24/25**</li> <li>• Development of workforce strategy for care home staff**</li> </ul>  | <p><b>Homelessness</b></p> <ul style="list-style-type: none"> <li>• Integrated Care Network services**</li> <li>• Health and Wellbeing/Seasonal Vaccinations**</li> </ul>  | <p><b>Enabling functions</b></p> <p><b>Business Intelligence</b></p> <p><b>Organisational Development &amp; Workforce</b></p> <p><b>Digital</b></p> <p><b>Estates</b></p>  |  |
| <p><b>Healthy weight</b></p> <ul style="list-style-type: none"> <li>• Increased bi-borough primary care prevalence of adults on obesity register**</li> <li>• Delivery of 3 Change4Life neighbourhood projects**</li> <li>• Delivery of the Westminster Superzone project**</li> <li>• Improving living conditions via maximisation of income of people on benefits and work to improve housing conditions**</li> </ul> | <p><b>Primary Care Development</b></p> <ul style="list-style-type: none"> <li>• Primary Care Networks**</li> <li>• Patient Access &amp; Technology**</li> <li>• Out of Hospital Services**</li> </ul>  | <p><b>Hospital discharge</b></p> <ul style="list-style-type: none"> <li>• Pathway 1*</li> <li>• Pathway 3*</li> <li>• Mental Health*</li> <li>• Housing**</li> <li>• Social Isolation**</li> </ul>   |  |
| <p><b>Vaccinations and Screening</b></p> <ul style="list-style-type: none"> <li>• Covid &amp; Flu Vax**</li> <li>• Cancer Screening*</li> </ul>   |  |  |  |

## Ways of Working

As we have progressed the organisational restructure, staff in the ICB have expressed considerable scepticism that the organisation will indeed adhere to a defined list of priorities when there are considerable pressures to react to further demands. To build confidence, we have used feedback from the Town Hall event to develop a set of principles:

1. **Priorities are collectively agreed upon and endorsed** - ensuring alignment across all program teams, boroughs, networks, and collaboratives, fostering understanding and endorsement of the priorities and their sequencing;
2. **Programme priorities are aligned with Borough requirements** - ensuring consistent delivery of priorities to the same standard and at the same time. This may necessitate some programs and boroughs to adjust their focus and adopt a more collaborative approach;
3. **Clear establishment and monitoring of deliverables and metrics for each priority** - with a single empowered lead overseeing each aspect;
4. **We are empowered to discontinue deprioritised work and to challenge additional tasks** - thorough scrutiny and review should be applied to any work that does not support a priority;
5. **Resource allocation is accurately aligned with priorities** - with some activities being halted and increased focus directed towards certain areas;
6. **Leadership is committed to upholding these commitments** - being prepared to push back against national and regional requests, while carefully considering the implications of any additional tasks.

## Overseeing implementation of the JFP

We will use the Joint Forward Plan to track our delivery against the milestones and actions in the priority areas and report these through the ICB performance processes. The performance report already contains a section on each of the ICS' programmes. Progress against the milestones and actions in the JFP should be reported through this route.

The Strategic Commissioning Committee is also establishing a cycle of strategic reviews. The reviews should follow a clear structure – starting with the relevant goals laid out in the JFP and progress towards them.

## Potential improvements

Statute requires the ICB to prepare a joint forward plan every year. The team working on the joint Forward Plan has collated the following suggestions to improve the process for next year:

- Make the link to the health and care needs of residents clearer (i.e., update North West London's shared needs assessment, drawing on JSNAs, each September);
- Start the JFP process earlier in year (September) so that:
  - The outputs can inform commissioning intentions in December;
  - Those outputs and commissioning intentions can inform NHS operational planning (rather than be developed in parallel to the operating plan);
  - Programmes and boroughs can prepare a more detailed one year plan drawing on the JFP; and
  - Engagement with health and wellbeing boards can take place from January to March, enabling a final JFP by the end of March.
- Strengthen clinical and professional contribution into the JFP process (e.g., holding a clinical advisory group summit to inform the prioritisation of the plan);

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- Strengthen input from partners (e.g., local authorities, voluntary sector, etc.). While partners were invited to the town hall meeting, and many partners sit on the ICS programmes who contributed to the JFP, this may not be the most effective way of inviting input;
- Strengthen the consideration of financial, workforce and other constraints in the JFP process, for example by supporting programme, borough and corporate teams with tools that will enable them to prioritise more effectively within the available resource.

### Next steps

The Board of the ICB was not asked to adopt the plan at its meeting in April, as statute requires that Health and Wellbeing Boards first comment on the draft Joint Forward Plan.

Health and Wellbeing Boards HWBs were sent the draft plan on 9<sup>th</sup> April, have been asked to provide their commentary, and specifically respond with their opinion as to whether the plan takes proper account of each relevant joint local health and wellbeing strategy. A number, though not all, have asked the ICB to present the plan at a HWB meeting.

The ICP should also be aware that NHS England’s revised guidance on the Joint Forward Plan, published on 20<sup>th</sup> March, sets a deadline of 30 June for the Joint Forward Plan to be shared with NHS England.

We are required to produce a five-year Joint Forward Plan before the beginning of each financial year. This provides us with the opportunity to update the plan as local and national priorities evolve. Our aim is to produce a draft by December of each year, giving Health and Wellbeing Boards to comment in January and February to allow publication by the end of March.

### Key dates

| Timing          | Activity/ milestone  |
|-----------------|--|
| <b>9 April</b>  | Draft Joint Forward Plan published.  |
| <b>17 April</b> | ICB Board considers Joint Forward Plan, and provides commentary.                                   |
| <b>May/June</b> | Health and Wellbeing Boards consider Joint Forward Plan, and provide their commentary and opinion. |
| <b>23 May</b>   | Consideration at Integrated Care Partnership   |
| <b>30 June</b>  | Deadline for submitting JFP to NHS England   |
| <b>July</b>     | Board formally signs off Joint Forward Plan.   |