



Humber and North Yorkshire
Health and Care Partnership

For discussion: Joint Forward Plan

Introduction

- Integrated Care Boards with their Partners have a statutory duty to prepare a 5-year Joint Forward Plan (JFP). The purpose of the JFP is to describe how the health and care system will arrange and/or provide NHS services to meet their populations needs. Systems have flexibility to determine the wider scope of their Joint Forward Plan .
- Health and Wellbeing Boards should be involved in the production of the Joint Forward Plan and this presentation provides an opportunity to Board members to provide feedback at the early drafting stage.

Section 1: How will we deliver?

- This section will focus on integration and health inequalities, setting out how Place and Sector collaboratives will deliver the vision over 5 years. This will reflect the priorities and plans set at place with Health and Wellbeing boards that deliver the ambition and vision of the strategy.

Section 2: Enabling the conditions to achieve the vision

- This section will provide an ICB wide overview of how we are meeting the legal requirements set out by NHSE.

Section 1: Delivery through Place and Sector Collaboratives and addressing the needs of specific groups

Setting out how Place and Sector collaboratives will deliver the vision for integration and health inequalities over the next 5 years.

We have consistently emphasised the importance of place-based partnerships and our whole system operating model has been developed with Place at the core. Places will:

- Deliver integration and service transformation in line with Place priorities and as required to deliver outcomes for the population
- Address health inequalities at a Place level

Sector collaboratives bring the provider delivery partners together to transform services at scale, doing things once to share learning and reduce variation, working closely with place partners.

The sector collaboratives are responsible for:

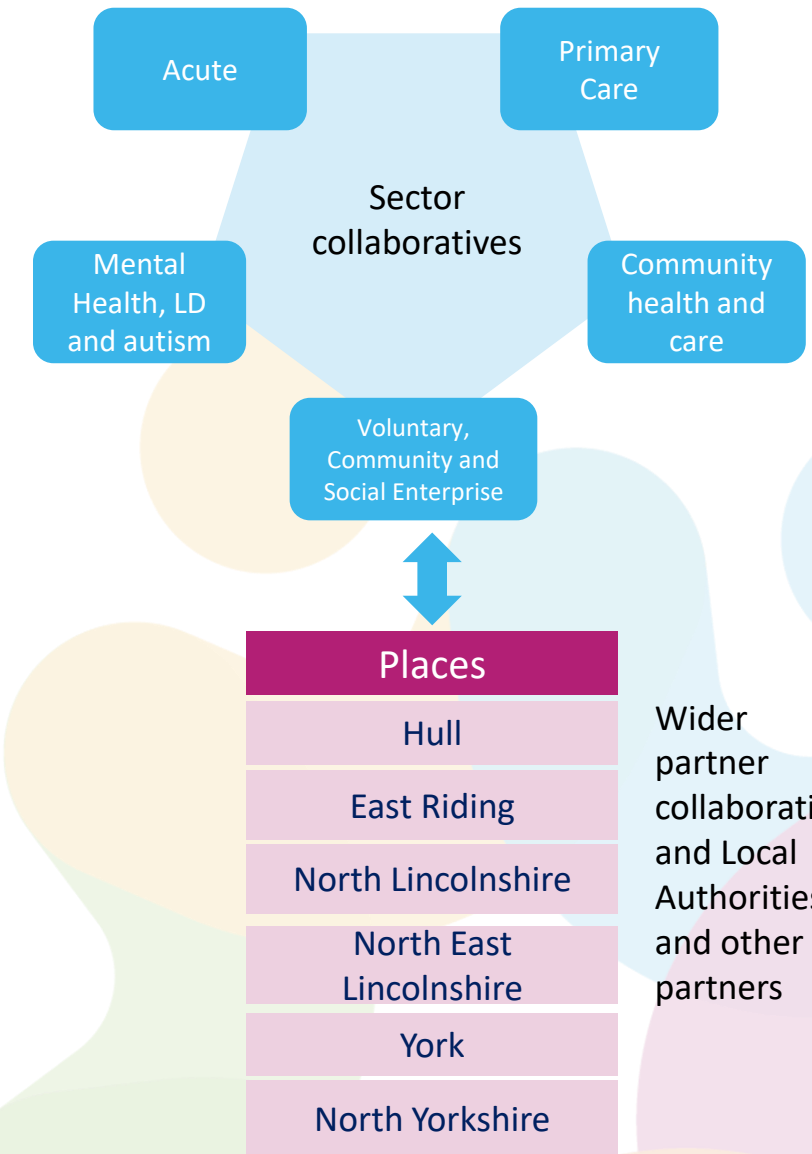
- Delivery on key targets
- Act between provider members, place, and other delivery partners to deliver transformation at scale, as part of the ICB strategy
- Provider and service strategic transformation.



Our principles

- Consistency, not Conformity
- Safe and Prudent
- Evolution, not Revolution
- Delegation & subsidiarity, where appropriate
- Local Autonomy
- Partnership
- Shared Vision, Values and Objectives

Our model



For more information see the ICB Functions and Decision Map PowerPoint Presentation (icb.nhs.uk)

Delivery through Place: York Health and Care Partnership Priorities

Priority	What will this mean for citizens?
Strengthen York's Integrated Community Offer	Greater access to personalised support and integrated care outside of hospital, tailored support that helps people live well and independently at home for longer.
Implement an integrated UEC offer for York	A safe, reliable, and resilient service where duplication is reduced, providing remote visits on a 24/7 basis to provide a better experience for patients.
Further develop Primary/Secondary shared-care models	Developing shared care models between patients, GPs and specialists, so patients receive a personalised, seamless and holistic care experience.
Develop a partnership based, inclusive model for children, young people, and families	Working together for children, young people, and families to raise a healthy generation of children.
Embed an integrated prevention and early intervention model	A shift to prevention and early intervention across the life course, enabling people to live a healthier, longer life, reducing the gap in health inequalities between the most and least deprived communities in York.
Drive social and economic development	Working at the heart of our communities to use and grow the assets we have, maximising our collective capability, working in partnership taking a cradle to career approach.

Delivery through collaboratives: HNY Collaborative Priorities

Collaborative	Priorities
Community Health and Care Sector	Embed alternative community pathways to avoid admissions to hospital Improve patient flow supporting wider elective recovery Embed digital innovations to support admission avoidance, improve discharge and support digital pathways of care Increase system wide understanding of wider community resources
Voluntary, Community and Social Enterprise	Support the approach to engagement and involvement across the ICB Reduce inequalities Increase the voice of patients and the public Support wider system development
Primary Care	A supported, sustainable workforce that is empowered to innovate Learning from each other and scaling-up when it's right Access that meets the changing needs of our populations A focus on population health and inequalities to level up
Mental Health, Learning Disability and Autism	Transformation of services: community, urgent and emergency care, perinatal and maternal, children and young people, learning disabilities and autism. Targeted work in: Suicide prevention and bereavement support, digital solutions, diagnostic pathways for dementia, Individual Place Support (IPS), roll out of equipment to support the delivery of health checks in primary care for people with Serious Mental Illness (SMI)
Acute Providers	Clinical Programmes: Cancer Alliance, Elective Recovery, urgent and emergency care, Diagnostics Clinical Support Programmes: Health Inequalities, Digital, Workforce Corporate Programmes (quality, productivity and efficiency): procurement, planned care strategy (supporting fragile acute services) Provider Collaborative Development: governance and working arrangements, OD and leadership

Addressing the needs of specific groups

Focus	Areas of work
Population Health, Prevention and Health Inequalities	<p>The ambition of the Population Health and Prevention Executive Committee is to improve outcomes in population health and healthcare: Core20Plus5 for Children and Adults, Prevention and Risk Factors, Public Health Functions, Population Health Intelligence.</p>
System developments – specialised commissioning	<p>Working jointly with Integrated Care Boards and NHS England in Yorkshire and the Humber to phase the implementation of specialised services commissioning. We expect that the benefits will be to support quality improvements and reduce inequalities by better integration of patient pathways.</p>
Children and Young People	<p>The vision for all our Children & Young People's is to start well, enabling them to live and age well and if their life is shortened, to end their life well.</p> <p>The priorities are diabetes, epilepsy, asthma, increasing access to dental services, palliative and end of life care, early support and intervention, urgent and emergency care, personalised care, maternity and neonatal care.</p>
Victims of domestic abuse	<p>ICBs have a duty to do a strategic needs assessment and produce a plan to tackle serious violence with partners, in response to new Statutory Guidance aiming to prevent and reduce serious violence. We will:</p> <ul style="list-style-type: none"> • Understand where violence reduction units are already established. • Identify where new services will need to be commissioned • Review data sharing to both support interventions but also to identify prevention activities and the sharing of good practice • Identify training and guidance required to support implementation of our plans and the new statutory duties.

Section 2: Enabling the conditions to achieve the vision

How we are meeting the requirements of Integrated Care Boards

Enabling the conditions to achieve the vision

Focus	Information to be included
Duty to have regard to wider impact of decisions	Finance, estates, our contribution to climate change – working towards compliance with section 1 of the Climate Change Act 2008 (UK net zero emissions target) and section 5 of the Environment Act 2021
Duty to improve quality	Delivering our duty to improve quality across the life course Priorities: maternity, children and young people, learning disabilities and autism
Duty of involvement	Individual involvement Involving the public Patient choice
Duty to reduce inequalities	Population Health Management Connected population health work across our 6 places and 5 collaboratives Education and training Measurement
Enabling and capacity and capability	Innovation Education and training Workforce/ people
Creating an enabling infrastructure	Clinical effectiveness Data/digital Procurement/supply Supporting wider social and economic development

Next steps

- The JFP will build on existing engagement and planning processes in the ICB so a formal consultation process is not envisaged. The plan is being discussed at the HWB for each Place.
- Feedback will be considered and fed back to the ICB executive team.
- The JFP is in the early drafting stage, future iterations will include actions for the next 12 months which are being developed by Place, Collaborative and ICB leads.
- There will be no formal sign off or assurance process from NHS England but a peer review process is being led by NHSE regional teams.
- NHS England has specified 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. The local elections may cause a delay for some areas in publishing by 30 June – we are working through final deadlines with the ICB and will provide an update at the next HWB.

Delivering our priorities to support national, system and local strategic and operational plans

Strategy

NHS Long Term Plan and Operational Planning Priorities
Core20PLUS5 CYP and Adults
Our health needs (York's JSNA)

HNY ICP Strategy
Vision: Start Well, Live Well, Age Well, Die Well
Intentions: Create conditions to Think Person, Think Family, Think Community

York Health and Wellbeing Strategy 2022-2032 Six Big Ambitions

- Become a health generating city
- Prevent now to avoid later harm.
- Start good health and wellbeing young.
- Make good health more equal across the city.
- Work to make York a mentally health city.
- Build a collaborative health and care system.

Supported by the delivery of the York Health and Care Partnership's Priorities

Strengthen York's Integrated Community Offer	Implement an integrated UEC offer for York	Further develop Primary/ Secondary shared-care models	Embed a prevention and early intervention model	Develop a partnership based, inclusive model for children, young people, and families	Drive social and economic development
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Enablers: partnership working at place and across ICB, links with other local plans, workforce, quality, population health, finance, estates, digital, BI, quality and safety, communication, coproduction and engagement.

Delivery through integration

Our health needs (York's JSNA)

Preventable ill-health: 1 in 10 smoke, 2 in 3 adults overweight or obese, and 1 in 7 live with depression.

Widening inequality gaps: Healthy life expectancy, health of those living with a learning disability, school readiness.

York's 'red flags': Alcohol consumption/admissions, multiple complex needs, drug related deaths, student health.

Economic factors: Lower than average income, 10% of children living in poverty, housing affordability gap.

Changing demographics: Aging and growing population, increases in hospital, social care and GP usage.

Mental Health: U18s admissions for MH need, high prevalence of common MH illness, high suicide and self-harm rate.