

 <b>Brent</b> <b>North West London</b>	<b>Brent Health and Wellbeing Board</b> 30 January 2025
	<b>Report from the North West London Integrated Care Board (NWL ICB)</b>
<b>NHS North West London Joint Forward Plan 2025/26 to 2029/30 (DRAFT)</b>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
<b>List of Appendices:</b>	Appendix 1 – Draft NWL ICB Joint Forward Plan
<b>Background Papers:</b>	N/A
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## 1.0 Executive Summary

- 1.1. This report sets out the NHS' Joint Forward Plan for 2025/26 to 2029/30. This builds on both the Health and Care Strategy agreed by North West London Integrated Care Partnership (NWL ICB) in November 2023, as well as the NHS' Joint Forward Plan for 2024/25 to 2028/29.
- 1.2. The ICB and its partner NHS trusts are required to publish a Joint Forward Plan before the beginning of each financial year (i.e., 31st March). NB – 'Joint' in the legislation is explicitly joint between ICB and trusts, not NHS and local authorities.
- 1.3. This year, the development of the Joint Forward Plan has been relatively light touch – driven in part by two key factors – the organisational restructure of the Integrated Care Board, as well as the imminent arrival of the NHS' 10-year plan. Therefore, the nine priorities have remained the same, while the sequencing of actions underneath the nine have been updated.
- 1.4. For this Joint Forward Plan, we prioritised:

- a. Greater focus on prioritising initiatives based on their expected impact and the relative effort required to unlock that impact.
- b. Deprioritising initiatives that were deemed to be low impact.
- c. Tying priorities to the North West London Shared Needs Assessment (published in September).

## **2.0 Recommendation(s)**

The Board is requested to:

- 2.1 Provide its opinion on the contents of the Joint Forward Plan, including whether the plan takes proper account of its joint local health and wellbeing strategy.
- 2.2 Provide potential suggestions for improvement that can be made to the plan prior to the NHS England submission deadline of 31st March 2025.

Note: The ICB and partner NHS trusts are seeking opinion from all Health and Wellbeing Boards within the North West London footprint.

## **3.0 Detail**

### **3.1 Context**

- 3.1.1 The Joint Forward Plan is a statutory document that sets out how Integrated Care Boards (ICBs) and their partner NHS trusts propose to exercise their functions in the next five years.
- 3.1.2 The Joint Forward Plan takes the Health and Care Strategy for North West London published in 2023 (including the borough joint health and wellbeing strategies), the nationally set NHS operating plan<sup>1</sup> and agreed national and local targets and translates these into meaningful milestones and activities. It clarifies where the NHS will prioritise resources and objectives now and where we should invest in the future. It hence reflects and complements the joint local health and wellbeing strategies developed by each of our boroughs.
- 3.1.3 Our borough-based partnerships and provider collaboratives will continue to have their own specific plans to improve health and wellbeing and to deliver the NHS operating plan. However, aligning these with the Joint Forward Plan will mean that we can concentrate resources across the system in the most effective way possible.

### **3.1.4 The refreshed Joint Forward Plan contains:**

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<sup>1</sup> The 2025/26 priorities and operational planning guidance is yet to be published. The JFP was developed using our best intelligence as to the likely content of the guidance.

- **Section A:** An introduction section outlining our key challenges, and our ambition for INTs.
- **Section B:** Summary of our nine priorities.
- Detailed actions and outcomes against our nine priorities, with a particular emphasis this year on INTs.
- **Section C:** Plans for our enabling functions to support the priorities.
- **Section D:** Plans for our provider collaboratives to support the priorities.
- **Section E:** Borough-based partnership plans setting out alignment with NWL priorities to achieve scale and separate, local priorities.
- **Section F:** Supporting plans, including our commitment to delivering the ICB statutory functions and alignment of the Joint Forward Plan to our legislative requirements.
- **Section G:** Appendices: including supplementary information and a glossary of key terms and acronyms.

3.1.5 The process of producing the Joint Forward Plan, as well as being a statutory requirement, is part of the ICB's ongoing journey to improve its effectiveness as an organisation. It aims to:

- Show how the six priorities identified in the Health and Care Strategy for North West London translate into programmes of work.
- Deliver consistent plans and priorities and improve coordination across the ICB (and thereby reduce bottlenecks resulting from conflicting priorities between different parts of the ICB and the wider ICS).
- Identify areas where working at scale across North West London to develop a shared offer and models of care that can be tailored locally will enable us to go further and faster in delivering for our population.
- Be consistent with the ICB's medium term financial strategy.
- Ensure that local priorities that are not shared between North West London's borough Health and Wellbeing Strategies can continue to be progressed locally.
- Be deliverable within the reduced capacity of the ICB.

## 3.2 Process

3.2.1 In developing the plan, we followed a similar approach to last year:

- Each programme, clinical network, borough team and provider collaborative submitted their **proposed workstreams and initiatives** for the next five years (with greater levels of detail provided for years 1 and 2).
- Teams were asked to align their workstreams and initiatives against the nine priorities identified last year, as well as to focus on transformation activities only (as opposed to business-as-usual activities such as providing day-to-day services).

- Teams were asked to ensure to ensure their proposed initiatives are deliverable within their existing resource envelopes (including staff and pre-agreed funding).
- A **town hall meeting** bringing together representatives across the ICS leadership was held in early December to discuss their plans, highlight links, dependencies and gaps.
- Based on feedback from the Town Hall the programmes, clinical networks, borough teams and collaboratives **resubmitted their plans**, and we **re-sequenced** workstreams and initiatives across the five years as appropriate.
- Further re-sequencing and refinement will be undertaken in the coming months.

### 3.3 Introduction (summary from the Joint Forward Plan)

3.3.1 Like last year, planning took place against a challenging backdrop – in common with the NHS across the country, our services have been under immense pressure in the last couple of years. Although North West London is one of the best performing healthcare systems, we have:

- A **population challenge**, with life expectancy at birth having decreased steadily since 2017, significant disparities in health outcomes across our geographic footprint, and a significant burden of disease driven by heart conditions, lung cancer, and respiratory problems.
- An **organisational challenge**, with new statutory duties and a workforce that has recently been re-structured, but also new opportunities through changes to the way we work across our partnerships and our providers coming together as collaboratives to capture the benefits of scale, reduce unnecessary variation and create greater resilience. We continue to refine our values and operating model.
- A **financial challenge**, with a spend per head lower than average, limited capital, and a significant forecast financial deficit across the ICB and NHS provider trusts. As a consequence, the NHS organisations within the North West London ICS have recently been placed in level 4 of NHSE's System Oversight Framework.

3.3.2 This means that our focus in the initial period of the plan continues to be on providing a common set of high quality services across North West London, maximising productivity, and reducing waiting times.

3.3.3 We also need to shift to greater levels of preventative and proactive, community-based care. We believe that **integrated neighbourhood teams (INTs)** are the core mechanism for enabling the shift, and this year's planning process has emphasised the need to accelerate the development of INTs and has placed this priority at the heart of our plan. INTs will enable:

- **Neighbourhood working:** Aimed at provide a demonstrable improvement in experience for staff and residents.

- **Preventative care:** Delaying the onset of LTCs and/or frailty and also supporting people with self-management of early stage LTCs.
- **Proactive care:** Reducing exacerbations and escalation of patients with LTCs and/or frail and elderly patients.
- **Reactive care:** Enabling urgent needs to be better managed in the community, or when hospital admission is required – expediting discharge.

### 3.4 Our priorities (summary from the Joint Forward Plan)

3.4.1 The nine priorities identified in the Joint Forward Plan are:

Theme	No.	Priority
<b>Enhance integration across health and care services to enable proactive joined-up care.</b>	1	Establish integrated neighbourhood teams (INTs) with primary care at their heart.
	2	Reduce inequalities and improve health outcomes through population health management.
	3	Optimise ease of movement for patients throughout their care – right care, right place.
<b>Consistent, high-quality and efficient community and mental health services.</b>	4	Embed access to consistent high-quality community services by maximising productivity.
	5	Improve children and young people’s mental health and community care.
	6	Improve mental health services in the community and services for people in crisis.
<b>Enhance specific services – maternity, cancer and planned care.</b>	7	Transform maternity care.
	8	Increase cancer detection rates and deliver faster access to treatment.
	9	Transform the way planned care works.

Note that these priorities have remained unchanged from last year’s plan, however, they have been reordered and collated for practical reasons.

**Note:** Further details against each of the nine priorities, including actions against each priority, are provided in the attached Joint Forward Plan (from page 16 to page 60).

### 3.5 Work still outstanding:

3.5.1 The ICB and its NHS partner trusts are currently working on the following strategic projects, and therefore the Joint Forward Plan will require further updates once these projects are complete (all expected to be completed between January and April 2025).

- **Urgent and emergency care** strategy – in particular, the modelling work is still outstanding, which may affect some of the key recommendations, and subsequently, our JFP (particularly in priorities 1 and 3).

- **Integrated neighbourhood teams** – work is ongoing to define the integrated neighbourhood team operating model and priority cohorts.
- **Planned care strategy** – a five-year elective recovery implementation plan will be developed as part of the planned care strategy work. Following the development of the implementation plan, actions under priority 9 in the JFP will be updated to reflect the plan.

### 3.6 Our enabling team plans

3.6.1 Please see section C of the attached Joint Forward Plan.

### 3.7 Our provider collaborative plans

3.7.1 Please see section D of the attached Joint Forward Plan.

### 3.8 Our borough-based partnership plans

3.8.1 The Joint Forward Plan also includes a summary of each borough-based partnership’s plans. The plan sets out where these align with the nine North West London priorities and can therefore be delivered at scale and where there are additional activities which may be phased differently or implemented now for specific, local reasons in agreement with their Health and Wellbeing Boards.

3.8.2 The priorities for Brent within this year’s Joint Forward Plan are provided below for convenience (note, this is an extract from the full document attached):

## Brent: our priorities

Priorities	Key deliverables	Progress	Challenges	Next steps
<b>Integrated neighbourhood teams (INTs)</b>	Integrated care pathways, streamlined service access and robust data connectivity.	Strengthened partnerships and commenced the implementation of smoother data sharing.	Aligning systems and workflows across a range of organisations and resource constraints.	Rollout of data systems, expanding training initiatives and addressing gaps in digital literacy.
<b>Health equity</b>	Coproducing health and wellbeing initiatives to empower communities to improve their health.	Links with 428 orgs., 234 events delivered, with 11k attendees, 10k health checks completed and 4.5k emotional wellbeing interventions.	Embedding the tackling of health inequalities into 'business-as-usual' for all services.	Reaching out to additional communities and supporting Brent's adult social care team to deliver community assessment days.
<b>Primary care</b>	Improved access and patient choice to reduce avoidable hospital admissions and improve capacity.	Improved access and patient choice to reduce avoidable hospital admissions and improve capacity.	Access, recruitment and retention, a paediatric hub in Kilburn and changing demographics.	An access programme to ensure patient needs are addressed, staff engagement surveys, patient focus groups.
<b>Mental health</b>	PHM, prevention models and care strategies, awareness Raising, effective treatments and recovery-focused practices.	A new service model developed for NW2, NW10 and HA9, aimed at improving crisis response, outreach and psychologists.	Increased demand on specialist CAMHS with these pressures also reflected in general practice, schools and voluntary sector.	Reduce waiting times for specialist CAMHS and neurodivergent services and increase dementia diagnosis rates.
<b>Community services</b>	Reduction in hospital admissions for patients with frailty and readmissions in patients with dementia.	Partnering with Brent Public Health's Asthma Friendly Initiative – 23% of schools now have emergency asthma supplies and trained staff.	Resources remain a challenge, particularly with hospital discharge schemes, Tier 2 and 3 children continence and specialist school nursing.	Measure the outcomes of schemes being implemented with KPIs established for each.

### 3.9 Ways of Working

3.9.1 As we have progressed the organisational restructure, staff in the ICB have expressed considerable scepticism that that the organisation will indeed adhere to a defined list of priorities when there are considerable pressures to react to further demands. To build confidence, we have used feedback from the Town Hall event to develop a set of principles:

1. **Priorities are collectively agreed upon and endorsed** - ensuring alignment across all program teams, boroughs, networks, and collaboratives, fostering understanding and endorsement of the priorities and their sequencing;
2. **Programme priorities are aligned with Borough requirements** - ensuring consistent delivery of priorities to the same standard and at the same time. This may necessitate some programs and boroughs to adjust their focus and adopt a more collaborative approach;
3. **Clear establishment and monitoring of deliverables and metrics for each priority** - with a single empowered lead overseeing each aspect;
4. **We are empowered to discontinue deprioritised work and to challenge additional tasks** - thorough scrutiny and review should be applied to any work that does not support a priority;
5. **Resource allocation is accurately aligned with priorities** - with some activities being halted and increased focus directed towards certain areas;
6. **Leadership is committed to upholding these commitments** - being prepared to push back against national and regional requests, while carefully considering the implications of any additional tasks.

### 3.10 Overseeing implementation of the JFP

3.10.1 We will use the Joint Forward Plan to track our delivery against the milestones and actions in the priority areas and report these through the ICB performance processes. The performance report is currently being redesigned to more closely align to the Joint Forward Plan priorities. Progress against the milestones and actions in the JFP will be reported through this route. Local delivery will continue to be reported through local structures.

3.10.2 The ICB's Strategic Commissioning Committee is also establishing a cycle of strategic reviews. The committee has representation from a DASS and a DPH. The reviews will follow a clear structure – starting with the relevant goals laid out in the JFP and progress towards them.

### 3.11 Feedback from Health and Wellbeing Boards

3.11.1 All Health and Wellbeing Boards (HWBs) within the North West London footprint are being sent draft versions of the Joint Forward Plan from January 2025 onwards. Boards are being asked to:

- Provide its opinion on the contents of the Joint Forward Plan, including whether the plan takes proper account of its joint local health and wellbeing strategy.
- Provide potential suggestions for improvement that can be made to the plan prior to the NHS England submission deadline of 31<sup>st</sup> March 2025.

### **3.12 Next steps**

3.12.1 The NHS is required to produce a five-year Joint Forward Plan before the beginning of each financial year. This provides us with the opportunity to update the plan as local and national priorities evolve.

3.12.2 Like this year, our aim is to produce a draft by December of each year, giving Health and Wellbeing Boards time to comment in January, February and March to allow publication by March 31st. All Health and Wellbeing Boards within the North West London footprint will be asked for comment each year.

3.12.3 In line with the above, the NHS North West London Joint Forward Plan 2025/26 to 2029/30 will continue to be updated and refined from January to March 2025.

## **4.0 Stakeholder and ward member consultation and engagement**

4.1 Significant engagement has been undertaken in developing the Joint Forward Plan for 2025/26, including engagement undertaken for the previous year's Joint Forward Plan. Senior stakeholders in health and care services were involved in the development of both plans, through 1:1 engagement, or through wider Town Hall events. Health and Wellbeing Boards were engaged in mid-2024 for the previous Joint Forward Plan.

4.2 Further engagement is planned for January to March 2025, including other Health and Wellbeing Boards and the public (through publishing on the North West London ICB website).

## **5.0 Financial Considerations**

5.1 There are no financial implications resulting from the recommendation(s) made by this report.

## **6.0 Legal Considerations**

6.1 ICBs and their relevant partner trusts are subject to a general legal duty to refer the Joint Forward Plan to their relevant Health and Wellbeing Board. Health and Wellbeing Boards have a duty to respond to the Joint Forward Plan giving their opinion on whether the plan takes proper account of their joint local health and wellbeing strategy.



6.2 The responsibilities of the Health and Wellbeing Board include the following:  
“To consider how to best use the totality of resources available or health and wellbeing, subject to the governance processes of the respective partner organisations as appropriate.”

## **7.0 Equity, Diversity & Inclusion (EDI) Considerations**

7.1 Priority No. 2 in the Joint Forward Plan for 2025/26 relates to reducing health inequalities and is founded on a robust analysis of health inequalities across North West London, as demonstrated by the North West London Shared Needs Assessment, published in 2024.

7.2 It should also be noted that the ICB and partner NHS organisations conduct Equality Impact Assessments on specific proposals, rather than overall plans.

## **8.0 Climate Change and Environmental Considerations**

8.1 N/A

## **9.0 Human Resources/Property Considerations (if appropriate)**

9.1 N/A

## **10.0 Communication Considerations**

10.1 N/A