



Meeting name:	West Yorkshire Integrated Care Board (ICB)
Agenda item no.	12
Meeting date:	Tuesday 16 May 2023
Report title:	Strategy and Planning Update – Joint Forward Plan
Report presented by:	Ian Holmes, Director Strategy and Partnerships,
Report approved by:	Ian Holmes, Director Strategy and Partnerships,
Report prepared by:	Esther Ashman, Associate Director of Strategy

Purpose and Action			
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input checked="" type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input checked="" type="checkbox"/>
Previous considerations:			
<p>West Yorkshire Health and Care Partnership Board – 6 March 2022                  West Yorkshire Health and Care Partnership Board – 6 September 2022                  West Yorkshire Health and Care Partnership Board – 6 December 2022                  NHS West Yorkshire Integrated Care Board Development Session – 16 August 2022                  NHS West Yorkshire Integrated Care Board Development Session – 18 October 2022                  NHS West Yorkshire Integrated Care Board – 17 January 2023                  NHS West Yorkshire Integrated Care Board – 13 March 2023                  West Yorkshire Place Health and Wellbeing Boards – August 2022 – February 2023</p>			
Executive summary and points for discussion:			
<p>The report provides an overview of the progress to date on the development of the West Yorkshire Joint Forward Plan. The Joint Forward Plan is a statutory document owned by the Integrated Care Board (ICB) and sets out the delivery of the NHS elements of the West Yorkshire Integrated Care Strategy.</p> <p>The report provides an overview of:</p> <ul style="list-style-type: none"> <li>• the statutory duties of the ICB</li> <li>• the proposed framework for the JFP</li> <li>• Progress to date on development of the JFP</li> <li>• Measurement and evaluation of the JFP</li> <li>• Development of an improvement approach to delivering the JFP</li> </ul> <p>Building on the ICB Board development session in February, the paper also sets out a number of strategic choices and a framework for prioritisation in terms of delivering the JFP. The Board are asked to consider and agree this framework in the context of the high level steer they provided in the development session.</p>			
Which purpose(s) of an Integrated Care System does this report align with?			
<input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system			

- ☒ Tackle inequalities in access, experience and outcomes
- ☒ Enhance productivity and value for money
- ☒ Support broader social and economic development

Recommendation(s)

Members of the West Yorkshire Integrated Care Board are asked to:

- Note and comment on the initial working draft of the JFP.
- Note, comment on and support the planned approach to ongoing engagement and approval of the JFP.
- Note and comment on the planned approach to improvement activity to support delivery of the JFP.
- Consider the approach to prioritisation set out in section 4.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

Appendices

Initial working draft of the West Yorkshire Joint Forward Plan

Acronyms and Abbreviations explained

Acronyms are explained in full in the attached paper

**What are the implications for?**

Residents and Communities	The West Yorkshire Integrated Care Strategy sets out the future ambitions for the residents and communities of West Yorkshire.
Quality and Safety	Quality and safety is embedded in our strategy and planning work.
Equality, Diversity and Inclusion	Equality, Diversity and Inclusion is embedded in our strategy and planning work.
Finances and Use of Resources	Headline messages from the financial plan are detailed in the report.
Regulation and Legal Requirements	The report sets out the way in which we are meeting the legal requirements and regulation set out in the Health and Care Act 2022 around strategy and planning.
Conflicts of Interest	-
Data Protection	-
Transformation and Innovation	The West Yorkshire Integrated Care Strategy sets the foundation for transformation and innovation, with the emerging Joint Forward Plan providing the detail to deliver this.

Environmental and Climate Change	Climate change is one of the ten big ambitions in the strategy and will be woven through all plans within the Joint Forward Plan.
Future Decisions and Policy Making	The West Yorkshire Integrated Care Strategy provides the basis upon which future decisions and policy making is made alongside other national and regional documents.
Citizen and Stakeholder Engagement	Citizens and stakeholders have been and continue to be engaged and consulted on throughout this work.

## West Yorkshire Strategy and Planning Update

### 1. Purpose

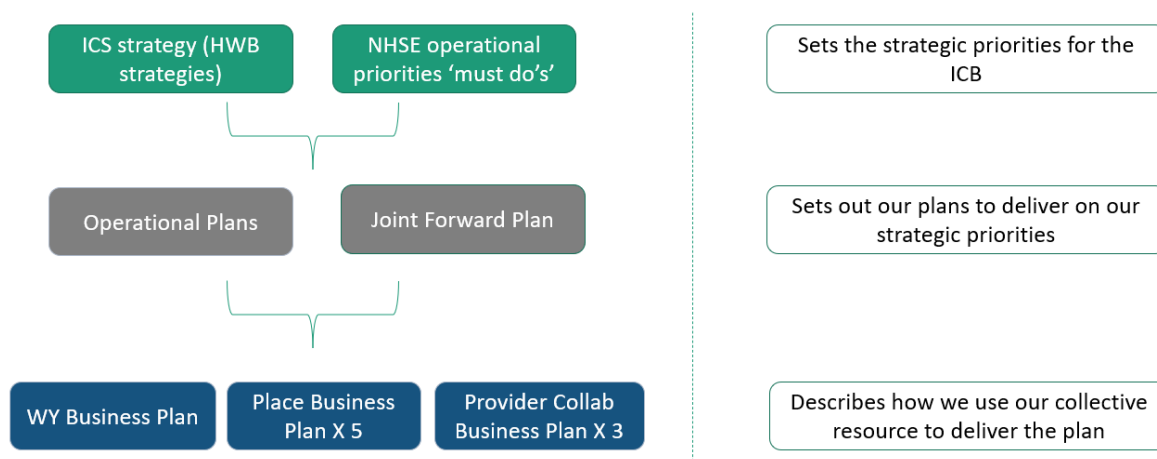
- 1.1 To provide the Board with an update against work to develop the West Yorkshire Joint Forward Plan (JFP) including sharing an early working draft of the plan, progress and plans for engagement and approval of the plan.
- 1.2 Members of the West Yorkshire Integrated Care Board are asked to:
  - Note and comment on the initial working draft of the JFP.
  - Note, comment on and support the planned approach to ongoing engagement and approval of the JFP.
  - Note and comment on the planned approach to improvement activity to support delivery of the JFP.
  - Consider the approach to prioritisation set out in section 4

### 2. Background

- 2.1 The Health and Care Act 2022 set out new statutory arrangements for health and care systems including the creation of Integrated Care Boards. As part of these changes, requirements were set out for the development of Integrated Care Strategies which would be owned by Integrated Care Partnerships (for West Yorkshire this is our Partnership Board) and JFPs which would be owned by Integrated Care Board and would describe the delivery of the NHS elements of this strategy.
- 2.2 [Guidance on the preparation of Integrated Care Strategies](#) was published in July 2022, setting out the purpose of the strategy, Health and Wellbeing Boards (HWBBs) and subsidiarity, proposals for who to engage with in the production of the strategy and proposed content. The guidance broadly fit with our existing strategy published in February 2020 and aligned to the ethos and principles of how we work in West Yorkshire. The guidance set out a requirement to have a strategy published in a comprehensive draft by December 2022.
- 2.3 On the 23 December 2022, [guidance on developing the joint forward plan](#) was also published. The guidance supports integrated care boards (ICBs) and their partner NHS trusts and foundation trusts to develop their first 5-year joint forward plans with system partners. The guidance also sets out a flexible framework for JFPs to build on existing system and place strategies and plans, in line with the principle of subsidiarity. It also states

specific statutory requirements that plans must meet and the duties to which the ICB must adhere.

- 2.4 The guidance for the development of JFPs was published alongside the guidance for operational planning (which provides the detail of year one of the JFP) and both need to be considered alongside each other. The operational planning guidance is available [here](#).
- 2.5 The strategy, JFP and operational plan are integral parts of our business planning cycle as outlined in the diagram below and will feed into the process to review our operating model.



- 2.6 The JFP guidance sets out that ICBs and their partner trusts have a duty to prepare a first plan before the start of the financial year 2023/24 – i.e. by 1 April. For this first year, however, it was agreed that the date for publishing and sharing the final plan with NHS England, integrated care partnerships (ICPs) and HWBBs, is 30 June 2023.
- 2.7 There is a requirement for ICBs to consult with those for whom they have core responsibility (ie the public) and anyone else considered appropriate. This includes consulting with Partnership Board and NHSE as part of this process. ICBs and their partner trusts must involve relevant HWBBs in preparing or revising the JFP. This includes sharing a draft with each relevant HWBB and consulting relevant HWBB's on whether the JFP takes proper account of each relevant joint local health and wellbeing strategy. As set out in the March ICB Board, we undertook this consultation from the 10<sup>th</sup> January to the 20<sup>th</sup> February and a copy of the final report is available [here](#).

### 3. Progress to date

#### Developing the document

- 3.1 As set out in the update to the March ICB Board, in the same way that we have developed our five year strategy, we are working closely across the West Yorkshire programmes and local places to develop our plans. It was agreed early on in the process that the JFP itself would include:
- Front end setting the context of the plan, summarising the strategy it is seeking to deliver;
  - A narrative setting out how we will work to deliver national requirements from NHS England and our local ambitions as set out in our ICS strategy.
  - Place plans which set out how they will deliver against the Long Term Plan, the 10 Big Ambitions, delegated functions from the ICB and priorities within their joint local health and wellbeing strategies.
- 3.2 An ongoing dialogue across the Partnership has begun as part of the process of development of the JFP including:
- Programme Board identifying their priorities for the next five years in order to deliver the strategy, applying the three tests to this work (is it a scale issue, a wicked issue or an opportunity to share promising practice wider) and developing a narrative for what has been agreed to carry out at a West Yorkshire footprint and what the trajectory and milestones for this are;
  - WY programme lead workshops to share priorities and identify where there are opportunities for intersectionality in their work; and
  - WY Programme and place discussions to consider emerging priorities over the coming five years and the detail of the operation plan for year one of this.
- 3.3 Carrying this engagement out as operational planning and joint forward plan leads together has strengthened the connectivity between the two processes. Further plans are already underway in terms of developing an approach to this work that continues through the year as part of an ongoing business planning cycle. This not only ensures that we are driving delivery of our plans but that we are also able to take an improvement approach to our work and to be able to successfully evaluate the plans during the refresh process each year.
- 3.4 Having submitted narratives for those areas of work which pass our three tests at West Yorkshire, programme leads are now reviewing the working draft. This review process includes:

- further consideration of their own areas and whether any amendments need to be made;
  - Consideration of metrics which could be used to monitor progress against outcomes in both the JFP and therefore the strategy; and
  - Consideration as to where there are opportunities for closer working together across programmes/places and providers in order to achieve our ambitions, including linking in to specialised commissioning.
- 3.5 In a similar process to the above, the working draft has also been shared with colleagues leading on the development of place plans. This supports development of place plans and provides the opportunity for identification of any duplication or gaps between place and programme.
- 3.6 Our enabling functions have also been asked to review the working draft, to consider whether there are any further areas required for including in enabling strategies to support the delivery of the JFP.
- 3.7 As part of the development of the plans, NHSE held a meeting in March with strategy leads from each of the four ICBs in the region to discuss approach and plans to get to the 30<sup>th</sup> June. All ICBs mindful of the local election period, set out a plan to work on an internal draft through March to April with an intention to share with Boards for comment in May. NHSE confirmed that they were happy with the approaches set out and with progress made to date.
- 3.8 Since the March ICB Board meeting, further operational planning submissions have been made and there are still further submissions due. There will need to be a sense check ensure that the operational plans – year one of our JFP – align with our overall JFP.
- 3.9 As we move through the process of refining the plan, we will continue to check against the Five Year Strategy to ensure that our JFP will indeed deliver the ambitions we have committed to.

#### Developing a way of measuring our success

- 3.10 Having a clear set of metrics through which we can measure delivery of our JFP and therefore deliver of our Five Year Strategy will be critical. Clear feedback has been given from the ICB Board, Partnership Board, JHOSC and local Health and Wellbeing Boards that this needs to be well developed and used to support evaluation and refresh of our plans. Work has been undertaken to date by each of the programme leads to identify measures for their respective areas, some of which are represented in the draft working copy of the JFP. There is targeted work still to be carried out to develop this further and this will be a key priority in getting to the 30<sup>th</sup>

June. It is also important to reflect the national asks through operational planning in the document given this represents year one of delivery of the JFP. This will be reflected in our refreshed Board dashboard.

#### Maintaining an improvement approach to our work

- 3.11 The work to refresh the strategy and develop our Joint Forward Plan (JFP) was the first phase in how we will change the way we work together across the partnership to achieve our vision. As we enter the next phase of our work, our goal is to integrate the capability and capacity we have created into delivering our vision through the JFP. In order to ensure that we deliver the JFP, we plan to build a system wide improvement ethos in our Partnership, facilitating a way in which we can learn and share together to ensure that we can achieve our strategic vision. This will require new ways of working and thinking across our partnership.
- 3.12 To do this we want to create a safe culture that will allow colleagues from across the partnership to share their challenges as well as their examples of promising practice and create an open space which gives colleagues from across the system the agency to collaborate with one another.
- 3.13 As part of this work we plan to build an ongoing series of quarterly improvement forums that will create a movement of to help deliver our refreshed strategy and facilitate an improvement culture in our Partnership. These forums will provide a safe space and open culture to ensure that anyone from across the Partnership will feel comfortable and keen to attend. We will use the system leadership tools developed through the refresh of the strategy, to support both the sharing of practice and the focused discussions around key areas of concern.

#### Governance and approval

- 3.14 The place plan elements of the JFP continue to be developed and will undergo their own place level governance processes. At present places intend to take their plans through local committees in:
- Kirklees
  - Wakefield
  - Leeds
  - Bradford
  - Calderdale
- 3.15 Following an early discussion with Joint Health Overview and Scrutiny Committee on the 28<sup>th</sup> February, it was agreed that a draft of the JFP would be taken for consideration at an early point in the process. It is planned that this will be considered at a further meeting before finalisation.



- 3.16 Whilst local Health and Wellbeing Boards (HWWB) will hold particular interest in place- based plans, there is also a statutory requirement for them to review and comment on the entire WY JFP. It is also a requirement to publish the opinion of each HWBB in the plan itself. Given the local election period most of the WY places will not hold a HWBB meeting now until June or July, it is suggested therefore, that draft copies are shared with Board members prior to the meetings to allow them to provide comment. Subsequently taking the plan to the next available meeting in June/July.
- 3.17 In terms of approval of the WY JFP, we are bringing the working draft to this meeting for engagement and comment. All comments arising from the meeting or submitted after the meeting will then be incorporated into the next draft of the document. The next meeting for the ICB Board is on the 18<sup>th</sup> July and it is planned that a final copy for approval will be brought for consideration.
- 3.18 A submission of the plan to NHSE will be required on the 30<sup>th</sup> June. It is proposed that the Board delegate sign off of the copy to be submitted to the Chair and Chief Executive of the ICB. This is with the caveat that final approval is not being made until the 18<sup>th</sup> July.

#### Monitoring, Evaluation and Review

- 3.19 The guidance sets out that ICBs and their partners trusts should review their JFP before the start of each financial year. They may also revise the JFP in-year if this is necessary although this will need to be considered at Health and Wellbeing Boards under the consultation requirements.
- 3.20 In order to be able to review our plans each year, the trajectories and milestones as described in paragraph 3.13 will be important in order to be able to carry out a meaningful and informative review. Our measures need to be not only achievable and clear, but the data needs to be readily available and analytic resources sufficient to be able to conduct the review. As an ICB and ICS which is committed to transparency and accountability to our public, being able to publish this information in a timely and meaningful way will be crucial.
- 3.21 In terms of the review of the JFP, this will be an integral part of our business planning cycle going forward, learning from year to year. The work we are undertaking to develop improvement processes through quarterly workshops will be an important supporting element of this review work.

#### **4. Strategic choices and prioritisation**

- 4.1 We have heard from partners the importance of using the JFP to prioritise out work. There is a balance to be held between the prioritisation and phasing of work of our work versus recognising the importance that the plan reflects the breadth of our accountabilities. We also want the plan to be a live and adaptive plan so that we can respond to issues which emerge through the lifetime of the plan.
- 4.2 As an ICB and a wider partnership we will strive to deliver improvement across the breadth of our accountabilities, we also recognise that there is a finite amount of leadership and transformation capacity (rather than business as usual delivery) and it will important that we prioritise this in the right areas.
- 4.3 Our Board development session in February considered some of these issues, and some of the high-level steers were as follows.

#### National versus local priorities

- There were a range of perspectives amongst Board members however there was recognition that delivery of the **national mandate as well as the wider WY strategic ambitions** are both important. There was a strong view that elective recovery and national targets should retain a focus, agreement on the use of capacity to support our wider ten big ambitions against this context however was a little more varied.
- There was a strong appetite for exploring new ways of using **the allocated dentistry budget** to ensure greater oral health for the WY population. It was acknowledged that this would bring greater risk to the ICB however, basing it on existing spend and aligning to existing health inequalities programmes of work would mitigate risk.
- There was a range of views on the level of prioritisation of capacity to support our mission on **social and economic development** however there was recognition of its importance in building greater health and wellbeing. Given the close links of this to our wider health inequalities work, the Boards overall commitment to the wider WY strategic ambitions supports continued investment in this area.

#### Finance and investment

- The Board acknowledged the difficulty of making choices around finance and investment in a challenging budgetary environment. They did however give a strong commitment to continuing to achieve the **mental health investment standard**.

- In terms of **primary care access** there was a strong support for continuing to support and invest in new ways of working in primary care and embracing new technology. There was however, an acknowledgement that this needs to be alongside and supporting traditional face to face access rather than replacing it.
- There were a range of views in terms of the development of differential investment into **community and voluntary, community and social enterprise (VCSE) organisations**. There was appetite to build capacity in this important sector however an acknowledgement that this is increasingly difficult in the current financial context. There was also a recognition that this needs to be aligned to our neighbourhood model of working.
- There was appetite to continue our work to build prioritisation of **social value** into our approach to procurement however a concern that this should not be at the expense of quality and cost considerations.

4.4 The six overarching themes from the consultation feedback provide a potential framework for prioritisation as follows:

- **Access to services** was the concern raised the most throughout the consultation. Particular concern was around better access to services via telephone and consistent access for services regardless of where people live in West Yorkshire. Access to primary care services is part of our ongoing work through the Fuller Board and the shaping of our approach to neighbourhood working in WY. Our work to develop consistent commissioning policies described in the draft JFP also supports ongoing work in this area.
- Feedback highlighted various concerns about equality and **health inequalities** for example children, older people and those with disabilities. We have a rich and diverse population in WY and building our plans from local joint strategic needs assessments which describe the different mix of people in our neighbourhoods helps us to target our work to improve outcomes. Our work on social and economic development and particularly our work with WYCA are an important element of our work to address health inequalities.
- Ensuring that our services are **co-ordinated and joined up** was an important theme raised. To make a difference through our JFP, we need to put in place the steps to allow us to work cohesively across the wider system, removing duplication and proactively seeking out

opportunities to better join up. This is a key part of work on primary, secondary and in the future tertiary services in WY.

- A **workforce** which provides the right level of capacity to deliver our services continues to be an issue. Recruitment to and retention of our workforce is critical to ensuring that we both deliver business as usual and transform services.
- **Getting the basics right** in a way which ensures delivery of services in a safe and high quality way is a key theme raised in the consultation. Through aligning the operational plan to the JFP we have been able to set out how we continue to have a focus on the here and now as well as delivering a strategy for the future.
- There was a recognition in the consultation that **funding for health and social care** is a concern. As the public sector continues to see diminishing budgets in real terms, the focus on transformation and efficiency needs to be stronger. A system group is being established at system-level to focus on transformation and efficiency in our system. Particularly focusing on those issues where a West Yorkshire response will have a more positive impact (or likelihood of success) or where the sharing of good practice or ideas will support other partners. This work is relatively early in its development and will need to feature more strongly in the final version of the JFP.

## 5. Next Steps

- 5.1 Leading up to the 30<sup>th</sup> June, work will continue to be undertaken to evolve and refine the working draft of the JFP as described in this paper. Places will continue to develop their local plans in line with their own local governance and working towards the same timelines as the overall JFP.
- 5.2 The WY elements of the draft will also continue to develop over the coming weeks, including a process to ensure that the place and WY plans knit together in a way which will ensure delivery of our overall ambitions.
- 5.3 As part of our business planning cycle, how we organise ourselves to deliver will be a key element of its success. The Five Year Strategy and JFP will therefore need to be considered as part of the work to refine the WY ICB operating model. It is anticipated that there will be significant learning in relation to functions, programmes and boards which may arise as a result of the development of our plans, all of which will also need to feed into the operating model work.

## 6. Recommendations

6.1 Members of the West Yorkshire Integrated Care Board are asked to:

- Note and comment on the initial working draft of the JFP.
- Note, comment on and support the planned approach to ongoing engagement and approval of the JFP.
- Note and comment on the planned approach to improvement activity to support delivery of the JFP.
- To consider the approach to prioritisation set out in section 4.