

2023/4 Planning and Joint Forward Plan Update

Integrated Care Board
March 2023

NHS Greater Manchester Integrated Care

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PURPOSE OF REPORT:

This report:

- Updates the Integrated Care Board on the development of plans for 2023/24 as part of the national planning round
- Updates the Integrated Care Board on the process to develop the Joint Forward Plan (JFP) for Greater Manchester – including the engagement timetable to develop the plan

KEY MESSAGES:

- Work is underway to finalise operational plans for 2023/24 with final plans due at the end of March
- The JFP will be the delivery plan for the GM Integrated Care Partnership Strategy. It is due to be published by the end of June 2023

RECOMMENDATIONS:

- Note the update on the planning round 2023/4
- Note the update on the process to develop the JFP

1.0 BACKGROUND

1.1 This paper provides an update on the Planning Round for 2023/24 and the development of the Joint Forward Plan (JFP) in Greater Manchester.

2.0 PLANNING ROUND 2023/24

2.1 The draft submission, made up of the activity profile, finance & workforce returns and accompanying narrative was submitted on 23rd February.

2.2 The activity plan was predicated on an agreed set of assumptions that was developed and agreed by all system partners to ensure the use of consistent methodology across all providers. The assumptions were primarily based on the national objectives.

2.3 Based on the draft submission, there are a number of areas that are not achieving the national target value and therefore require further scrutiny ahead of the final submission at the end of March. The high risk areas include:

- **UEC:** Achieving the A&E target of 76% being seen within 4 hours is a major risk for GM, however the provider draft submission on this metric shows signs of positive intent.
- **UEC:** Improve category two ambulance response times to an average of 30 minutes.
- **Elective:** Eliminate waits of over 65 weeks by March 2024 and achieve forecast activity levels. Based on our draft submission we are above the zero target and therefore requires significant remedial work to achieve the target.
- **Mental Health:** Eliminating OAPs: this is a major risk area for GM based on our current position (2315 bed days last reported in SOF), however we are committed to minimising OAPs – with capital investment within the eastern conurbation of GM that will provide additional capacity to ensure patients remain within our footprint.
- **Learning Disability:** Reducing inpatient numbers for both Adults and CYP remains a challenge within GM based on current performance (51 per million population against target of 30 for Adults) – there is ongoing work in supporting the discharge of complex patients with additional funding to support discharges

2.4 The key steps in preparing for the final submission include:

- A system executive group to oversee the development of the final version of the plans
 - Assurance meeting with NHSE Northwest team
 - Confirm & Challenge Sessions with all GM providers focusing on areas of red rating along with triangulation of finance, activity and workforce.
 - Finance Deep Dive with Provider Directors of Finance
 - Finance Check and Challenge with ICB Directors and Locality Leadership
 - A process will be in place to review services that have been set up during COVID but not commissioned to determine which continue
 - Development of improvement plans for the areas where we have not submitted a compliant return for the draft stage
 - System leadership meeting for all CEOs, place leads and ICB execs on 16th March
- 2.5 GM system representatives are due to meet with the NHSE team in March to review the draft submission and discuss the areas of concern. This session will also be an opportunity to clarify whether there is any flexibility in terms of the current target values, some of which would potentially be extremely difficult to deliver under the challenging environment that we are currently operating in.
- 2.6 In addition to the meeting with NHSE, we are also due to hold a number of confirm and challenge sessions that will pair providers under the framework of peer to peer review of the draft submissions. These sessions will concentrate on the areas where we were unable to meet the target values with the aim of identifying opportunity to improve the position based on mutual support, collaboration and recovery planning.
- 2.7 The C&C sessions are due to take place w/c 6th March, with the following pairings being agreed:
- Northern Care Alliance & Manchester Foundation Trust
 - Bolton Foundation Trust & Stockport Foundation Trust
 - Wigan, Wrightington & Leigh Foundation & Tameside & Glossop Foundation Trust
 - Greater Manchester Mental Health Trust & Pennine Care Foundation Trust

The sessions will be focused (with the aid of data packs) on those key areas where we have not met the operational target value with the aim of ensuring we have exhausted all channels by which to maximise performance. The challenge on performance will primarily be led by the provider teams, but we will also have system representatives (GM Planning team, System Programme Directors, finance and workforce colleagues) who will also test assumptions, query improvement plans and identify any opportunities for mutual aid.

- 2.8 Supplementary finance deep dives are also due to take place with provider DoFs to identify opportunities for efficiency savings, and to challenge all assumptions used within the plans.
- 2.9 A further Check and Challenge Process will be undertaken with ICB Executives and Locality Leadership to challenge assumptions and explore opportunities for efficiencies.
- 2.10 Further work will also be undertaken by finance leads, supported by clinicians and BI colleagues to review services set up as a result of the Covid pandemic and require a decision on whether they are continued or ceased. This is one of a number of areas that the finance team are required to fully investigate with the aim of significantly improving the final position ahead of the final submission.
- 2.11 The planning timetable overleaf provides an overview of some of the key tasks/milestones that we are working to over the next month to meet the submission deadline of 30th March. We are aiming to provide a further update, based on both the assurance meeting with NHSE and the confirm and challenge sessions, to the System Leadership Group on 16th March. This will be ahead of final returns of providers, which are due on 17th March, but we should be well placed by mid-March to present a clear position to the system leaders in respect to our overall planning intention across the key metrics.

DATE	KEY TASKS/MILESTONES	LEADS
27 th Feb – 17 th Mar	Internal review of draft plans/prep for final submission:	Providers/GM Coordination Team
8 th – 16 th Mar	Confirm & Challenge Sessions: <ul style="list-style-type: none"> - Review of draft submissions with peer to peer challenge on high risk activity profile areas - Agree revised position on metrics that were not meeting the target value in draft submission 	Providers/GM Coordination Team
8 th Mar	First submission of Finance Bridge Template	Finance
9 th Mar	Feedback from NHSE: Regional Assurance meeting on draft submission: <ul style="list-style-type: none"> - Discussion on draft position and development of plans for final submission - Agree minimum target values across measures we are not meeting 	GM Coordination Team
8 th – 17 th Mar	Amendment of Draft Plans (based on NHSE feedback) & Confirm & Challenge Sessions: <ul style="list-style-type: none"> - Interim position to be prepared for the GM System Leadership workshop - Providers to raise any key risks/concerns in respect to final submission 	Planning Leads / GM Coordination Team
10 th Mar	GM Planning Coordination meeting: <ul style="list-style-type: none"> - Review of feedback from NHSE - Update on Confirm & Challenge sessions outputs 	All
16 th Mar	GM System Leadership Workshop: <ul style="list-style-type: none"> - Update position on development of final plans 	GM Coordination Team
17 th Mar	Final plans due from Trusts/ finance / workforce & narrative to england.gm-assurance@nhs.net	Planning Leads
20 th -21 st Mar	Analysis of returns: <ul style="list-style-type: none"> - Triangulation of activity, finance and workforce plans 	GM Coordination Team
22 nd Mar	Second submission of Finance bridge template	Finance
22 nd – 23 rd Mar	Papers for PFB/GM Execs (24 th and 27 th Mar)	GM Coordination Team
24 th Mar	Final Plans to be reviewed at GM Coordination meeting: <ul style="list-style-type: none"> - Overview of final plans to be presented - Triangulation exercise: finance/activity/workforce output's review 	All
24 th Mar	PFB Meeting to review Ops Plan & Narrative: Final Plan feedback/ sign off in principle	GM Coordination Team
27 th Mar	Submission of full PFR's	Finance
27 th Mar	GM Exec Meeting to review Ops Plan & Narrative: Final Plan feedback/ sign off in principle	GM Coordination Team
27 th – 28 th Mar	Finalisation of Draft Plans	Planning Leads
29 th – 30 th Mar	Consolidation of all plans to single GM level return	GM Coordination Team
30th Mar	Submission of Final Plans to NHSE	GM Coordination Team

3.0 THE JOINT FORWARD PLAN

- 3.1 In addition to the plans for 2023/4, we have also begun work on our longer-term delivery plan – the Joint Forward Plan (JFP). National guidance describes that each ICB and its partner NHS Trusts must publish a five-year JFP, setting out how they propose to exercise their functions.
- 3.2 The ICB and its partner trusts must consult people for whom the ICB has core responsibility and any others as appropriate and must involve each relevant health and wellbeing board (HWB) in preparing or revising the plan.
- 3.3 A copy of published plans must be given to the system’s ICP, each relevant Health and Well Being Board (HWB) and NHS England. Published plans must include a summary of views from consultation and how these were considered, and the final opinions of each relevant HWB.
- 3.4 The final version of the plan must be published and ICBs and their partner trusts should expect to be held to account for delivery, including by their residents and patients.
- 3.5 Systems have significant flexibility to determine the scope of their JFP as well as how it is developed and structured. Whilst legal responsibility for the JFP lies with the ICB and the partner NHS trusts, systems are encouraged to use the JFP to develop a shared delivery plan for the integrated care partnership strategy that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners. **This is the approach we are taking in Greater Manchester.**
- 3.6 **Three principles** describe the nature and function of the JFP:

Principle 1: Fully aligned with the ambitions of the wider system partnership:

- The JFP should reflect the collective ambitions of the ICB, local NHS partners, local authorities and wider system partners to meet the health needs of the ICB’s population
- The JFP should describe delivery of ambitions articulated in the integrated care strategy (these may be in initial or outline form)

Principle 2: Supports subsidiarity by building on existing local strategies & plans as well as reflecting universal NHS commitments:

- The JFP should be a single, cohesive plan. It should address both system and place priorities and universal NHS commitments

- The plan should respect the principle of subsidiarity and be built from existing delivery plans at system or place (where these exist). The JFP is not intended to transfer planning or delivery activity to system level where this is best delivered at place but could be used to summarise or synthesise place level plans

Principle 3: Delivery-focused, including specific objectives, trajectories and milestones as appropriate:

- JFPs should be delivery plans with well-defined, measurable goals, annual milestones and trajectories. These should align with the detailed operational plans of the ICB and NHS provider partners and relevant plans of the local authorities in the ICS area
- Plans should be appropriately ambitious and deliverable. As published plans, ICB and partner trusts should expect to be held to account for their delivery. ICB and NHS trust and foundation trust annual reports should describe progress in delivery

4.0 DEVELOPING THE JOINT FORWARD PLAN IN GM

4.1 In Greater Manchester, we have recognised the need to employ the JFP as the **delivery plan** for the GM Integrated Care Partnership (ICP) Strategy. This will ensure that the outcomes, and missions within the ICP strategy remain the central drivers within the GM Partnership. The JFP will provide the detail to underpin the ambition in the strategy – with clear targets and measures to track our progress.

4.2 ICBs and their partner trusts have a duty to prepare a first JFP before the start of the financial year 2023/23. For this first year, however, 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**.

4.3 The Joint Forward Plan will be based around the core themes of the ICP Strategy, namely:

- The steps to complete our journey to the GM model for health and integrated care
- The six missions

We will coordinate a process with system partners to provide the detail on how we will deliver across these areas. As far as is possible, we will draw on existing information to do this.

4.4 It is essential that we undertake engagement with partners, this includes working with:

- Primary care providers
- Local authorities and each relevant HWB
- Voluntary, community and social enterprise sector
- People and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives

4.5 In developing the JFP, we also need to consider seeking the views of underserved groups (such as inclusion health and vulnerable populations) as part of the duty to reduce inequalities.

4.6 The outline timetable for the JFP is set out below:

Dates	Key Tasks
Mid-March	Update on JFP process of development at ICB
End of March	ICP Strategy Process Complete Joint Forward Plan Framework finalised
April	Engagement with Partners to agree content of the JFP - including <ul style="list-style-type: none"> • GM Trusts • LAs/HWBs • VCSE • GMCA • Primary Care providers • People & communities
Early May	JFP structure & content finalised
Mid-May	Present draft JFP to ICB
Mid May – Early June	Presentation of draft JFP across the GM system for input
By Mid-June	Finalise the JFP based on engagement and consultation
End of June	Sign off of JFP by ICB

RECOMMENDATIONS

- Note the update on the planning round 2023/4
- Note the update on the process to develop the JFP