# Agenda Item 7

#### **Joint Health and Overview and Scrutiny Committee**

**DATE** 23<sup>rd</sup> August 2023

TITLE Developing our NHS Five Year Joint Forward Plan for South Yorkshire

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#### **Purpose of report**

#### Recommendations:

The Health Overview and Scrutiny Committee is asked to:

 Note the work undertaken to develop our initial five year NHS Joint Forward Plan for South Yorkshire including the engagement work and consider the engagement draft plan and provide feedback.

#### **Developing our NHS Five Year Joint Forward Plan for South Yorkshire**

#### 21st August 2023

#### 1. Purpose

1.1. This paper is to provide an update to the Joint Health Overview and Scrutiny Committee on the work undertaken to develop our initial NHS Five Year Joint Forward Plan for South Yorkshire. It builds on the update provided to the committee in late March 2023, at which it was agreed the Committee would come together at a later date to consider our Joint Forward Plan. An engagement draft of our Joint Forward Plan can be found here and an Executive Summary is shared alongside.

#### 2. Background

- **2.1.** The South Yorkshire Integrated Care Partnership published our initial Integrated Care Strategy for South Yorkshire on 24 March 2023. The Partnership has made a commitment to continue to engage and involve people and communities as we translate it into action and delivery. This includes development of our NHS Five Year Joint Forward Plan.
- **2.2.** NHS England published guidance on developing Five Year NHS Joint Forward Plans (JFP) in December 2022, alongside the annual Operational Planning Guidance. <u>B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf (england.nhs.uk)</u>
- **2.3.** Joint Forward Plans (JFP) are expected to set out how Integrated Care Boards together with their partner NHS Trusts will arrange and provide NHS services to meet both the physical and mental health needs of their local population, aligned to local joint strategic needs assessment and Health and Wellbeing Strategies.
- **2.4.** The national guidance is clear that systems are to use their Joint Forward Plan as a shared delivery plan for their Integrated Care Strategy, setting out the NHS contribution. Our strategy is underpinned and supported by the development of an outcomes framework, and we have built upon this to support our Joint Forward Plan.
- **2.5.** Joint Forward Plans are required to align to Operational Plans for 2023/24, and our initial Operational for South Yorkshire for 2023/24 was submitted in quarter one 2023/24.
- **2.6.** It is expected that JFPs will address the NHS universal commitments, that includes the areas identified in the NHS Long Term Plan<sup>1</sup> and alongside this contribute to the delivery of the ICS' four core purposes:
  - Improving outcomes in population health and health care
  - Enhancing productivity and value for money
  - Tackling inequalities in outcomes, experience and access
  - Helping the NHS to support broader social and economic development
- **2.7.** JFPs are expected to include the following:

2

<sup>&</sup>lt;sup>1</sup> NHS Long Term Plan, 2019 - NHS Long Term Plan » The NHS Long Term Plan

- **Workforce** Evidence based, integrated and inclusive workforce plans, aligned to operational planning, activity and finance plans.
- **Performance** Specific performance ambitions with trajectories and milestones that align to operational plan submissions, with regard to LTP ambitions.
- **Digital/data** Steps to increase digital maturity, contributing to delivering a digitised interoperable and connected health and care system
- **Estates** Steps to create stronger, greener, smarter, better health and care infrastructure with efficient use of resources and capital to deliver them.
- **Procurement/supply chain** Plans to deliver procurement to maximise efficiency, aggregation of spend and demonstrate delivery of best value.
- **Population health management** The approach to supporting implementation of more preventative and personalised care models, data and insight driven.
- **System development** How the system will organise itself for delivery, governance, role of places, provider collaboratives, clinical and care leadership and organisational development.
- Supporting wider socio-economic development How the ICB and NHS Trusts will support development and delivery of local strategies to influence social, environmental and economic factors that impact on health and wellbeing.
- **2.8.** The JFP will enable us to dispatch a range of legal requirements as set out in the guidance including our duties to improve the quality of services, promote integration and reduce health inequalities.
- **2.9.** There is an acknowledgment that the ask to develop our Joint Forward Plan comes at a significantly challenging time. A time when the NHS is recovering from the covid pandemic, there is ongoing industrial action and there are significant workforce and operational pressures across health and care services, and it is within this challenging context that we have continued to develop and shape our initial Joint Forward Plan for South Yorkshire.

#### 3. Developing our Joint Forward Plan for South Yorkshire

#### **Engagement Approach – Citizens, Patients and Carers**

- **3.1.** As set out in the update in March, to ensure that our initial Integrated Care Strategy was informed by people living in South Yorkshire we took a phased approach to engagement.
- 3.2. Working within the challenging timeline set nationally for developing our Integrated Care Partnership Strategy we started by exploring what we already know matters to people living in South Yorkshire by gathering insight from a wide range of engagement and involvement activities undertaken in South Yorkshire in the last two years by our partners, from 284 different sources. We then asked our communities a simple question to build on this: 'What Matters to You'?
- **3.3.** This campaign took place over November and December 2022. Working with our local Healthwatches and voluntary, community and social enterprise sector (VCSE) we reached out to as many people as possible in South Yorkshire, including our health and care workforce, children and young people, under-represented and socially excluded groups and more than 500 individuals and groups responded.

- **3.4.** The engagement work identified that there was a need for more information about health prevention and availability of different health and social care services, to make it easy for people to access health and social care services and removing barriers and to provide people with the information, tools and capacity to manage their own care.
- **3.5.** Individuals and groups said their highest priorities were **access to and quality of care**, improving mental health and wellbeing, support to live well, the wider determinants of health, and affordability, given the pressure on the cost of living. All of these themes were used to shape our Integrated Care Strategy and inform our Joint Forward Plan.
- **3.6.** Building on the engagement to inform our initial Integrated Care Strategy we made a commitment to ongoing engagement and as part of this ensuring that we hear from those we are yet to hear from and therefore we chose to 'continue the conversation'.
- 3.7. We commissioned Healthwatch in Barnsley, Doncaster and Sheffield, and Voluntary Action Rotherham to work with our underserved communities and asked them to focus on the most deprived communities in South Yorkshire (all of which are in the 20% most deprived nationally) and to ensure they chose some communities with a high proportion of ethnic minority groups as well as some with lower proportions of minority ethnic communities. They were also looking to engage other groups that suffer worse outcomes, (other than deprivation and ethnicity):
  - Inclusion groups, such as people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery
  - Disabilities physical as well as mental health and learning disabilities, autism and their carers.
  - Vulnerable children, that includes those in care and those leaving care (17–19-year-olds), those with gender identity issues
  - Digitally excluded communities
- 3.8. As well as this targeted approach we also created a survey for the general population and commissioned a street survey of people across South Yorkshire who are demographically reflective of the South Yorkshire population. Over 2500 responses were received. More details can be found in the full <u>involvement report</u>. The findings have been independently analysed and a set of common themes identified as follows:
  - Accessibility being able to access care services in a timely and convenient way
    was the most commonly cited concern linked to effects on the quality of care and a
    experience. This was felt particularly strongly in terms of demand for accessing GP
    services. Removing the barriers to accessing services reducing waiting times and
    knowing where to access information and support was mentioned by all audiences.
    Vulnerable and harder to reach groups also felt their access was limited by their
    particular circumstances / conditions / background.
  - Affordability the costs of transport, parking, medication, treatments as well as being able to live more healthily was also mentioned universally although this was especially important for underserved and underrepresented communities as well as health and care staff. Cost of living challenges is providing the context to these responses.

- Agency many people want to be in control of their own care and some are frustrated by the barriers that prevent this. Many welcome the opportunity that digital solutions (eg NHS App) provide but some want more from this eg access to medical records. Many, particularly more vulnerable groups, struggle to navigate the system so want better support, information and guidance to overcome this. People across all groups also wanted access to the resources and knowledge to make sure they and their families could live healthier lives. More details on the findings can be found in the Engagement Report.
- 3.9. Throughout our Joint Forward Plan we have endeavoured to illustrate where our planned actions will address the issues identified by our citizens and communities in our engagement. In some cases, for example the cost of transport, this is not within the direct control of the NHS but is an area we need to work with others to address, whilst also ensuring that we are doing what we can to ensure that those with the greatest needs are aware of and able to access the arrangements we have in place for reimbursement.

#### 4. Working together to develop our South Yorkshire NHS Five Year Joint Forward Plan

- **4.1.** A Joint Forward Plan Coordination Group was established in January 2023 to bring together places, provider collaboratives and alliances to coordinate our initial Plan for South Yorkshire. It has built upon significant work to date, our strategic baseline, work to understand our transformation programmes and work undertaken through our provider collaboratives and alliances to bring people together to consider and agree priorities for their respective areas of focus.
- 4.2. Since January 2023 work has progressed at pace including:
  - Ensuring all constituent members are sighted on our initial Integrated Care Strategy, our vision, shared outcomes, bold ambitions and joint commitments.
  - Revisiting the South Yorkshire Strategic Health Needs Assessment (HNA) and taking account of our strategic baseline assessment.
  - Taking account of our strategic baseline assessment and the requirements of the 23/24 operational priorities and the Long-Term Plan priorities
  - Building on the engagement and involvement approach which shaped our Integrated Care Strategy, continuing the conversation working with Healthwatch and VCSE (as described)
  - Building on all our existing Strategies and Plans, including Health and Wellbeing Strategies, Place Integrated Health and Wellbeing Plans and our South Yorkshire Five Year Strategic Plan (2019).
  - Taking a distributed leadership approach across our places, provider collaboratives and alliances, to gather key information and milestones through a co-produced template to enable development of an action focused JFP
  - Sharing outputs with a focus on year 1 & 2 priorities and discussions around key enablers, workforce, digital, innovation and cross-cutting themes, prevention first, improving population health and reduce health inequalities in all that we do.
  - Developing a 'working draft' of our initial Joint Forward Plan.
  - Work to identify our JFP strategic objectives and bring together our 'working draft' of our initial Joint Forward Plan.

- 5. Joint Forward Plan objectives and priorities across the life of the plan
  - **5.1.** Within the 'working draft' we identified a set of **JFP Shared Objectives**, a focus on year 1 and 2 priorities as well as a **longer-term view of priorities** across the life of the plan. A summary plan on a page can be found in **Appendix**, **A**.
  - **5.2.** The following JFP shared objectives were identified:
    - Reducing health inequalities and a prevention first NHS
    - Improving access, quality & transforming care
    - Supporting and developing our entire workforce
    - Partnerships and collaboration to deliver our plan
    - Digital, data and technology and research and innovation
    - Making the best use of our collective resource
  - **5.3.** The priorities in year 1 and 2 include a focus on **improving timely access** and **quality** of care, as identified as what matters most to people and a focus on the areas identified in the operational planning guidance, including the 31 national operational requirements.
  - **5.4.** Our draft JFP has been brought together to:
    - Address the key issues that South Yorkshire citizens are telling us matter to them and identified as our key challenges, including improved access and quality
    - Act as a shared South Yorkshire delivery plan for how the NHS working with Local Authorities, VCSE and others will deliver the Integrated Care Strategy
    - Deliver on our immediate priorities to continue to recover services in a way that all our communities have equitable access to the care and support they need whilst supporting and developing our entire workforce.
    - Continue being relentless and creative in both preventing ill health in the first place and our commitment to working in collaborations on the wider determinants of health to eliminating health inequalities in South Yorkshire.
    - Progress in delivering key ambitions set out in the in the NHS Long Term Plan including maximising on innovation and continuing transform the NHS for future generations.

#### System leaders from SY health and care organisations shaping the Plan

- **5.5.** A series of system development sessions took place in May and June with our System Leaders Executive (SLE) and these have helped shape and strengthen our JFP including:
  - Additional emphasis throughout on taking a preventative approach
  - Careful consideration of the level of ambition
  - Ensuring mental health and wellbeing is threaded throughout
  - The need for us to continue to create the conditions for collaboration
  - The need to be intentionally biased towards addressing health inequalities in all that we do and that this needs a culture change to enable
  - Addressing health inequalities is not separate to our financial challenges and working in a way that supports those with greatest need and tackles inequalities will also contribute to us making better use of our collective resource and finances

- Opportunity to explore flexibility and freedoms to enable providers to work together differently, move beyond transactional commissioning and contracting and share responsibility differently across our developing Provider Collaboratives & Alliances.
- SLE feedback also advocated an increased focus on outcomes. In response to this the
  latest draft includes a set of measurable outcomes for each area and the Outcomes
  Framework developed to underpin our Integrated Care Strategy has been expanded to
  cover our JFP.

#### Health and Wellbeing Boards, Places, Collaboratives and Alliances considering the Plan

- **5.6.** The draft JFP was shared with our Place Partnerships, each of our Health and Wellbeing Boards, our Provider Collaboratives and Alliances in late May and early June for feedback. Feedback has been received from a wide range of partners and the themes were similar in nature to those put forward by our System Leaders Executive and Integrated Care Partnership. The feedback continues to be taken on board to shape the latest engagement draft, that is enclosed. This draft was shared with NHS England on 30<sup>th</sup> June.
- **5.7.** The engagement draft is now on our NHS South Yorkshire website to enable interested citizens to consider and feedback on a full draft. It has been shared alongside an Executive Summary (both enclosed) and an easy read version is under development.
- **5.8.** In addition to the work to develop our SY NHS Five Year JFP Place Partnerships have been refreshing their integrated health and care place delivery plans. These plans are aligned to our JFP and fundamental to delivery.
- **5.9.** Provider Collaboratives and Alliances have also continued to develop detailed delivery plans for year 1 and 2, whilst simultaneously considering the longer term. As part of this a number of key strategies have been developed and/or are under development including a number of service focussed practical strategies:
  - A Clinical Strategy led by the South Yorkshire and Bassetlaw Acute Federation now finalised and available here clinical strategy documentv8.pdf (syics.co.uk)
  - A Strategy for Children and Young People, led by the CYP Alliance under development
  - A Mental Health Strategy, co-produced with the Mental Health and LD Provider Collaborative and ICB – under development

#### South Yorkshire Integrated Care Partnership considering the Plan

- **5.10.** The South Yorkshire Integrated Care Partnership considered the draft JFP and emerging findings from our engagement work on 23<sup>rd</sup> May and the feedback has been used to further strengthen our JFP including:
  - Ensuring sufficient focus on what is described as 'left shift' throughout, that is taking a preventative approach with a focus on upstream, early identification & intervention
  - Strengthening the focus on multi morbidity & preventing onward LTC acquisition
  - Ensuring a clear focus on the immediate areas of challenge that matter to people in South Yorkshire, including access to GP services and primary care, and waiting times for elective and diagnostic, cancer pathways and mental health services.
  - The opportunity to consider further the role of social care, noting fundamental to discharge and keeping people well and supported in their communities.

 Potential to strengthen links to housing and work and health eg opportunity via primary care networks in local communities to employ local people and act as anchor institutes

#### 6. Developing our Outcomes Framework

- **6.1.** As outlined in our previous update we developed an Outcomes Framework to underpin our Integrated Care Strategy. We have built upon this existing ICS Outcomes Framework (OF) to include the key measures and metrics that align to the JFP objectives and priorities (**Appendix**, **B**). As the JFP and ICP strategy have the same ultimate goals it makes sense to use the same Outcomes Framework. The OF will support the Integrated Care Board in measuring and evaluating its role in improving patient outcomes, population health and system performance as well as its progress towards the ICP goals and ambitions.
- **6.2.** The Outcomes Framework will provide a comprehensive set of outcomes relating to our priorities including population health outcomes, patient experience, safety, efficiency and equity. The outcomes selected will be measurable so we can track progress over time, and it will be dynamic and flexible to allow for changes in priorities or emerging issues and it will be reviewed regularly. The plan is to be transparent and publish the metrics so that they are publicly available.
- **6.3.** The framework will consist of a set of outcome-specific metrics as well as the key performance metrics (KPI) that will inform our progress towards the desired outcomes. **Appendix B** is a summary of the Outcomes that have been identified in the JFP.

#### 7. Next Steps

- **7.1.** The following key next steps are identified:
- **Ongoing Engagement** To ensure that feedback continues to be taken on board to inform the final draft of our JFP and that the learning from the engagement work, the approach taken, and partnerships forged with Healthwatch and VCSE partners is captured to inform our ongoing engagement activities.
- Outcomes Framework To continue the work commenced to expand our System
  Outcomes Framework. This will inform how the ICB and system partners develop outcome
  focussed approaches to planning and delivery including a dashboard to evaluate progress
  and success.
- **System financial outlook** building on the 23/24 financial strategy and outlook and give a forward look to the shape of the economic impact of the South Yorkshire strategy and its delivery through the JFP.
- **Develop full final draft JFP** To finalise our initial JFP for South Yorkshire reviewing and responding to feedback from citizens, NHS England and JHOSC over the summer and finalising in readiness for early September. Noting that this is our initial JFP and there is an expectation that it will be updated annually, through which we will have the opportunity to work with our partners to further strengthen as our plans develop.

• **Launch plans** – To develop plans and a suite of resources to launch our initial SY JFP during September.

#### 8. Recommendations:

- 8.1. The Health Overview and Scrutiny Committee is asked to:
  - Note the work undertaken to develop our initial five year NHS Joint Forward Plan for South Yorkshire including the engagement work and consider the engagement draft plan and provide feedback.

## **South Yorkshire Joint Forward Plan**

# - Summary

Taking a preventative, population health approach and reducing health inequalities in all we do by focusing on those with greater needs

Improving access, quality and transforming care

Working in partnership with people and communities and Voluntary, Community & Social Enterprise (VCSE)

Improving maternity services and services for children and young people (0-25 years).

Improving access to Primary Care (GPs, Primary Care Networks (PCNs), community pharmacists, optometrists and dentists).

Transforming Community Services (Including proactive integrated community teams, delivery of urgent community response and expansion of virtual wards.).

Recovering urgent and emergency care, including developing alternatives to A&E, improving processes, hospital flow and discharge.

Recovering & optimising cancer, elective and diagnostic pathways, implementing best practice and reducing variation.

Improving access and transforming mental health services for children and young people and adults.

Improving access and redesigning specialist services for those with learning disabilities and autism.

Supporting and developing our entire workforce

Maximising opportunities and benefits of digital, data and technology and research and innovation

Making best use of our collective resources

#### Appendix, B

### NHS South Yorkshire - Outcomes

#### **Our Shared Outcomes Long Term Conditions** Integrated Community Services Achieving Net Zero Percentage of adults who smoke Unplanned hospitalisation for chronic ambulatory Hospital admissions for alcohol-specific conditions · Reduce mortality amenable to care sensitive conditions Percentage of adults that are obese healthcare Numbers of people dying at home/hospital/ The rate of deaths in the under 75s from major diseases hospice/care home · Patient and family experience Rate of emergency admissions for major diseases Admissions for falls in older people measures Prevalence of multi-morbidity in patients with LTC Older people who were still at home 91 days after · Inequalities in access, experience Proportion of people feeling supported to manage their discharge from hospital into reablement services and outcomes condition Specialised services Core20 Plus 5 metrics Number of patients accessing thrombectomy **Cancer Services** Stillbirth and neonatal mortality rate Percentage of cancers diagnosed at stage 1 and 2 Cancer 5 year survival rate Health Inequalities Lens Five-year survival rate from all cancers Reduced rate of growth in new referrals to renal dialysis Premature mortality rate for cancer **Elective and Diagnostics** Inequality in elective admissions by deprivation Mental Health Learning Disabilities and Autism Excess under 75 mortality rates in adults with Waiting times for diagnostics and elective care SMI or LD Outcomes Hospital readmission rate within 30 days of discharge Hospital admissions as a result of self harm South Yorkshire Urgent and Emergency Care Suicide rates by sex and by LD/A Integrated Patient and staff experience of A&E Gap employment rate for those with SMI or LD Care System Smoking prevalence for those with SMI Mortality attributable to A&E pressures (TBC) Dementia diagnosis rate in those aged 65 Preventing harm metrics (TBC) Prescribing of anti-psychotic medication **Primary Care** School exclusions for those with LDA Patient satisfaction with accessing GP services Patient satisfaction with accessing NHS dental Ensuring the best start in life - Maternity services Neonatal mortality and stillbirth rate Units of dental activity Percentage of mothers that reported smoking at time of delivery Number of GP practice appointments Maternal mortality rate Integrated Pharmacy and Medicines Rate of premature births Antibiotic prescribing rates Admission rates of babies aged under 14 days Hypertension diagnoses Prevalence of breastfeeding **Enablers** SABA prescribing Children and Young People Sustainability Unplanned admission rates for asthma, diabetes and Energy consumption and transition to renewable epilepsy sources Hospital tooth extractions due to decay NHS Fleet related emissions Elective waiting times for children SABA use in asthma patients and use of DPI inhalers School absenteeism Emissions from Entonox Data. Developing Making best Working Quality Digital and use of our Technology Workforce People

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