

# Meeting of Integrated Care Board

Date: 1 September 2022

Time: 11.00am

Location: University of the West of England, Enterprise Park 1, Lecture Theatre, Long Down Avenue, Stoke Gifford, BS34 8QZ

<b>Agenda Number:</b>	Item 11
<b>Title:</b>	Integrated Care Partnership Board Update: integrated care strategy development
<b>For Information</b>	
<b>Key Points for Discussion:</b>	
<b>Purpose:</b> <ul style="list-style-type: none"> <li>To brief members on the strategy development process and their role within it</li> <li>To propose ongoing engagement with the ICB Board</li> <li>To inform members about and encourage attendance to Partnership Day</li> <li>To brief members on the emerging outputs from the deep understanding phase</li> </ul>	
<b>Recommendations:</b>	<b>Next Steps:</b> <ul style="list-style-type: none"> <li>There is an intention to ensure ongoing involvement of the ICB Board through surveys, briefings at future meetings and workshops</li> <li>Partnership Day: ICB Board members encouraged to take note as invitations are sent out this week</li> </ul>
<b>Previously Considered By and feedback :</b>	Integrated Care Partnership Board, 21 July 2022
<b>Management of Declared Interest:</b>	N/A
<b>Risk and Assurance:</b>	N/A This paper provides an update on the work of the Integrated Care Partnership Board in developing the system strategy.
<b>Financial / Resource Implications:</b>	To be determined as and when options are presented for decision.



<b>Legal, Policy and Regulatory Requirements:</b>	The Integrated Care Partnership is required to publish a draft strategy by end of December.
<b>How does this reduce Health Inequalities:</b>	Reducing health inequalities is one of four overarching purposes for developing the system strategy
<b>How does this impact on Equality &amp; diversity</b>	To be determined as and when options are presented for decision.
<b>Patient and Public Involvement:</b>	The strategy development process is involving people who use our services and other residents through the Big Conversation public engagement exercise.
<b>Communications and Engagement:</b>	The main public communications channel is through the Big Conversation. Briefings have been provided for Health and Wellbeing Boards and further engagement with Health and Wellbeing Boards is planned for the Autumn
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<b>Sponsoring Director / Board Member:</b>	Shane Devlin

## **Agenda item: Item 11**

### **Report title: Integrated Care Partnership Board Update: integrated care strategy development**

#### **Purpose:**

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- To brief members on the strategy development process and their role within it
- To propose ongoing engagement with the ICB Board
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- To brief members on the emerging outputs from the deep understanding phase

#### **Background:**

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The legislation that enshrines Integrated Care Systems in statute confers a duty on Integrated Care Boards and Local Authorities to establish joint committees, to be known as Integrated Care Partnerships. The purpose of the Integrated Care Partnership is to develop and oversee delivery of an Integrated Care Strategy for the system.

The establishment of the Integrated Care Partnership (ICP) for BNSSG offers an opportunity to harness the collective powers of the NHS, Local Authorities, social care providers, the voluntary and community sector and other partners to drive significant improvement in the physical and mental health and wellbeing of our population and the reduction of inequalities.

The national drive for an Integrated Care Strategy provides an opportunity for our partnership to articulate the overarching priorities and joint commitment of our partnership. This strategy will define the commitment of our partnership to improve outcomes for our population and be published as a final draft in December 2022. Further consultation and governance will be conducted in the New Year.

In this way, the strategy will frame the Joint Forward Plan of our Integrated Care Board, NHS and Foundation Trusts and will provide a basis for the Integrated Care Partnership Board to hold all Partners to account for delivery.

#### **Our Strategy Process:**

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Our strategy will be driven by a deep understanding of what is important to our population, alongside objective data driven analysis of population need and the constraints that partners are working within.



### Phase 1 – Deep understanding

The Strategy is being built upon a strong foundation of evidence, building on the wealth of knowledge already available. This evidence is being drawn through five different lenses:

1. What does the data say the biggest health needs are in BNSSG? The Population Health Team are working on a Strategic Needs Assessment to give us this foundational base.
2. What do our population value? Through Big Conversation and previous engagement work we will understand what makes the people who live and work in BNSSG feel healthy.
3. What have our partners already committed to? This is being done through a synthesis of existing strategies.
4. What does the national policy legislation say? Alongside our local need, we must ensure that this strategy will deliver on the national ambitions for ICS.
5. What are the constraints that we are working within? We need to make sure the strategy is grounded in the financial, workforce and performance reality of today so that it is credible and realistic.

Bringing these five perspectives together will give a rich understanding of our System as it is now, and a solid foundation to build a strategy from.

### Phase 2 – Defining our priorities

This will provide a baseline position, from which we can define strategic priorities for our System over the next 2, 5, 10 and 20 years. This will be done through a long-listing and then short-listing process. The long-listing process will focus on turning the outputs from Deep Understanding into a set of specific, strategic potential priority areas. These will be processed through a strategic filter to ensure they are tackling a clearly identified health need, reducing inequalities, and that they are complex issues requiring cross-partnership action to solve them.

We expect this to result in a list of 10-12 potential strategic priorities. These will then be put to the Partnership Day, further details below, to give a wider range of stakeholders an opportunity to play a substantive role in deciding what our priorities should be as a partnership.

### **Phase 3 – Strategy development**

The Strategy Development Phase will focus upon the development of the more detailed plans behind each of the shortlisted priorities.

Sprint Teams will be established, aligned to each priority, who will do short term intense work that can then be referred into the Strategy Governance process for review and assurance. Through this cycle we will generate significant and worked through content for the strategy.

Each Sprint Team will be made up of 8-10 people, including involvement of subject matter experts and lay representatives. These Sprint teams will have one or more of the Strategic Priorities to focus upon and the outputs will form a chapter of the strategy. As a minimum this will contain:

- Articulation of the problem and extent of variation
- Our 'vision' of the future state
- Our strategic approach to meet the challenge
- Strategic actions the Partnership can take in the short, medium and long term
- Outcome measures and "Beacon" markers for progress in 2, 5, 10 years etc

### **Phase 4 – Bringing the strategy together**

Once the Sprint Teams have completed their work, we will have about a month to bring the strategy together as a first draft. This should be completed by the end of November.

The first draft will then go through required system and partner governance processes during the month of December so that we have a final draft, ready for publication at the end of December.

### **Phase 5 – Communicating our strategy**

The final phase will be to communicate the strategy. This phase will include working with key population groups to test how the draft we have arrived at meets their expectation and their ambition for where they live. There will also be an opportunity to do further engagement with partner organisations and their boards. The aim will be to have a Final Complete Strategy signed off ready for publication in March 23, alongside the Joint Forward Plan and Operational Plan for the coming years.

## **Partnership Day: 18 October 2022**

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On 18 October, we are proposing a Partnership Day to give partners and wider stakeholders a substantive role in defining the priorities for our strategy. The perspective that ICB Board members will bring to that day will be valuable in ensuring that the conversation is a rich discussion, but also that organisational realities are understood and reflected.

This day will:

- decide on the problems that we are trying to solve as a partnership

- begin to design the shared vision for our population
- enable a wide group of stakeholders to participate in decision making.

Senior leaders in the ICB and the ICP have been clear these new structures must not simply be rebadging what came before and that we must have a fundamentally different relationship with partners, local authorities, the VCSE sector and communities. The Partnership Day is an opportunity to show our commitment to these new ways of working.

Partnership Day will bring together our formal partners with a wider group of stakeholders to actively participate in the decision-making process for our System priorities.

### **Invitees**

By holding these conversations and inviting wider stakeholders to be a part of it, we can be assured that we are producing a strategy that speaks to the people who work in our organisations and live in our system.

### Invite list

In addition to the ICP and ICB Boards, we are inviting health and care professional leads to provide strong clinical voices in the room, the 9 Local Authority Directors from the 3 Local Authorities for Adult Social Services, Children's Services and Public Health. Finally, in recognition of the scale of this strategy and the impact of "place" on the wider determinants of health, we have also invited the Council Leaders.

### Partnership Board guests

Each partnership board member has been asked to bring 4 guests not on the essential invite list. These guests should be drawn from their wider network, and we would suggest at least 2 should be drawn from outside their organisation. Due consideration should be given to the diversity of the area they serve, so that we try to have a wide range of representation from different ethnic backgrounds, socio-economic status, sexual orientation, age, gender etc

### Chair's invite list

The Chair's invite list will contain up to 30 people invited to increase the diversity of background and thought in the room. The Chair's invite list will be finalised later on in the process once we have a better idea of the characteristics that we are lacking in the other 2 invite lists.

### **Emerging Outputs:**

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Through the first Deep Understanding Phase, we already have themes and outputs emerging that the ICB Board should be aware of.

### **Strategic Needs Assessment**

The Strategic Needs Assessment has identified three top level 'themes' that we will structure the Strategy around. Alongside this, there are 16 'issues' that have been identified as having the biggest impact on population health outcomes. These 16 issues range from big structural

inequalities to specific conditions and so further interpretation is required to turn them into potential priority areas that we can shape the strategy around.

The three themes are:

- ***The majority of health needs can be prevented***

Prevention is highlighted as being particularly important because someone's health is influenced, positively and negatively, by their whole life and the events that happen to them. For example, Adverse Childhood Events (ACEs) result in the brain developing differently so the individual is less able to cope with future stress making them susceptible to mental health issues, drug and alcohol dependency and that can lead to serious physical health issues. There are causal chains across physical and mental health that can be traced back and could have a significant impact on the overall health and wellbeing of the population. There are real opportunities to developing sustainable services locally over the longer term by addressing the root causes of poor health together

- ***Issues are clustered***

While Health and Care Services tends to address issues by their disease type and diagnosis, maintaining a siloed approach, the individual person or family will often be managing multiple issues which may or may not be interrelated. Issues tend to cluster, resulting in disproportionate need being focussed on a single person, family, street or ward. This is well known in the integration agenda but focusing on communities and common needs provides an opportunity for the System to build locally appropriate services that both tackle current needs and prevention opportunities.

- ***Health inequalities hurt the individual but also wider society***

The difference between most and least deprived areas is significant and harms not just the individuals who live in an area but wider society. People living in the most deprived areas tend to be the biggest users of public services, including the NHS, and the interventions tend to be most costly. This is bad for three related reasons, firstly from a social justice point of view it is inherently unfair that where someone lives can have such an outside impact on their health. Secondly, from a purely economic lens, this inequality is a big dampener on growth. Finally, in terms of service demand, this level of need is clearly driving unsustainable pressure on public services

### **'Have Your Say' in Bristol, North Somerset and South Gloucestershire (BNSSG)**

The 'Have Your Say' engagement exercise (formerly called Big Conversation) will enhance our understanding of what keeps the population of BNSSG happy, healthy and well, what gets in the way, and key areas of priority for the future. Feedback has been received through a whole-population survey and a range of community conversations taking place through existing partnership events across the BNSSG geography – building on the collective involvement capability of our system.

As of mid-August, 1454 online surveys have been completed, with further feedback having been recorded in the form of feedback cards at face-to-face events. Interim analysis of the first 1000 responses is due to be completed by the end of August, which will provide an overview of key themes and issues arising at population level.

Feedback to date has covered a wide range of factors relating to health and wellbeing, as well as its wider determinants. During this period, the ICB's Insights & Engagement team has also been working closely with the strategy development and Strategic Needs Assessment teams to identify areas of alignment, in addition to potential priority areas where further engagement would be beneficial.

Targeted communications and engagement in August and September will allow us to attain an increased response among certain cohorts of the population, while also enabling us to understand specific issues and the experience of particular groups in more depth. The rationale for identifying opportunities for targeted engagement has been driven by a range of factors, including the survey response rate and profile to date, as well a review of existing insights and the development of the Strategic Needs Assessment.

The engagement exercise has also been extended until midnight on Sunday, 25th September, allowing more people to respond after the school summer holidays have concluded. This extension will also result in further opportunities to attend events taking place beyond the end of August.

### **Existing priorities**

As part of the Deep Understanding phase, we have produced a summary of all the key strategy documents and plans within BNSSG ICS. It has been created as an aid to support development teams i.e., teams of subject matter experts in the creation of the ICS strategy and will help instruct further development of the ICS priorities.

There is significant alignment in the commitments contained within our partnership strategies and to the emerging themes from the Strategic Needs Assessment.

It is recommended, therefore, that the ICS Strategy build on commitments already made in the three Joint Health and Wellbeing Strategies for Bristol, North Somerset and South Gloucestershire. These include:

- Focus on children and young people's physical, mental health and wellbeing
- Reduce the adverse impact of wider determinants of health and inequality such as housing, education, employment, air pollution, screening, etc.
- Aim to reduce levels of obesity, smokers and substance users overall
- Improve Mental Health support for adults and children / young people
  - Improving Mental Health outcomes such as reduction in self harm, anxiety and suicide rates, Reduce social isolation and loneliness

- Improve access to primary care and community support
- Work with voluntary community sector enterprises to ensure we have safer, happier and resilient communities
  - improving wellbeing and safety, reducing levels of hate crime and domestic abuses
- Aim to reduce poverty, thus achieving reduction on inequality
- Demonstrate a clear preference for prevention and early diagnosis over treatment, especially for the following causes of premature mortality and health burden factors that could also impact on inequality such as cancer and cardiovascular disease.
- Facilitate clustering and greater support for painful and multi-morbidity conditions

It is also recommended that some of the BNSSG Five Year Plan ambitions could be maintained and embedded into the new ICS Strategy:

- To build an integrated health and care system where the community becomes the default setting of care, 24/7, where high quality hospital services are used only when needed, and
- To support people maximise their health, independence and be active, improving their own wellbeing

## **Conclusions and Next Steps:**

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### Next Steps:

1. There is an intention to ensure ongoing involvement of the ICB Board through surveys, briefings at future meetings and workshops
2. Partnership Day: ICB Board members encouraged to take note as invitations are sent out this week