Classification: Official

Publication reference: PRN00180

NHS England

Guidance on development of the joint forward plan

Supporting materials

Version 1, 27 January 2023

Contents

Purpose of supporting materials

In preparing the joint forward plan (JFP) guidance, NHS England has developed a suite of supporting materials that integrated care boards (ICBs) and their partner NHS trusts and foundation trusts (partner trusts) can draw upon where it is helpful to do so. These resources provide further recommendations and suggestions for content in relation to the statutory duties and content areas listed in tables 1 and 2 of the annex of the JFP guidance.

Please note that content included within these supplementary materials is advisory only and is intended to support local thinking around what may be considered when preparing a robust JFP. As such, ICBs and their partner NHS trusts and foundation trusts should develop their plans in accordance with local circumstances, building on existing work at system and place.

Any queries on these materials can be directed to: england.nhs-planning@nhs.net.

Duty to promote integration

JFPs must set out how ICBs intend to discharge their statutory duty to provide health services in an integrated way, including with other health-related services or social care services. The JFP should explain how this will improve the quality of services and reduce inequalities in access and outcomes.

Each ICB's health landscape will be different, as will their journey and development with respect to integrated services across both operational and organisational boundaries. There is no current specific or defined legal minimum requirement or threshold for the JFP to describe that meets the expectations of this duty. Each ICB's plan should draw on their experiences, vision, and circumstance to explain how they will address these aims.

In describing how they will meet this duty ICBs may wish to consider how they:

- are working across NHS and adult social care services to provide joined up care and support for local people. This could include describing:
  - partnership approaches to integrated neighbourhood teams
  - community support promoting independence, linking to housing and homelessness services
  - technology solutions that support personalised care and improve quality of life in home setting
  - workforce recruitment and retention plans with a focus on integrated services.
- intend to discharge the ring-fenced Better Care Fund (BCF)
  - this includes how this funding may focus on aspects of integrated care between healthcare and social care services, including discharge to assess schemes, reablement and community services, and admissions avoidance
  - The disabled facilities grant, improved BCF fund for social care, and winter pressures grant fund may provide further examples of integration.

There are several FutureNHS workspaces which may provide useful information for systems to contextualise their plans for integrating services, including:

- Better Care Exchange – a workspace to support local areas with the planning and implementation of the BCF. The workspace enables you to share, learn and interact with colleagues across the country.
- Integrated Care Learning Network – a place where you can make connections and access important policy information, guidance, and resources, to support you on your journey to becoming a thriving integrated care system.
- ICS Evidence and Analysis – a single place where you can find evidence and analysis produced by NHS England, integrated care systems (ICSs) and affiliated bodies.
- Equality and Health Inequalities Network – to bring together materials to support NHS staff working to improve patient equality and health inequalities.

Duty to have regard to the wider effect of decisions

JFPs must set out how ICBs intend to discharge their duty to have regard to the wider effect of decisions made about the provision of health and care. Known as the 'triple aim', the duty aims to foster partnership working, with local health and care organisations working collaboratively in the interests of the populations they serve.

NHS England, ICBs and their partner NHS trusts and foundation trusts must have regard to the effects of their decision-making on three aspects:

i. The health and wellbeing of the people of England.

ii. The quality of services provided.

iii. The efficiency and sustainability of use of resources both for local systems and for the wider NHS.

As part of this, organisations must consider the effects of their decision-making on inequalities in health and wellbeing and the benefits of services.

In their JFPs, ICBs and their partner NHS trusts and foundation trusts may wish to address the triple aim by considering the three points below:

- The health and wellbeing of the people of England
  - Outline steps to deliver improvements in population health ambitions articulated in integrated care strategies and joint local health and wellbeing strategies.

- Quality of services
  - Outline any quality objectives that reflect system intelligence, risks and concerns.
  - This could include process and outcome measures to evidence successful and sustained delivery.
  - Any quality priorities should go beyond performance metrics and look at outcomes, preventing ill-health and use the Core20PLUS5 approach to ensure inequalities are considered.

- Efficiency and sustainability of services
  - Describe how the efficiency of NHS services will be improved in line with the duty to deliver financial balance across the local health and care system.
  - Actions to ensure service sustainability could also be addressed, including how the system is organising and developing itself to support long-term, sustainable delivery of services.

It is recommended that the JFP describes how all three arms of the triple aim:

- were considered in the creation and design of the JFP itself
- will be accounted for in ongoing decision-making and evaluation processes.

Financial duties

There is collective local accountability and responsibility for delivering system and ICB financial balance. The Health and Care Act includes provisions which are designed to ensure that ICBs and trusts are collectively held responsible for their use of revenue and capital resources:

- The 'Revenue finance and contracting guidance for 2023/24' sets out that each ICB and its partner trusts must exercise their functions with a view to ensuring that, in respect of each financial year:
  - local capital resource use does not exceed a limit set by NHS England
  - local revenue resource use does not exceed a limit set by NHS England.
- Furthermore, NHS England has set a financial objective for each ICB and its partner trusts to deliver a financially balanced system, namely a duty on break even, and ICBs will also have a duty to deliver financial balance individually.

The National Health Service Act 2006, as amended by the Health and Care Act 2022 (the amended 2006 Act) sets out that an ICB and its partner NHS trusts and foundation trusts:

- must before the start of each financial year, prepare a plan setting out their planned capital resource use
- must publish that plan and give a copy to their integrated care partnership, Health & Well-being Boards and NHS England
- may revise the published plan - but if they consider the changes significant, they must re-publish the whole plan; if the changes are not significant, they must publish a document setting out the changes.

To support ICBs in meeting these requirements of the amended 2006 Act, ICB joint capital resource use plan templates have been issued to systems as part of the 2023/24 financial and planning process. See 'Capital guidance update 2023/24' for further information.

The boards of the ICB and its partner trusts will approve their joint capital plan and will expect to see clear alignment with the system's Five Year Joint Forward Plan.

In the JFP, the ICB and its partner trusts are expected to address how they propose to develop their ways of working together to deliver these requirements. They may choose to address in the JFP how this is built into their governance frameworks at committee level, how it is monitored and how early identification of risk to financial balance is collectively owned and acted upon. Agreeing transparent accountability mechanisms, that cover the local system, place and provider collaboratives, to support the delivery of these financial objectives is an important area for ICBs and their system partners to consider and agree upon.

For example, broadly, where organisations are performing consistently within submitted and approved plans, they may not be expected to engage widely on their own operational financial matters. However, where an organisation within the system is departing from their plan, or is forecasting a divergence from plan, there would be an expectation that it would engage with the wider system, and for all organisations in the system to engage in return, so that it can be agreed how the financial position will be managed. Agreeing transparent accountability mechanisms, that cover the local system, place and provider collaboratives, to support the delivery of financial balance is an important area for ICBs and their system partners to consider and agree upon.

NHSE will continue to work with systems to improve the quality of NHS cost data. Systems may wish to describe how they will use improving cost data to manage the use of resources and to meet the shared duty to achieve financial balance.

Duty to improve quality of services

JFPs must set out how ICBs intend to discharge their duty to continually improve the quality of care and outcomes. They provide an opportunity for ICBs and their partner trusts and foundation trusts to set out how they will achieve this underpinned by:

- realistic five-year quality objectives that are based on data and intelligence, and address both current risks and strategic aims
- clearly defined metrics that enable ICBs to assure themselves that planned improvements are being delivered and sustained.

Quality priorities and metrics should focus on the outcomes of effectiveness, safety and experience of care, and not just the processes of care and treatment. They should include prevention of ill health and inequalities. The Core20PLUS5 approach has been designed with this in mind will be a helpful framework for systems to adopt.

Priorities should be used to inform annual system priorities for a refreshed quality accounts process, planned for introduction in 2023/24. A JFP that addresses the quality duty well will consider:

- quality as a shared commitment, championed by a designated executive lead for clinical quality and safety; most systems will already have this role in place
- clinical and care professional leadership that is embedded at all levels of the system
- co-production with people who use services, the public and staff
- how quality improvement, quality planning, quality control and assurance functions come together to inform a clear, population-focused vision and credible strategy for quality improvement across the ICS
- an agreed way to measure quality and safety which informs decision-making at board level and enables management of quality risks
- arrangements for reporting of system-level quality indicators, with the expectation that complementary place and neighbourhood-level quality metrics will also inform service improvement
- arrangements for public availability of quality information

- governance and escalation arrangements for quality oversight of NHS-commissioned services and those commissioned jointly by the NHS and local authorities; these should be linked to regional quality oversight arrangement
- a defined way to share intelligence on quality and safety on a regular basis, such as through a system quality group (formerly quality surveillance group).

The National Quality Board (NQB) has published guidance that asset out key principles that will assist ICBs in developing their JFPs:

- Shared vision and definition of quality:
  - Shared Commitment to Quality
- Quality management and governance:
  - Position Statement for ICSs
  - NQB Guidance on System Quality Groups
- Risk management:
  - National Guidance on Quality Risk Response and Escalation

Duty to reduce inequalities

JFPs must set out how ICBs intend to discharge their duty in relation to health inequalities including how this will reduce inequalities in access, experience and outcomes. ICBs and partner NHS trusts and foundation trusts may also wish to describe how the implications for health inequalities have informed the choices and decisions being made across the system. A dedicated health inequalities plan, developed within the overarching JFP, will support ICBs in fulfilling their health inequalities duties under the Health and Care Act 2022.

ICBs and partner NHS trusts and foundation trusts are encouraged to describe in their JPFs how they will address the five strategic priorities for healthcare inequalities improvement as set out in the 21/22 NHS Operational Planning Guidance and Core20PLUS5. The five priorities are:

1. Restore NHS services inclusively.
2. Mitigate against digital exclusion – the annual health inequalities plan should also set out what proposals for how digital inclusion will be addressed across the ICB.
3. Ensure datasets are complete and timely.
4. Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes.
5. Strengthen leadership and accountability.

In their JFPs, ICBs and their partner NHS trusts and foundation trusts may also wish to set out how:

- they are taking a quality improvement approach to addressing health inequalities
- local population data has been/will be used to identify the needs of communities experiencing inequalities in access, experience and outcomes
- performance reporting allows monitoring of progress in addressing these inequalities
- the voices of people and communities have informed decision-making and how appreciative inquiry, asset based community development, and co-production are being utilised to redesign services and ensure they meet the

needs of the most deprived 20% of the population and other groups and narrow health inequality gaps

- the specific needs of children and young people have been considered reflecting Core20PLUS5 – An approach to reducing health inequalities for children and young people.

Duty to promote the involvement of each patient

JFPs must set out how ICBs will fulfil their duty to promote the involvement of each patient in decisions about their care or treatment.[1] Personalised care means tailoring an individual's care and support to their needs and circumstances by working directly with that person and their family. The JFP provides an opportunity to set expectations for how the ICB and its partner NHS trusts and foundation trusts will work with wider partners in health and social care to give people choice and control over the way their care is planned and delivered.

A JFP that addresses the duty to involve each patient well will consider the six components of the comprehensive model for personalised care with realistic objectives that are shared by and between each organisation involved in delivering care. JFPs should be clear about the links between this duty and the duty as to patient choice.

Further guidance is available through the following links:

- Universal Personalised Care: Implementing the Comprehensive Model defines the six components of personalised care which empower people to make informed choices and supports them to self-manage their health and care.
- Chapter 2 of the Long Term Plan Implementation Framework sets out NHS England's commitment to supporting systems to deliver the Long Term Plan commitment to involving each patient.
- The Additional Roles Reimbursement Scheme (ARRS) describes specific professional roles that can support the delivery of personalised care, for which funding is available to primary care networks (PCNs).
- The GMC has published best practice guidance for doctors on informed consent and shared decision making, available here.

[1] Health and Care Act 2022, Part 1, Chapter A3, Section 14Z36

Duty to involve the public

JFPs must set out how ICBs intend to discharge their duty regarding public involvement. ICBs and their partner NHS trusts and foundation trusts, may demonstrate they have met their public involvement duties by describing:

- how the ICB will work with people, their carers and representatives and communities to identify local priorities and achieve the four key purposes of the ICS
- how they intend to discharge their involvement duty by working with ICS partners (eg other NHS bodies, local authorities, the voluntary, community and social enterprise [VCSE] sector, Healthwatch, etc)
  - NHS trusts have an equivalent involvement duty (the Section 242 duty to involve), and there should be a strategic approach to joint activity wherever possible, so that all partners can meet their duties. This will be more efficient and will reduce the need for people and communities to share their experiences and insight multiple times
- governance – how the ICB's board will be assured the duty has been met and can demonstrate that commissioning decisions have been informed by working with people and communities
- how the ICB's strategy on working with people and communities will be applied, reviewed, and updated
  - people, their carers and representatives and communities should be involved in reviewing and updating the strategy
- how the ICB will assess the diversity and inclusivity of its work with people, their carers and representatives and communities as a core part of reviewing the strategy
  - this must inform actions to build connections and networks that enable greater input by people who experience the greatest health inequalities.

ICBs and partner NHS trusts and foundation trusts may wish to explain in their JPFs how the principles in Working in partnership with people and communities (2022) will be applied to their approach to working with people and communities. Alternatively, the ICB's engagement strategy can be referenced in the JFP as setting out the approach that will be taken.

Duty as to patient choice

JFPs must set out how ICBs intend to discharge their duties in relation to patient choice. Patient choice has both constitutional and legal commitments which are embedded in key policy drivers within the NHS, including the NHS Long Term Plan and Universal Personalised Care. Choice is also highlighted as a key enabler of elective care recovery within the Delivery Plan For Tackling the COVID-19 Backlog of Elective Care.

Patient choice is underpinned by two complementary sets of legal rights and obligations:

a. General duties which are imposed on ICBs and NHS England including the duty to act with a view to enabling patients to make choices with respect to aspects of health services provided to them; and
b. Specific occasions on which a patient can exercise a legal right, for example to choose their secondary care provider and team as set out in the NHS Constitution for England and explained in the NHS Choice Framework.

When ICBs develop their JFPs, consideration should be given to the role and responsibilities of patient choice and its relationship with the other components of the comprehensive model of personalised care, eg the duty to promote involvement of each patient.

In their JFPs, ICBs and their partner trusts and FTs are encouraged to address how they will:

- consider patient choice when developing and implementing policies, commissioning plans, contracting arrangements and service provision
- enable choice of provider and services that best meet people's needs, including making arrangements to uphold legal rights in line with statutory requirements and guidance
- engage with healthcare providers and professionals to promote choices available to ensure patient awareness
- ensure patients and referrers have easily accessible, reliable, and relevant information to help patients make choices about their care and treatment.

Duty to obtain appropriate advice

JFPs must set out how ICBs intend to discharge their duty to obtain appropriate advice from persons who (taken together) have a broad range of professional expertise in

a. the prevention, diagnosis or treatment of illness, and:
b. the protection or improvement of public health.

The JFP provides an opportunity to set out how the ICB and its partner NHS trusts and foundation trusts will seek any expert advice they require, including through formal governance arrangements and broader engagement. For example:

- Identifying the expert advice required to effectively discharge each of the ICB's functions effectively, and how this can be sought as part of a clear strategy.
- Ensuring consistent, engaged clinical membership of the ICB board, including the presence and involvement of a director of nursing, a medical director, and members nominated by primary care.
- Working collaboratively with relevant local and regional directors of public health, regional directors of primary care and public health commissioning to embed public health expertise in ongoing system-wide strategy development and implementation.[2]

[2] Regulations will continue to require local authorities to provide public health advice to NHS commissioners. Local directors of public health will therefore retain responsibility for providing a core offer of public health advice to the NHS locally. This provides an excellent opportunity for local authorities to build and maintain close links with clinical commissioners, complementing the duty of ICBs to seek advice. See The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (legislation.gov.uk) (subject to consequential amendment).

Duty to promote innovation

JFPs must set out how ICBs intend to discharge their duty to promote innovation. They provide an opportunity to plan for how the ICB and its partner NHS trusts and foundation trusts will work with wider partners in health and social care, including academic health science networks (AHSNs) to:

- advance innovation and promote local adoption and spread over the next five years, including medicines, medical technologies, diagnostics, digital and artificial intelligence
- ensure people have equitable and widespread access to proven innovations which proactively address and reduce inequalities in care experience and outcomes
- scale cost-effective or cost-saving innovation across health and care, enhancing productivity and value for money
- drive economic development through ideas and solutions which have commercial potential, and the development of products and services by industry partners through access to expertise and markets that exist in the NHS, social care and the wider local system.

ICBs and partner NHS trusts and foundation trusts may wish to describe in their JFPs how they will:

- involve local stakeholders, people and communities, to identify innovation need and priorities
- use innovation to address unmet needs identified through joint strategic needs assessments (JSNAs)
- work with partners in the promotion of innovation, including, AHSNs, the voluntary, community and social enterprise sector, innovators and industry, and patients and the public
- use outputs from horizon scanning to inform commissioning and innovation adoption decisions
- establish any other functions required to discharge the duty to promote innovation, in line with local priorities and arrangements.

A range of wider support is available including the national network of 15 AHSNs which provide a critical interface between national and local systems in the

identification and adoption of innovation. In addition, a suite of case studies for local systems on innovation is being developed and will be available on the FutureNHS Integrated Care Learning Network.

Duty in respect of research

JFPs must set out how ICBs intend to discharge their duty to promote research. The Life Sciences Vision and National Clinical Research Vision (Saving and Improving Lives: The Future of UK Clinical Research Delivery) set out the health sector's collective commitment across the UK government, the NHS, regulators, industry and the third sector to create a pro-research health and care environment.

The JFP provides an opportunity to plan for how the ICB and its partner trusts will work with wider partners in the health and care sector to advance research in support of the four core purposes of an ICS by:

- supporting all staff who want to get involved in research activity to do so, and joint working with higher education and/or undertaking commercial or non-commercial research.
- promoting engagement with patients and the public from all communities, ensuring they:
  - can access information about opportunities to get involved in research
  - have equitable access to register their interest and take part in research
  - are supported to get involved in identifying research needs and shaping research plans.
- ensuring an appropriate skill mix at board-level and across registered healthcare professional leads to:
  - promote research
  - support collaboration
  - ensure reporting and accountability, including against the research metrics when in use.
- collaborating with local research infrastructure and stakeholders including industry where appropriate to ensure research across local systems addresses ICBs' health and care priorities.
- systematically using the evidence generated through research, including by making evidence accessible to decision makers
- ensuring the research workforce is recognised in workforce planning and that time for research is included in modelling for all healthcare staff – and that research support and delivery posts are sustainably funded where appropriate – so that everyone can play a role.

Resources, funding and support are available through the National Institute for Health and Care Research (NIHR), and the Health Research Authority (HRA) to assists local systems fulfil their duty to facilitate or promote research.

Duty to promote education and training

JFPs must set out how ICBs intend to discharge their duty in relation to education and training.[3] The JFP provides an opportunity to articulate how education and training plans relate to wider actions in their workforce plans to deliver the recovery, reform, and resilience of services in the short (1-2 years), medium (3-5 years) and long-term, informed by:

- workforce planning at organisational, system and national level
- the known education supply pipeline
- the service capacity and design and use plans.

In their JFPs, ICBs and their partner trusts may wish to address:

- how service education capacity will secure and sustain the education pipeline for the future workforce
- how trainee activity will support service delivery
- how risks to key clinical, social and education pathways will be managed to ensure they are not compromised by future education supply
- future demand (detailed by current workforce and the supply pipeline) and how this will better inform future education planning
- management of the supply pipeline to ensure that placement capacity matches current and future requirements.

ICBs and their partner trusts may thus wish to describe in their JFPs how they will:

- consider all modes of education and training, such as apprenticeships, peer to peer learning, accredited programmes
  - i.e. an 'all levers' action plan with both development and retention of existing staff, and consideration of new roles and new ways of working
  - also consider the most effective and efficient method and platform through which education and training delivery can occur

[3] As stated in the Health and Care Act 2022: "Each integrated care board must, in exercising its functions, have regard to the need to promote education and training for the persons mentioned in section 1F(1) so as to assist the Secretary of State and Health Education England in the discharge of the duty under that section." Specifically this relates to "persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England" (National Health Service Act 2006).

- focus on widening participation and inclusion, be culturally sensitive and promote a best place to learn
  - this will align with the duty to reduce inequalities
- look beyond replacing like-for-like and consider new roles and new ways of working that reflect the changing nature of healthcare
  - this could include a plan for continuing professional development (CPD) which will focus on workforce transformation, upskilling the current workforce to deliver for the future.
- recognise the power of anchor institutions to develop and sustain inclusive and broad entry routes into education, training and work and develop pathways which ensure a sustainable future pipeline of staff reflecting the communities it serves
- consider how education capacity will be developed in key service areas to ensure it influences the flow of new entrants into that service area on qualification
  - this will enable service plan delivery, for example in community services and primary care
- consider the support required to provide high quality education including supervision and clinical education (placements) for planned and current future supply and describe how education capacity, for example placement and trainee posts, will be designed into service pathways
- demonstrate how the system will work together to maximise the value of the education tariff and ensure high quality education provision.

Further guidance is available through the following links:

- HEE Star: Accelerating workforce redesign: a transformation model and online directory of resources: https://www.hee.nhs.uk/our-work/hee-star
- HEE NHS Education Funding Guide: https://www.hee.nhs.uk/our-work/education-funding-reform/nhs-education-funding-guide
- DHSC Healthcare education and training tariff: 2022 to 2023: https://www.gov.uk/government/publications/healthcare-education-and-training-tariff-2022-to-2023

Duty as to climate change

JFPs must set out how ICBs intend to discharge their duty in relation to mitigating the impact of Climate change. The JFP should describe how the ICB and its partner trusts will deliver against the targets and actions in the Delivering a Net Zero NHS report.

It provides an opportunity to integrate existing ambitions described in the ICS Green Plan into a system-wide delivery plan to cut emissions across the breadth of health and social care over the next five years.

To that end, ICBs may wish to draw out in their JFP the key aspects of their respective green plans which highlight where cross-sector working is expected to deliver tangible reductions in emissions and support delivery against the four core purposes of an ICS. This could include setting out plans to:

- deliver against key national targets (and interim 80% carbon reduction goals) for the NHS Carbon Footprint and NHS Carbon Footprint Plus
- engage and develop the system-wide workforce, across both health and care, in defining and delivering carbon reduction initiatives and broader sustainability goals, where appropriate
- work with system partners to tackle the carbon emissions that arise from travel and transport associated with each organisation
  - for example, by improving local public transport links to NHS sites, investing and only purchasing ultra-low emission and zero-emission vehicles for owned and leased fleets, and maximizing efficiencies in the transport of goods and services commissioned by the organisations
- embed net zero principles across all clinical services, considering where carbon reduction opportunities may exist
- harness the opportunities presented by digital transformation to streamline service delivery and supporting functions, while improving the associated use of resources and reducing carbon emissions.

ICBs and their partner NHS trusts and foundation trusts may also wish to describe in their JFPs how they will:

- ensure appropriate board-level oversight and accountability of priorities set out in the green plan
- work with partners to reduce system-wide emissions, including local authorities and the VCSE sector, patients and the public
- establish any other functions required to discharge the duty as to climate change, in line with local priorities and arrangements
- involve local stakeholders, people and communities in the development and delivery of their green plans.

There are a wide variety of resources available to support trusts and systems with the development and delivery of their JFPs and green plans. These are available on the Greener NHS Knowledge Hub on FutureNHS, or available by contacting Greener NHS regional leads, and include:

- Delivering a Net Zero NHS report
- Guidance for ICSs and trusts on How to produce a Green Plan
- Greener NHS Dashboard
- The Third Health and Care Adaptation Report
- The NHS Net Zero Supplier Roadmap.

Addressing the particular needs of children and young people

JFPs must set out the steps ICBs intend to take to address the specific needs of children and young people. The JFP provides an opportunity to set out how the physical and mental health of children and young people will be improved by joining up services within the NHS and across public health, social care and education over the next five years. It is also an opportunity to set out how inequalities will be tackled and improvements will be targeted across different groups of children and young people.

Children and young people make up 25% of the population in some areas, therefore the potential scope of this section is wide. It should cover both physical and mental health, as well as different population groups, settings and health conditions. It is important that the plan includes insights from children, young people, families and carers, by gathering their voices and pools relevant data and insights.

ICBs and their partner trusts are encouraged to address how they will meet their statutory duties and/or shared responsibilities in relation to, safeguarding, children in care and those with special education needs and disabilities.

ICBs may also want to consider how children's tertiary, secondary, community and primary services are organised across the geography and how patient flows for more specialised services cross into other ICBs. ICBs should also consider the transition to adult services and how the JFP dovetails with plans for adults, taking a life course approach.

Child health reaches beyond the NHS and a population approach will need to consider public health, education and children's social care, as well as wider determinants of health. Therefore the JFP should link closely with the children and young people elements of the integrated care strategy.

Each ICB will have an executive lead for children and young people, who will act as an advocate to champion children's rights and interests. They should play a crucial role in the development of this section of the JFP and should link to the lead for the Children and Young People's Transformation programme to develop content and

ensure that key partners in the system and children, young people, families and carers have been properly engaged in its development.

However, delivery of this function is a responsibility of all board members, not just the executive lead for children and young people. Key partners could include directors of children's services, directors of public health and voluntary sector organisations.

The NHS England Children and Young People Transformation programme can provide further support to ICBs in developing the children and young people elements of the JFP.

Addressing the particular needs of victims of abuse

JFPs must set out how ICBs intend to discharge their duty to address the particular needs of victims of abuse. 'Victims of abuse' is not defined in the Act, but reference is made to victims of domestic abuse and sexual abuse, as is the need to consider child and adult victims. The plan should therefore cover these needs specifically.

The Code of Practice for Victims of Crime in England and Wales (Victim's Code) - GOV.UK (www.gov.uk) defines who is a victim of a crime and sets out their rights. The NHS must comply with the Code. 'Domestic abuse' covers a wide range of crimes, including physical, economic, psychological and emotional abuse, and controlling or coercive behaviour.

It also includes 'honour-based' abuse, Female Genital Mutilation and forced marriage. Sexual abuse may include assault, exploitation and coercion.[4] ICBs should also consider whether there are other victims of abuse whose needs the plan ought to consider.

The JFP provides an opportunity to plan for how the ICB and its partner NHS trusts and foundation trusts will work with wider partners in health, social care other statutory multi-agency partners to support victims, tackle perpetrators and prevent abuse over the next five years. Addressing these needs will have wider benefits for this group by tackling the multiple health inequalities and issues they face with access to, and outcomes from, services.

In their JFPs, ICBs and partner NHS trusts and foundation trusts may wish to address how they will ensure:

- robust qualitative and quantitative population-based data, including an assessment of prevalence of abuse in their areas, underpins their strategies
  - data should be linkable where possible

[4] See Domestic Abuse Act 2021, Domestic Abuse Statutory Guidance 2021, the Sexual Offences Act 2003.

- comprehensive training on issues relevant to the support, safeguarding of, and health inequalities/access issues faced by, victims of abuse, and dealing with early harmful behaviours and perpetrators
- effective interaction with local domestic abuse partnership boards and other relevant bodies
- services that specifically address the needs of victims of abuse within existing funding allocation and focus on early intervention and prevention are commissioned where appropriate
  - NHS England commissions sexual assault referral centres directly and links must be made to those structures and services, for example direct commissioning of independent sexual violence advisors or independent domestic abuse advisors, and/or IRIS caseworkers
  - services may be embedded in healthcare settings or may be commissioned as a part of a pathway of support
  - services should be developed with relevant partners and informed by experts by experience
- commissioned services have clear pathways to and from healthcare settings
- equity of access to services, proactively addressing access issue
- multi-agency partnership working is embedded in their approach.

ICBs and partner NHS trusts and foundation trusts may wish to describe how they will:

- ensure a focus on lived experience and involve local stakeholders, people and communities, to identify need and priorities
- ensure governance arrangements support collaboration and provide clear lines of reporting and accountability on meeting the needs of victims of abuse
- use outputs from data and lived experience to inform commissioning and service design decisions including prevention services
- establish any other functions required to discharge the duty to address the particular needs of abuse, in line with local priorities and arrangements
- measure the success of interventions and services.

A range of support is available from the NHS Safeguarding FutureNHS platform.

The Domestic Abuse Statutory Guidance has a range of resources within the guidance and at Annex 3, as does the NICE guidance: Tools and resources | Domestic violence and abuse: multi-agency working | Guidance | NICE

Workforce

The JFP provides an opportunity to plan for how the ICB and its partner trusts will work with partners in adult social care, local government, the VCSE sector and local volunteers to support and empower the 'one workforce' to make the local area a better place to live and work, as set out in Building strong integrated care systems everywhere: guidance on the ICS people function (2021).

In their JFPs, ICBs and their partner trusts may wish to address how they will:

- develop an evidence-based, system-wide approach to workforce planning that is closely aligned to finance and activity planning
- adopt the common NHS standards on leadership behaviours, competence and pay
- develop shared values and common standards,[5] ensuring these are part of an induction for all system staff, and ensuring clear accountability for good organisational conduct
- promote and develop joint training and development pathways and build effective system-wide talent management practices to retain experience and grow healthy, diverse talent pipelines for critical roles
- contribute to the sharing of good management and improvement practices in a common curriculum, and support managers from across health and care settings to build a shared identity, and to develop effective working relationships
- develop a system-wide approach to recruitment, retention, and deployment, informed by joined-up workforce planning
- identify opportunities to integrate workforces to help enable the integration of services, eg through co-location or creating collaborative, multi-professional teams.

ICBs and their partner trusts may also wish to describe how they plan to deliver the '10 People Functions' as set out in Building strong integrated care systems everywhere: guidance on the ICS people function. Delivery of the 10 People

[5] This could include recommendations set out in: Leadership for a collaborative and inclusive future - GOV.UK (www.gov.uk); NHS England » Next steps for integrating primary care: Fuller stocktake report; Final report of the Ockenden review - GOV.UK (www.gov.uk); A review of the fit and proper person test (publishing.service.gov.uk)

Functions will help ICBs achieve the goal of ensuring there are enough people, in the right places, with the right skills, to deliver personalised and integrated care.

The following additional publications may support ICBs and their partner NHS trusts and foundation trusts in preparing any workforce content for their JFPs:

- System Workforce Improvement Model (SWIM)
- NHS Long Term Plan
- Guidance on the Preparation of Integrated Care Strategy Guidance

Digital and data

Digital & data

Digital transformation is an integral part of ICS planning. The JFP is an opportunity to set out how the local system will digitise services, connect them to support integration and, through these foundations, enable service transformation. This will enable new ways of working that can increase efficiency, improve patient experience and outcomes, plus reduce workforce burdens, and help to address health inequalities.

In their JFPs, ICBs and their partners are encouraged to address the underpinning digital enablers required to achieve transformation in each section of the plan, rather than as a standalone section or programme. The underpinning digital enablers are set out in What Good Looks Like, which will be refreshed early in 2023 and the forthcoming digital maturity assessments will help ICBs and their partners to measure progress towards these core capabilities.

ICB's may wish to describe in their plans how they will further the uptake of digital technologies to ensure people have access to the right digital tools and services and access to data at the right time. Including how they will:

- Work with acute, community, mental health, and ambulance providers to ensure they meet a core level of digitisation, including electronic records systems, by March 2025 in line with long term plan commitments.
- Put in place the right data architecture for planning and population health management that comply with requirements for privacy and access. To support this NHS England are commissioning a Federated Data Platform which will be available to all ICSs, with nationally developed functionality including tools to help maximise capacity, reduce waiting lists and co-ordinate care.
- Exploit digital and data to maximise the use of local resources, such as electronic bed management and system control centres. ICSs that have capabilities in place should consider how AI can help, for example in

reducing treatment times and improving outcomes for people who have had a stroke.

- Set out how digital plans will help to integrate health and care, creating a seamless experience, including with non-NHS ICB commissioned organisations.
- Provide their population with digital tools, including how they will exploit nationally provisioned products such as the NHS App to help people to stay well, get well and manage their health while mitigating the risk of digital exclusion to reduce health inequalities.
- Work with GPs and Primary Care to open up digital access for patients and citizens to their personal health records, online registration, appointment bookings and the Patient Experience Platform
- Support and grow the workforce to acquire and retain the right skills within organisations to support the acceleration of digital transformation
- Manage cyber risks and be compliant with nationally mandated cyber standards to safeguard people's private health information.

We have recently published Data Saves Lives and A Plan for Digital Health and Social Care which together set out expectations for digitised services that support integration and enable service transformation.

The following publications may be helpful in preparing any data and digital content for their JFPs:

- A Plan for Digital Health and Social Care
- Core20PLUS5
- Data saves lives
- Forthcoming Cyber Security Strategy for Health and Social Care
- Health and social care integration: joining up care for people, places and populations (Digital and Data section)
- ICS Care Systems: design framework (Digital and Data section)
- NHS Cloud Strategy
- NHS Futures – Blueprinting Library
- What Good Looks Like framework

Estates

The JFP provides an opportunity to set out the steps ICBs and their partner trusts will take to create stronger, greener buildings, enable smarter, better health and care infrastructure, and use system resources fairly and more efficiently. Estates encompasses physical infrastructure, digital and large-scale equipment, and is critical to the successful delivery of high-quality, safe health and care.

In their JFPs, ICBs and their partner trusts and foundation may wish to address how they will:

- deliver a system-wide person-centred estate that serves the needs of all its users, enhancing both patient and staff experience
- maximise the existing estates portfolio, including through cost management, waste eradication and funding release, to enable the development of effective PCNs
- support the development of an empowered, properly skilled estates workforce, with all system partners able to access the right expertise in the right place
- support achievement of NHS net zero ambitions, including reaching net zero emissions by 2040 for both existing and new estate
- enable transformational models of care, supported by wide-scale technological enhancements.

ICBs and their partner trusts may wish to describe how they will:

- involve local stakeholders, people and communities to develop a vision for a person-centred estate
- ensure strong, engaged and accountable leadership for infrastructure at board-level
- develop a system-wide view of existing assets and financial flows, as a baseline from which ICS estates plans can be developed
- work with partners, including local authorities and the VCSE sector, to design estates solutions that serve the needs of both health and care needs.

NHS England is developing further guidance to support the development of ICS estates strategies which will be made available in due course.

Procurement/supply chain

The JFP provides an opportunity to set out the approach to all common procurement activities across ICBs and their partner trusts (excluding those reserved to the ICB as a commissioner in accordance with the forthcoming provider selection regime and existing rules up to that time). This could include:

- the governance structure, including:
  - standing financial instructions
  - arrangements for reporting into the ICB
  - fulfilment of statutory obligations including Public Contracts Regulations.
- alignment with NHS-wide policies such as Greener NHS and eliminating modern slavery
- any changes to procurement structures that may be necessary to align resources with ICS objectives
- the role of technology and data in decision-making and supporting procurement systems inter-operability within the ICS
- alignment of category strategy with patient pathways, supply chain resilience and risk mitigation
- the contribution to aggregate ICS spending commitments.

Population health management

The JFP provides an opportunity to set out how the ICB and its partner trusts are supporting the implementation of a population health management (PHM) approach that puts data-driven decisions at the centre of the transformation of health and care services. The JFP presents a valuable opportunity for all levels of the system to build on existing ways of working to better use data and insights to identify, understand and mitigate the causes of health inequalities in communities through the development of preventative population-based care model design.

In their JFPs, ICBs and their partner trusts may wish to address how they are adopting the core set of design principles and capabilities for PHM, including:

- plans for integrated, person-level linked data across health, care and increasingly wider partners and clear and safe access controls through cross system information governance arrangements
- plans for the development of an ICS-wide intelligence function underpinned by a single analytical platform which can carry out advanced data and analytical techniques, such as population segmentation, risk stratification and financial risk modelling
  - these platforms should form part of the national whole to ensure we can create a learning health system
  - for example, offering data and analytics capability that aligns and docks into the national federated data platform.
- ensuring that local ICS and place-based decision-making forums, as well as integrated neighbourhood teams, have access to timely population health insight and analytical support.

ICBs and their partner trusts may wish to describe in their JFPs how they will:

- work across traditional organisational and contractual boundaries to progressively focus on proactive, population-based models that support individuals across the life course
  - this may include plans to consolidate leadership arrangements for PHM
- bring individuals, the public and staff along on the shift towards a more preventative and proactive model of care

- implement approaches such as population segmentation and financial modelling as part of business-as-usual, to inform planning resource delegation to places and investment decisions
- support the workforce to develop sophisticated analytical capability.
- develop models that increasingly consider the workforce, financial and contractual enablers to support person and population-based approaches to new service and contract models that hold local provider partnerships jointly accountable for outcomes and addressing inequity.

ICBs may wish to consider how they can continue to develop the necessary analytical and improvement skills across their wider workforce to support population health management as they look to strengthen and evolve the capacity and capability of commissioning teams.

Support continues to be available through the online PHM Academy and NHS England national and regional teams are continuing to support the spread of learning from the PHM and place development programmes through national and local communities of practice.

System development

The JFP provides an opportunity to build on previous system development plans to outline the ICB's development journey from establishment into a mature, thriving, learning system. As systems mature and relationships strengthen, the system architecture will evolve and the JFP provides the opportunity for ICBs to articulate how their system will develop over time to meet the strategic goals of the system and all partners.

ICBs may also want to include their plans for working with partner colleagues to strengthen integration and develop the system architecture, including the Local Authority and the VCSE sector.

In their JFPs, ICBs and their partner trusts may wish to address how they will:

- continue the ongoing development of the ICP through strengthening of relationships and including any refinement of membership, scope and purpose
- continue the ongoing development of the ICB, including plans for organisational development and future ways of working at system and place level
  - this could include how the ICB and its partner trusts plan to build their capability to identify and address quality, performance or financial challenges in the system together
- develop effective strategies for leadership development for very senior managers and place-based leaders, as well as leaders across a broader group of ICS partners
  - this could include the development plans for clinical and care professional leaders to help embed integrated ways of working across the system
- develop and deliver their strategic plans for ongoing place development
- deliver plans for the further development of provider collaboratives to plan, deliver and transform services, tackle unwarranted variation and deliver the best care for patients and communities; also, any delivery plans for any other pan-ICS collaboratives, such as specialised commissioning and pathology services

- deliver plans to take forward the recommendations of the recent Fuller review (Next steps for integrating primary care: Fuller stocktake report) and managers' review (Health and social care review: leadership for a collaborative and inclusive future) and the approach to develop the equality, diversity and inclusion agenda across the system, as well as the role of PCNs
- deliver plans outlining the continual building of strong partnerships to enable well informed decision-making across the system
  - this may include plans for how the ICB will continue to build on their existing relationships with NHS providers, local authority colleagues, VCSE partners, as well as wider partners including cancer alliances and AHSNs
- deliver plans for formal delegation of functions from NHS England and or the ICB, including the approach to financial delegation/pooling following the release of national guidance covering this area.

The following publications and documents may support ICBs and their partner NHS trusts and foundations trusts in developing their plans for system development:

- ICS Design Framework
- ICS Design Framework
- Menu of Support
- Thriving Places
- Working together at scale: guidance on provider collaboratives
- Guidance on partnerships with the voluntary, community and social enterprise sector
- Guidance on effective clinical and care professional leadership
- Fuller Stocktake

Supporting wider social and economic development

The JFP provides an opportunity to describe how ICBs and their partner trusts will work with other partners across their system to address local social, environmental and economic conditions, which impact on health and wellbeing outcomes. This includes identifying how the NHS's assets can be deployed in a way that maximises the generation of wider social, environmental and economic benefits through investment in healthcare delivery.

Specific priorities and objectives, and plans to achieve them, will be determined locally between ICS partners and their communities and should be reflected in the shared integrated care strategy and the JFP.

In developing their JFPs, ICBs and their partner trusts may wish to explore how they can work in partnership across their system to:

- use their role as employers
  - promote access to good, inclusive employment living wages, skills development and career progression
  - proactively target those furthest from the labour market and/or those who experience health inequalities
- use their estates and facilities
  - benefit the wider community, including in the commissioning and design, management and operations and development or disposals of land and buildings
  - for example, improving the environment and widening access to green spaces, providing community facilities, supporting high-quality, affordable housing, improving integration of local infrastructure and supporting local regeneration
- use their role in the commissioning and procurement of goods and services
  - drive social value, inclusive economic development, reduce inequalities and reduce environmental impact
- support research and innovation and attract investment into their region.

ICBs and their partner trusts may also wish to consider how they can develop and embed a holistic approach to improving health and wellbeing by:

- using an asset and strengths-based approach to planning, focused on what is important to local people and communities and how system partners can help build the assets and resources within their communities
- sharing data and insights, so resource can be targeted where it will have the most socioeconomic impact
- ensuring service, pathway and care model redesign are undertaken in collaboration with partners and communities
- developing outcomes-focused funding models and contracts which move beyond payment for activity to investment in longer-term population outcomes
- supporting health and care professionals to think about care and support holistically and making it easy for them to connect people to other services and resources which can support their wider needs (eg employment, housing).

Additional resources which may be helpful to inform thinking include:

- For further information on health anchors and social value: NHS England » Anchors and social value.
- The Health Anchors Learning Network which is a UK-wide network for people responsible for, or interested in, anchor approaches in health: Health Anchors Learning Network (haln.org.uk).

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

This publication can be made available in a number of alternative formats on request.