Joint Forward Plan – Update





Joint Forward Plan

- National guidance states that each ICB must publish a five-year Joint Forward Plan setting out how they propose to exercise their functions, which must be shared with NHSE by 30th June 2023.
- Whilst legal responsibility for the JFP lies with the ICB, systems have also been encouraged to use the JFP to develop a shared delivery plan for the integrated care partnership strategy. This is the approach we are taking in Greater Manchester
- Guidance from NHSE describes that the plans should be:
 - Fully aligned with the ambitions of the wider partnership
 - Build on local strategies and plans and reflect universal NHS commitments
 - Delivery-focused
- Whilst the JFP will cover 5 years, it will necessarily be more detailed in terms of the first two years.

Update on Process

- Greater Manchester Integrated Care Partnership
- The first draft is complete (see later slides) and is with key system leads for comments and addressing gaps
- We have set out proposed delivery and system leadership for each of the missions
- We have developed a model for the Performance and Accountability Framework to track delivery of our strategy and plan
- We will be providing a summary of each Locality Plan and have requested (via Deputy Place-Based Leads) each Locality to confirm that we have the latest version of the plans. We will share the summaries for comment
- We are tracking and wrapping in the work informing the recovery of finance and performance recognising the significant focus this will provide on reducing admissions, achieving flow, reducing the backlog and improving productivity in the first year
- It is also intended to develop a clear 3 year roadmap to system sustainability. That will relate strongly to the work on the recovery programme, but capture and quantify the contributions across the full plan

Developing the Content



Stage 1 (In Progress)

Populate the Document with content from existing strategies and plans. Focused on:

Actions

Metrics

Resources to deliver and

Accountability for delivery



Stage 2 (Early May)

Address gaps in content with relevant leads



Stage 3 (by early June)

Circulate draft document to stakeholders with key questions to respond to

JFP Structure



Chapter	Content	Information Sources/Drafting Process
Foreword	Sir Richard Leese/Paul Dennett	WH/PL to draft
Introduction and Context	Short intro to GM systemOur strategic challengesOur Opportunities and Assets	ICP Strategy23/24 Operational Plan
Our Strategy	Summary of the ICP Strategy – vision, outcomes, shared commitments, missions, ways of working	ICP Strategy
Delivering the Strategy	 The Key System Objectives and Actions to Deliver the 6 Missions (See next slide for structure) Roles and Responsibilities in Delivery Metrics and Ambition Role of ICB and other partners in enabling change 	 ICP Strategy 23/24 Operational Plan PWC and Carnall Farrar reports Range of current system plans – inc. Locality Plans ICS Operating Model – Refreshed to take Account of All of the Above Input from System Leads and Round Table Sessions – See Additional Slide
Tracking our Delivery	Performance Framework	 Based on WHO Framework and populated with SOF metrics, GMS metrics and other key measures

Chapter: Delivering the Strategy – Example



Mission: Strengthening our communities

Description of Mission

• Short description from ICP strategy

Focus area: Scale up and accelerate delivery of neighbourhood model

- Describe area of focus and set out 3 or 4 key actions e.g. Continue to develop social prescribing in Primary Care Networks, coordinate our response to poverty, Expand community-based mental health provision, Equip people with the skills, connectivity and technology to get online
- Metrics and Ambition

Then repeat for other areas of focus

Leadership Arrangements

• Describe ownership of mission and actions – both in terms of delivery and system leadership

Delivery of the Missions

Key Actions and Proposed Accountability

Greater Manchester Integrated Care Partnership

Our Missions – Overview





Strengthen our communities

We will help people, families and communities feel more confident in managing their own health



Help people to stay well and detect illness earlier

We will work together to prevent illness and reduce risk and inequalities



Help people get into, and stay in, good work

We will expand and support access to good work, employment and employee wellbeing



Recover core health and care services

We will continue to improve access to high quality services and reduce long waits



Support our workforce and carers at home

We will ensure we have a sustainable, supported workforce including those caring at home



Achieve financia sustainability

We will manage public money well to achieve our objectives



Proposed Accountability Arrangements

- Delivery Leadership the board/organisation accountable for driving change and improvement in the relevant part of the system. This recognises that the key responsibility for bringing together and driving delivery will sit with Locality Boards, providers and provider collaboratives
- System Leadership This recognises the board/group accountable for creating the system-wide conditions, frameworks, and standards to enable delivery



Strengthening our communities

Delivery Leadership: Locality Boards

System Leadership: Population Health Board

Areas of focus	Actions
Scale up and accelerate	Continue to develop social prescribing in Primary Care Networks
delivery of person-	Coordinate our response to poverty
centred neighbourhood	Expand community-based mental health provision
model	Living Well at Home
	Equip people with the skills, connectivity and technology to get online
Develop collaborative	Embed the VCSE Accord
and integrated working	Deliver a GM-wide consolidated programme for those experiencing multiple
	disadvantage
	Enable a system-wide shared vision and action for children and young people (CYP)
Develop a sustainable	Secure a greener Greater Manchester with places that support healthy, active lives
environment for all	Progress the NHS Net Zero climate change contribution



Helping people stay well and detecting illness earlier

Delivery Leadership: Locality Boards

System Leadership: Clinical Effectiveness and Governance Committee (CEG); Population Health Board

Areas of Focus	Actions
Tackling health inequalities	Reducing health inequalities through CORE20PLUS5 (adults and children)
	Monitoring and targeting of unwarranted variation in outcomes
Healthy behaviours	Tobacco
	Alcohol
	Food and Healthy Weight
	GM Moving
Reducing illness	Cancer screening
	Early detection e.g. hypertension
	Secondary prevention - CVD
	Expanding the use of tools for finding people at risk of poor health
Anticipatory care	Preventing falls and supporting frailty consistently across GM
	Helping people stay at home
	High intensity proactive care



Helping people get into, and stay in, good work

Delivery Leadership: Locality Boards

System Leadership: Population Health Board; Reform Board

Areas of Focus	Actions
Increase scale of work and	Expansion of our Work and Health Models
health programmes	Focus work and health support on excluded groups
Develop good work across	Working with employers on employee wellbeing through the GM Good
all employers	Employment Charter
Increase the contribution of	Implementing the Greater Manchester Social Value Framework
the NHS to the economy	Developing the NHS as an anchor system

Recovering Core NHS and Care Services

Delivery Leadership: Locality Boards and PFB

System Leadership: System Boards; Finance and Performance Recovery Board

Areas of Focus	Actions
Improving urgent and	Access to urgent care in the community
emergency care and flow	Admission/Attendance Avoidance
3	Acuity and complexity
	Discharge
	Increasing ambulance capacity
	Improving emergency department processes
Reducing elective long waits and	Overall coordination
cancer backlogs, and improving	Restoring NHS services inclusively
performance against the core	Surgical Hubs
diagnostic standard	Theatre utilisation
	Cancer Care
	Reducing waiting times in cancer
	Diagnostics
	Digital opportunities for recovery
Improving service provision and	Making it easier for people to access primary care services, particularly general practice
access	Ensuring universal and equitable coverage of core mental health services
Improving quality through	Overall coordination
reducing unwarranted variation	Maximising capacity
in service provision	Using virtual wards
- -	Reducing inequalities in access to care
	Enabling effective outpatient activity





Supporting our workforce and our carers at home

Delivery Leadership: NHS Trusts, Primary Care providers, Local Authorities, Social Care Providers, VCSE Organisations

System Leadership: GM People Board

Areas of Focus	Actions
Developing good	Increase in membership of the Greater Manchester Good Employment Charter and
work in health and	payment of the Real Living Wage in health and care
care	Improving workforce wellbeing
Growing and	Grow and develop our workforce
developing the	Develop productive capacity
workforce	Workforce Integration
Addressing	Addressing workforce inequalities
inequalities	Strengthening leadership and accountability for addressing inequalities
Supporting carers	Provide more consistent and reliable identification and support for Greater Manchester's
	unwaged carers



Achieving financial sustainability

Delivery Leadership: Locality Boards; PFB

System Leadership: ICB; Finance and Performance Recovery Board

Mission/areas of focus	Actions
Finance and Performance Recovery Programme	System recovery programme based on drivers of
	operational and financial performance
Developing Medium Term Financial Sustainability	Development of three-year financial plan
Plan	
Taking system-wide action	Develop and implement a comprehensive system
	wide programme
	Identify factors from successful system working to
	implement the programme

Performance and Accountability Framework



- A key feature of the JFP will be the Performance and Accountability Framework to enable
 us to track delivery of our Strategy and Plan
- The Framework needs to incorporate the core NHS and care operational metrics but also a broader set of indicators to reflect our approach to improving population health
- We propose to use a modified version of the World Health Organisation Health System
 Performance Assessment (HSPA) Framework (as modified by the University of Manchester
 research team) as the basis to track delivery of our Strategy
- The Framework covers the two aspects of ICS performance:
 - The performance of the health system, which is primarily defined by NHSE, as the funders of the system, through their operating framework and other national requirements
 - The performance of the whole system (including wider partners) and in particular the contribution of the health system to societal goals
- We are working with BI colleagues to populate the Framework with current data for its incorporation into the JFP

Updated Timetable



DATE	KEY TASKS
4 th May	Resubmission of Operational Plan
9 th May	Agree JFP Process with JPDC
12 th May	Complete First Draft and Share with NHS GM Exec
15 th May	Share Draft with Key Leads for Review – Addressing any Gaps
26 th May	Share Updated Draft with system partners for comment on set of questions – including the 10 HWBs
14 th June	Complete update of Document following comments
21st June	Sign off JFP at Integrated Care Board
30 th June	Publication of JFP