



**North East London
Health & Care
Partnership**



North East London

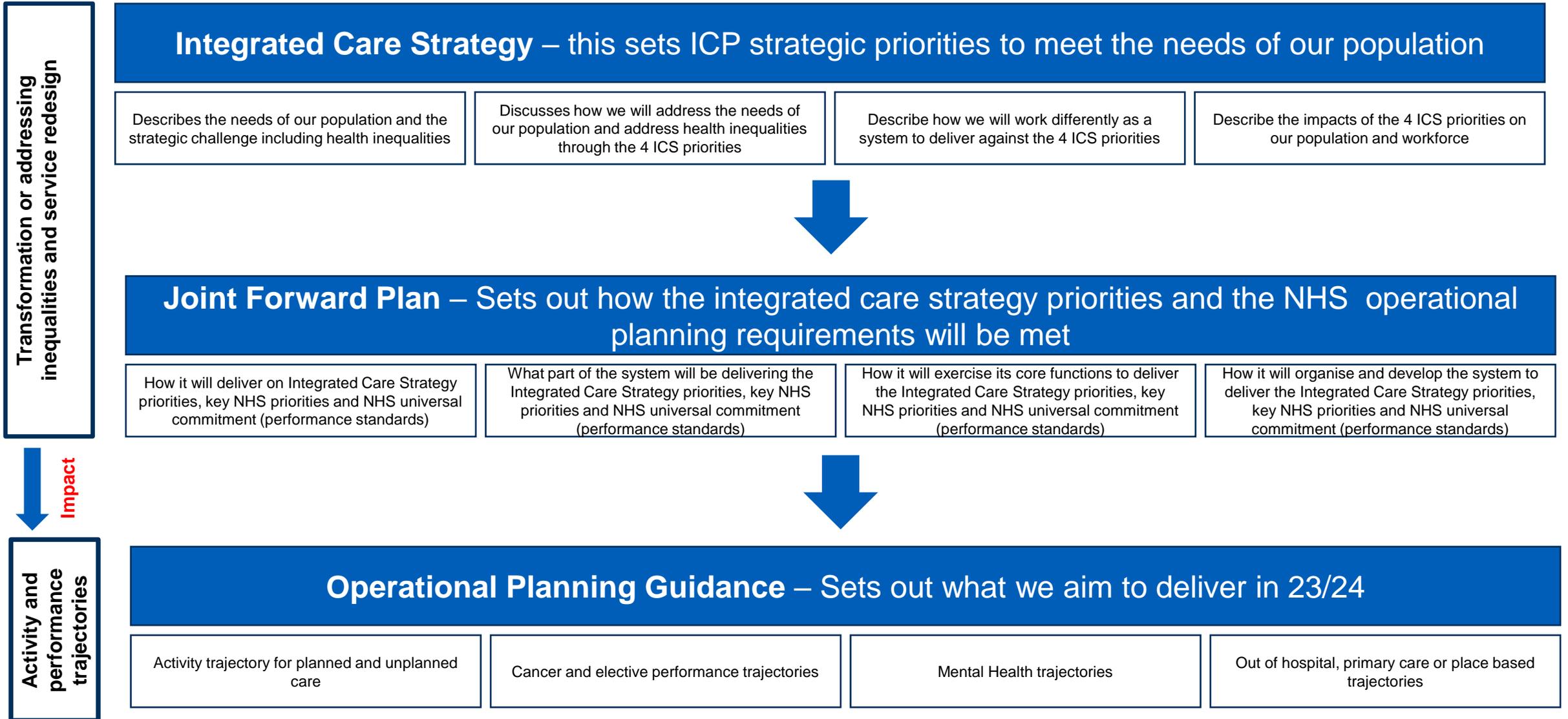
Joint forward plan update ONEL JOSOC

Johanna Moss – Chief Strategy and Transformation Officer

Introduction to Joint Forward Plan (JFP)

- The **Health & Care Act 2022** requires each Integrated Care Board (ICB) in England, and their partner NHS trusts and foundation trusts, **to produce and publish a Joint Forward Plan (JFP)**.
- As well as setting out how the ICB intends to meet the health needs of the population within its area, the JFP is expected to be a delivery plan for the integrated care strategy of the local Integrated Care Partnership (ICP) and relevant joint local health and wellbeing strategies (JLHWSs), whilst addressing universal NHS commitments.
- As such, the **JFP provides a bridge between the ambitions described in the integrated care strategy developed by the ICP and the detailed operational and financial requirements contained in NHS planning submissions**.
- ICBs and their partner trusts should review their JFP before the start of each financial year, by updating or confirming that it is being maintained for the next financial year. They may also revise the JFP in-year if they consider this necessary.
- The purpose of the JFP is to describe how the ICB, its partner NHS trusts and foundation trusts intend to meet the **physical and mental health needs of their population** through arranging and/or providing NHS services addressing the **four core purposes of the ICS, the universal NHS commitments and meeting the legal requirements of the guidance**.

Relationships between strategy and plans



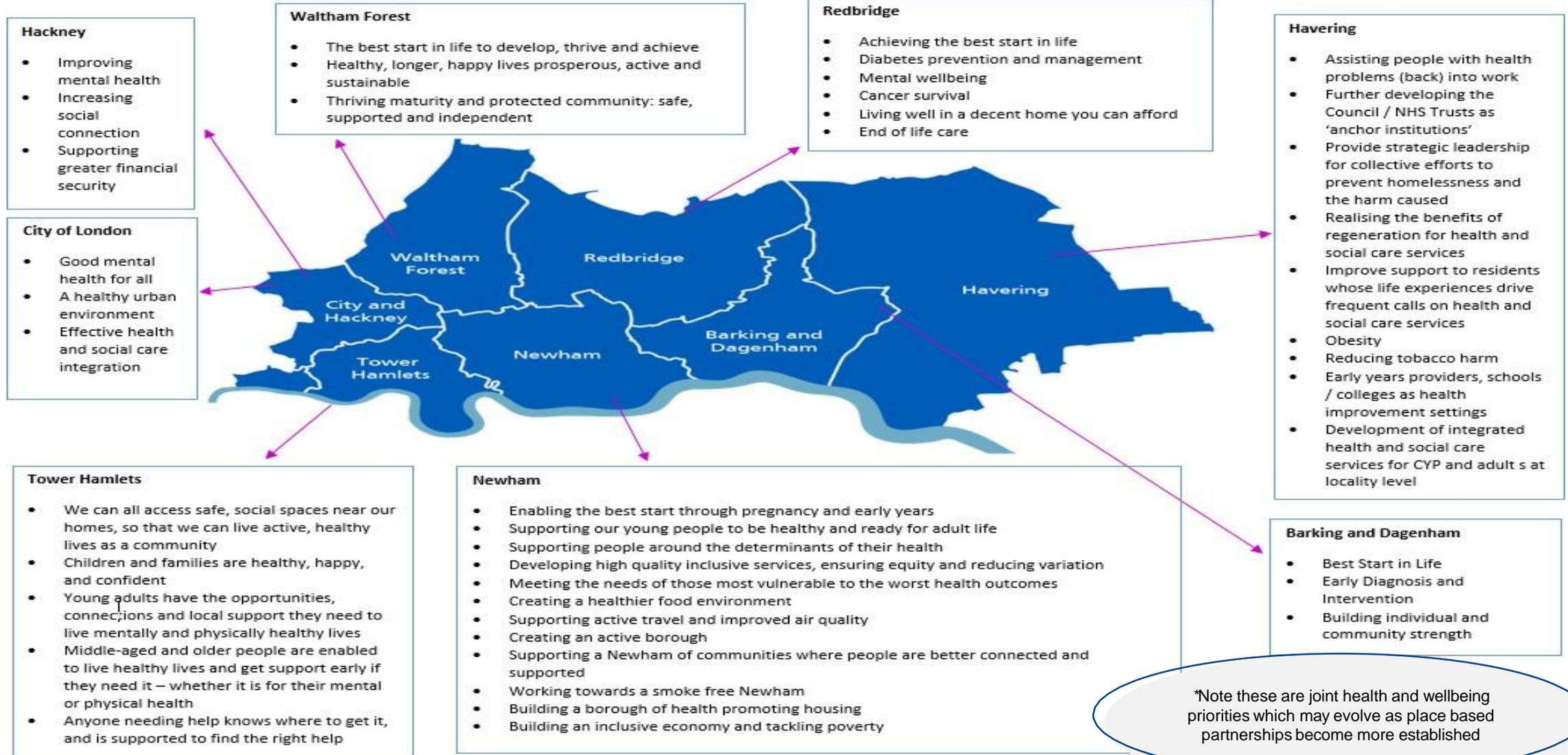
Development of the Joint Forward Plan (JFP)

- As a delivery plan for the north east London (NEL) Integrated Care Strategy, we have worked with our partners, including the seven Places to develop the JFP. Importantly, this is where our people live and where they are part of their local community with its local priorities and services.
- This plan outlines how we are working together as part of a wider system where we are addressing health and care needs and improving services everywhere across north east London.
- A first draft was completed by the end of March, and since then, we have engaged with our Health and Wellbeing Boards, our Place-based Partnerships and our Provider Collaboratives as well as wider partners to ensure alignment to partner plans and to identify any gaps.
- Based on the feedback we have updated the JFP and it will be published on the web at the end of June. A short summary is included below, and the full document is available as an appendix.

Key changes incorporated in the final version

- We have updated certain sections where the content has moved on, such as finance and workforce to ensure alignment with new and emerging strategies.
- We have enhanced certain sections, such as inequalities and inclusion, to ensure full representation of the range of work underway in these key ICS priorities.
- We have reviewed some of the terminology to ensure consistency.
- We have also received feedback related to how we work as a system. As a response we have added a slide called 'We will continue to evolve as a system'. Further work will be taken forward with our partners around system development, design of a new system planning cycle and how we will strengthen the way we measure the impact of our programmes.
- We have added a slide on how we have engaged and aligned with health and wellbeing board priorities.

Strategic alignment with local health and wellbeing priorities across NEL



Next steps

Next steps

Building on our learning from the process this year, we are now looking to co-design a system planning cycle with our partners over the summer that will bring together and streamline different planning processes to optimise the way we plan.

While we will continue to respond to any further central guidance issued, our approach will be primarily geared towards bringing local partners together with local people to tackle knotty issues and develop innovative solutions for the short, medium and longer term.

We have outlined the proposed high-level steps below:

July:

- System wide workshop to co-design the system planning cycle

September and October:

- Workshops with partners and local people to test our strategic context and the outcomes we want to achieve based on outputs from the Big Conversations

October to December:

- Theme-based workshops to test the current transformation programmes, their alignment with the strategy and the operational priorities feeding into a refresh of the Joint Forward Plan for 24/25

January to March:

- Work with partners to develop our operational plan as a system

Areas for further development

- The JFP outlines the key programmes at place and system level where we have visibility of them but we recognise that there is more to do to identify the full breadth of transformation activity across all partners / parts of the system and to develop this into a system plan aligned to our strategy.
- We have also heard from our social care and care provider partners that there is more we need to do to integrate plans and work programmes across our whole system building on some of the foundations that are in development such as the work on local authority data sharing.
- As we design our processes for next year, kicking off after the summer, we will be working with Place-based Partnerships to ensure that care partner plans and priorities are fully reflected in local priorities as well as utilising opportunities for regular engagement and involvement with groups at the system level such as the DASS and DCS groups and Care Provider Voice forum.
- We will also explore how we can present the JFP differently in future to make it easier for our places to navigate from a local perspective.



**North East London
Health & Care
Partnership**



North East London

Summary – North East London (NEL) Joint Forward Plan

Introduction

This Joint Forward Plan describes how the local NHS and our partners (Local Councils, charities, voluntary groups and others) plan to improve the health and care of local people for the next five years.

We can't simply keep doing what we do now. More and more people are moving into our area and we already have some of the worst pockets of poor health, and the longest waits to see GPs or get treatment in hospitals and A&E in London.

Our residents also have some of the highest rates in the country for child and adult obesity, diabetes and heart disease. Many are living in poor or insecure housing and in low income families which lead to poorer health.

That's why local doctors, hospitals, Councils, voluntary groups and community services such as mental health, must work better, and smarter, to use the limited money and staff available to us to improve things for everyone. This document tells you how we plan to do that and includes links to more detailed information on our plans if you want to read it. We're also being honest about the things that need to happen for our plan to work.

Challenges and Opportunities

We need a completely new approach to how we work together to deliver health and social care for local people across north east London. We also need to spend more time and resources on prevention – helping people to take better care of themselves before they get sick and then need to rely on the NHS and others. If we don't do this, we'll never be able to afford to properly care for you and your families in the future. Things have to improve.

Improving how we work

We've improved the way we work together to plan and deliver health and social care so we can get more for our money, and so we can focus on prevention and on earlier diagnosis and better care in the right place. This means a new approach to everything from emergency care in hospitals to looking after people with ongoing health issues, from GPs and mental health to those needing tests and more routine operations.

Different parts of our local health and care 'system' have been working hard to tackle most of these things for years, but we've never all come together before to agree the best way forward and to come up with a plan like this. So, what are we doing?

Our priorities (1/5)

Long term conditions

We're putting in place seven day a week services for everyone with symptoms of a mini stroke, focussing on prevention and better care for those with Type 2 diabetes and improving our heart failure care services right across the area. We'll also help more kidney patients to have dialysis at home where appropriate.

This part of our plan relies on us having enough staff for the new clinical teams, getting the funding we need and getting everyone working in health and care locally to sign up to our plan.

Mental health

Our plans will see shorter waits in A&E for people with mental health needs, more support workers, better access to Talking Therapies for anyone that needs it, more personalised care and a focus on mental health service users helping us to develop and improve those services. We'll also be offering mental health support in every secondary school across our area.

We need to tackle high rates of staff vacancies in some areas and make sure that we bring together everyone that works in mental health to be as coordinated as possible to plan and deliver the very best care for children and people who need help.

Our priorities (2/5)

Maternity

We're working to ensure all women are offered dedicated care throughout their pregnancy, that we greatly reduce some of the things that can go wrong – especially for women in deprived areas, and that GPs and other baby services work more closely with our maternity staff. We also want more women to breastfeed their babies.

This part of our plan relies on us recruiting/training more maternity staff and being able to fund more research into the future demands on our maternity services so we have the right service in place for women now and in the years to come.

Babies, children and young people

We're making sure that children aged 5-11 who are overweight, get the help they need to be healthy. We're planning more help for families with very small children nearer to where they live, supporting children with special needs to be ready to for starting school and more support for families who are struggling to know where to go for help when they need it.

Our plans rely on families with obese children recognising that they need help, on recruiting more staff and on more funding to care better for those children with special needs.

Our priorities (3/5)

Employment and workforce

We're employing another 900 staff in the next year for the health and care services described above and we want everyone to be paid fairly. Our plans will see more GPs and clinical staff in practices and less reliance in our hospitals on expensive temporary staff, with more full-time nurses and doctors. We also want to employ more local people to train and work here in the NHS.

Our plans rely on more funding to bring in the extra staff we need and also on keeping the staff we have – many are suffering from 'burn out' as a result of the pandemic and the constant pressure they are under.

Community health services

We're working with local Healthwatch and the voluntary sector to help people coming out of hospital to be able to stay safely at home, we're focussing care on those with several health conditions, employing 2,000 more staff to help the terminally ill and their families and ensuring that all our services can see one single care record for a patient.

This part of our plan relies on us getting the funding, solving some of the privacy issues around sharing records and attracting those new staff and/or training local people.

GPs and pharmacists

We're making use of latest technology so people can more easily get help from their GP, including remote appointments, helping some GP practices to improve levels of care and their quality ratings, introducing more pharmacy services and improving all our 'same day' services.

This part of our plan relies on us being able to fund some of the technological changes we want to make and on everyone involved participating in our plan and making the necessary changes.

Our priorities (4/5)

Urgent and emergency care

We're making it easier for you to book urgent appointments, finding ways to educate and support people who use the service when they don't really need to, working with the ambulance service to only bring people who need hospital care to A&E, and finding new, streamlined ways to care for people who need same day, urgent care.

This part of our plan relies on us getting the funding we need, getting to grip with the different ways this care is delivered across our area now and continuing to make it as easy as possible for residents to know how and where to get the care they need.

Cancer

We're working to be able to detect cancers earlier, giving people a better chance of a full recovery. At the moment we're focussing on earlier diagnosis of lung, prostate, pancreatic and liver cancers and working towards personalised care and support for all our patients. We also want to increase the numbers of people coming forward for screening so we can catch cancers earlier.

This part of our plan relies on solving some of the staffing issues at local hospitals which mean we can't do as many, or turn around tests as quickly as we'd like to.

Our priorities (5/5)

Operations and tests

We're reducing waiting times for people currently on lists for an operation and opening new centres across the area for people to get faster ultrasound and CT scans and tests for cancer and other conditions. We're also increasing the number of operations taking place in our hospitals' theatres and working hard to bring all our services up to the same high standard for all our residents.

This part of our plan relies on us being able to recruit more staff, expand some operating theatres and improve our technology to help quicker decision making.

Health inequalities

We know that health care, and people's experience of it, isn't the same in different parts of north east London. This is particularly the case for people living in our more deprived areas, those from ethnic minorities, for carers, those with learning disabilities, autism and for the homeless. We plan to improve this so that everyone, no matter who they are or where they live, gets the best care possible and lives a healthier life.

Once again, we need the funding and the staff with the right skills and expertise to put our plans in place.

North east London – improving all the time

The way the NHS works with local councils and the voluntary sector has changed a lot in recent years. Most of the health and care issues that local people have, however, remain the same.

This latest plan looks to get the very best value for every pound we spend and to use and support our brilliant staff – now and in the future - in the best, most productive way possible. We are looking at how we can work together to streamline care and stop duplication, which is frustrating for patients and our staff. The plan will be updated as the years go by because we need to plan, but also adapt to new challenges such as lots more people coming to live here.

We want to involve local people as much as possible in everything we do. That's why we'll be coming to you to ask for your help and ideas as we work together to improve the health and lives of everyone across our area.

For more information about who we are and how we are working with our partners to improve health and care for people across north east London, click [here](#).