



Northamptonshire  
Integrated Care Board

# Five Year Joint Forward Plan (5YJF) Update



Health and Wellbeing board update

Date 23 March 2023



# Overview of 5 year Joint Forward View

- Guidance published on 23 December 2022
- We have a duty to align the ICB Plan with
  - Integrated Partnership Strategy
  - Health and Wellbeing Boards strategies
  - Operational planning requirements
  - Partner Trust Strategies

Integrated Partnership Strategy  
10 years

ICB Joint Forward View Plan 5  
years

Health and Well Being Strategies

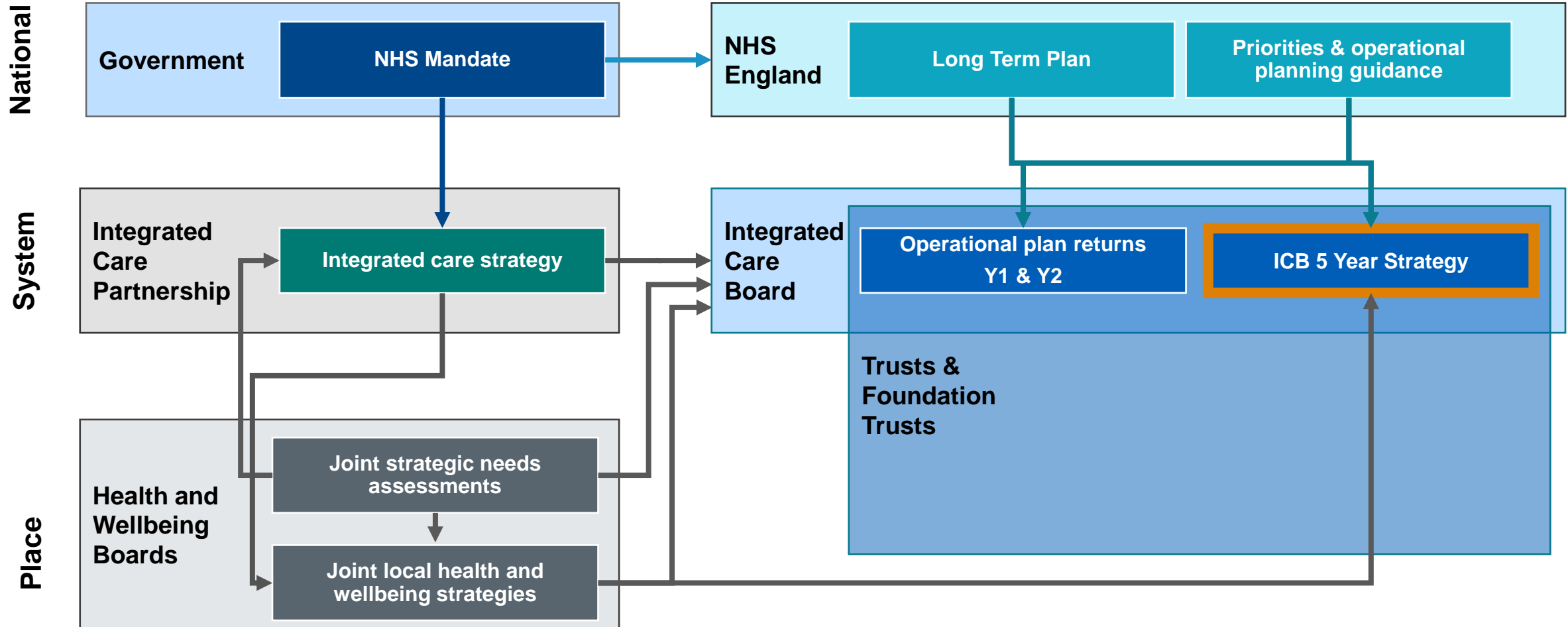
Operational plans 1-2 year  
Partner Trust Strategies

# Strategy and Planning Integration



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The ICB 5 Year Plan will have regard to the integrated care strategy and address delivery of universal NHS commitments



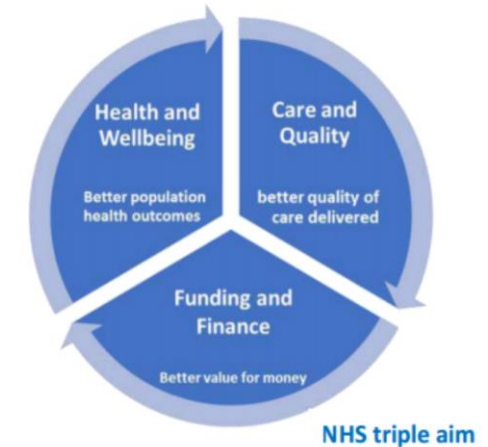
# Aims of Joint Forward View



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## Integrated Care System (ICS)

- Aim 1 - Improve outcomes in population health and healthcare
- Aim 2 - Tackle inequalities in outcomes, experience, and access
- Aim 3 - Enhance productivity and value for money
- Aim 4 - Help the NHS support broader social and economic development



The ICB have a duty to consider the wider effects of our decisions, also known as the ‘triple aim’ of

- health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing),
- quality of healthcare services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services) and
- sustainable and efficient use of resources by NHS bodies.

# Key Points for consideration for Joint Forward View



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The plan must describe how ICB and partners intend to **exercise their functions** over the next five years and, in particular

- Describe how the ICB intends to **meet population health needs** of people in their area through delivery of primary, secondary and community care.
- Explain how the ICB intends to **discharge certain duties**
- Set out any steps the ICB proposes to take to implement any **joint local health and wellbeing strategy**.
  - Both health and wellbeing strategies are under development and we will align our plan to the strategies
- Set out any steps the ICB proposes to take to address the particular needs of **children and young people** and **victims of abuse**.
- **3 Principles**
  - 1: Fully aligned with the wider system partnership's ambitions.
  - 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.
  - 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate
- Describe how we will meet the legislative requirements

# Overview of structure of Joint Forward View



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	Chapters	Summary key aspects to cover
1.	Introduction	<ul style="list-style-type: none"> <li>• What is an ICS, ICP and ICB</li> <li>• Who we are?</li> <li>• What is our purpose</li> <li>• What is our population</li> <li>• Our journey so far</li> </ul>
2.	Context	<ul style="list-style-type: none"> <li>• Purpose of document</li> <li>• What do we want to be</li> <li>• Status of our system</li> <li>• The current challenges of system to cover</li> <li>• Quality</li> <li>• Health inequalities CORE20PLUS5</li> <li>• Paint a picture of our system</li> <li>• Finance – challenges</li> <li>• SWOT</li> </ul>
3.	Priorities *	<ul style="list-style-type: none"> <li>• National delivery must do's - Long Term Plan</li> <li>• Recover areas national priorities - Live your best life</li> <li>• Locally - deliver the outcome framework - LYBL 3 ICB Priority Aims</li> </ul>
4.	Our Programmes of Work*	<ul style="list-style-type: none"> <li>• Current position - How are we doing - What are the targets and comparators</li> <li>• What are we doing about issues - Priorities and Improvements</li> <li>• Enablers for Change: Workforce, Digital &amp; Data, Estate &amp; Environment, Finance</li> <li>• Any other support function relevant to particular work areas</li> </ul>
5.	Risk & Opportunities	<ul style="list-style-type: none"> <li>• Outline the Risk and Opportunities for our system</li> </ul>
6.	Next Steps	<ul style="list-style-type: none"> <li>• Refresh</li> <li>• Planning cycle</li> <li>• Delivery of programme of work will through – Collaboratives, Place, LAP under development</li> </ul>

Currently underdevelopment the aim to have a 50 page strategy with a public facing document

\* Further details in next slides

# 3. National Priorities (1/2)



Area	Objective
<b>Urgent and Emergency Care</b>	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
<b>Community Health Services</b>	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
<b>Primary Care</b>	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
<b>Elective Care</b>	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
<b>Cancer</b>	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days

# 3. National Priorities (2/2)



Area	Objective
<b>Maternity</b>	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
<b>Use of resources</b>	Deliver a balanced net system financial position for 2023/24
<b>Workforce</b>	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
<b>Mental Health</b>	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
Improve access to perinatal mental health services	
<b>People with a learning disability and autistic people</b>	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
<b>Prevention and Health Inequalities</b>	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach



# 10 Ambitions from the ICP's Strategy



Best Start in Life

Access to the best available education and learning

Opportunity to be fit, well and independent

Employment that keeps them and their families out of poverty

Housing that is affordable, safe, and sustainable in places which are clean and green

To feel safe in their homes and when out and about

Connected to their families and friends

The chance for a fresh start when things go wrong

Access to health and social care when they need it

To be accepted and valued simply for who they are

# 3. Local Priorities – Outcome Framework (ICB Priority Aims)



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Ambition	Outcomes	Metric
Best Start in Life	Women are healthy and well during and after pregnancy	<ul style="list-style-type: none"> <li>• % women obese in early pregnancy</li> <li>• % women smoking at time of delivery</li> <li>• % of target number women accessing specialist perinatal mental health support (894 women)</li> </ul>
	All children grow and develop well so they are ready and equipped to start school	<ul style="list-style-type: none"> <li>• % good level of development at age 2-3</li> <li>• % good level of development at end Yr R</li> </ul>
Opportunity to be fit, well and independent	Children and adults are healthy and active and enjoy good mental health	<ul style="list-style-type: none"> <li>• Self-reported wellbeing</li> <li>• Hospital admissions as a result of self-harm (people aged 15-19) per 100,000</li> <li>• Adolescent mental wellbeing (WEMWBS score at age 15)</li> <li>• Suicide rate</li> </ul>
	People experience less ill-health and disability due to lung and heart diseases	<ul style="list-style-type: none"> <li>• emergency admissions due to coronary heart disease (standardised admission ratio)</li> <li>• emergency admissions due to COPD (standardised admission ratio)</li> <li>• smokers successfully quitting (per 100,000)</li> <li>• Excess under 75 mortality in adults with serious mental illness (SMI) or LD</li> </ul>
Access to health and social care when needed	People can access NHS services and personal and social care when they need to	<ul style="list-style-type: none"> <li>• % people triaged duty within 24 hours</li> <li>• % people that are in crisis that receive a commissioned service within 24 hours</li> <li>• % outside of crisis situations people that require commissioned service receive it within 1 month</li> </ul>
	People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs	<ul style="list-style-type: none"> <li>• % people discharged within 7 days</li> <li>• Adults in acute mental health beds Length of Stay rate (over 60 days)</li> </ul>
	Services to prevent illness (e.g., health checks, screening, and vaccines) are good, easy to access and well used	<ul style="list-style-type: none"> <li>• Flu vaccine coverage in 65+ age group</li> <li>• COVID vaccine coverage 75+ age group</li> <li>• Population vaccination coverage MMR one dose by age 2</li> </ul>

# 4. Our programmes of work



Programmes of Work we will cover	Enabling Sections
<ul style="list-style-type: none"> <li>• Primary Care including Fuller review</li> </ul>	<ul style="list-style-type: none"> <li>• People</li> </ul>
<ul style="list-style-type: none"> <li>• Continuing Health Care and Personal Health Budgets (PHB)</li> </ul>	<ul style="list-style-type: none"> <li>• Research and Innovation</li> </ul>
<ul style="list-style-type: none"> <li>• Personalised care</li> </ul>	<ul style="list-style-type: none"> <li>• Medicine Management</li> </ul>
<ul style="list-style-type: none"> <li>• Elective Care</li> </ul>	<ul style="list-style-type: none"> <li>• Digital and Business Intelligence</li> </ul>
<ul style="list-style-type: none"> <li>• Cancer</li> </ul>	<ul style="list-style-type: none"> <li>• Estate and Environment</li> </ul>
<ul style="list-style-type: none"> <li>• Urgent and Emergency Care inc community services</li> </ul>	
<ul style="list-style-type: none"> <li>• Better Care Fund</li> </ul>	
<ul style="list-style-type: none"> <li>• Safeguarding</li> </ul>	
<ul style="list-style-type: none"> <li>• Mental Health, Learning Disabilities and Autism</li> </ul>	
<ul style="list-style-type: none"> <li>• Palliative and End of Life Care</li> </ul>	
<ul style="list-style-type: none"> <li>• Children Young people</li> </ul>	
<ul style="list-style-type: none"> <li>• Maternity and Neonatal</li> </ul>	
<ul style="list-style-type: none"> <li>• Community Health Services</li> </ul>	

# Summary

- Draft strategy is under development
- Document will be shared with health and well being boards to provide a statement
- Strategy will be published by end of June 2023

# Reference - Links to guidance



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## Guidance on developing the Joint Forward Plan - 23 December 2022

<https://www.england.nhs.uk/wp-content/uploads/2022/12/B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf>

## Guidance on developing the Joint Forward Plan 27 January 2023

Classification: Official  
Publication reference: P1902100



Guidance on development of  
the joint forward plan  
Supporting materials

Version 1.27 January 2023