



BNSSG Integrated Care Partnership (ICP) Board meeting Agenda - PUBLIC PACK WITHOUT AGENDA ITEM 6

Date: 21st July

Time: 14.00-16.30

Venue: Bristol City Council – Bordeaux room

Chair: Cllr Mike Bell

| No. | Agenda Item | Purpose | Start time | Duration | Lead |
|-----|--|--|------------|----------|-------|
| 1 | Apologies, minutes and actions from previous meeting | | 14.00 | 5 min | Chair |
| 2 | Welcome and Introductions | Chair to Welcome attendees. Followed by round the room introduction. | 14.05 | 10 min | Chair |
| 3 | Public Statement and Questions | <p>Any Public Statements must be received by 12pm on Wednesday 20th July 2022 to the following e-mail address – democratic.services@bristol.gov.uk</p> <p>A supplementary dispatch will be sent out before the meeting including any Public Statements.</p> <p>Due to the late dispatch of this agenda, written answers to any questions received will not be able to be provided in advance of this meeting. They will be provided to relevant parties at a later date.</p> | 14.15 | 5m | Chair |

| | | | | | |
|-------|--|---|-------|--------|--|
| 4 | Review of mission and purpose Pages 3 to 20 | Item to review Terms of Reference, membership, test mission and purpose of the Partnership Board. Opportunity to discuss ways of workings and behaviours. | 14.20 | 35m | Ellie Wetz, ICS Development Programme Manager, Sarah Weston ICS Development Programme Manager |
| 5 | Big Conversation - Pages 21 to 23 | Item to inform members of the 'Big Conversation' and opportunities to drive community and public engagement. | 14.55 | 10m | Michelle Smith, Deputy Director of Communications, Insight and Digital Development |
| BREAK | | | 15.05 | 5 min | |
| 6 | Integrated Care Strategy Development – THIS ITEM IS IN A SESSION CLOSED TO THE PUBLIC | Item to discuss the development of the Integrated Care Strategy. | 15.10 | 70 min | Seb Habibi, Programme Director, Matt Lenny, Director of Public Health, North Somerset Gemma Self, System Transformation Lead – Population Health & Health Inequalities |
| 10 | Next agenda and AOB - Request for venue for next meeting | | 16.20 | 10 min | Chair |

Date of next meeting: 15 September

Time: 14.00pm to 16.30pm

Venue: TBC



Integrated Care Partnership

| | | | |
|--------------------|---|---------------------|--------------|
| Agenda Item | 4 | Meeting Date | 21 July 2022 |
|--------------------|---|---------------------|--------------|

| | | | | |
|---|---|----------|---------------------------------|--|
| Title | BNSSG Integrated Care Partnership Terms of Reference | | | |
| Scope: System-wide or Programme? | Whole system | x | Programme area (Please specify) | |
| Author & role | Ellie Wetz, ICS Development Programme Manager Sarah Weston, ICS Development Project Manager | | | |
| Sponsor / Director | Seb Habibi, Healthier Together Programme Director | | | |
| Presenter | Sarah Weston, ICS Development Project Manger | | | |
| Action required: | Discussion | | | |
| Discussion/ decisions at previous committees | <i>Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)</i> | | | |
| | N/A | | | |

***Please delete this sentence and all wording in italics below.*

| |
|---|
| Purpose: |
| The newly established Integrated Care Board and each responsible local authority whose area coincides with or falls wholly or partly within the board's area must establish a joint committee for the board's area – an Integrated Care Partnership (ICP). The ICP requires a Terms of Reference to constitute it as a join committee. |
| Summary of relevant background: |
| The BNSSG ICP builds on the Healthier Together Partnership, established in 2016, to realise our shared ambitions to improve the health and wellbeing of the people of BNSSG. This partnership was formalised in a Memorandum of Understanding (MoU) between partner members. The statutory establishment of the Integrated Care System, the ICB and the joint committee of the ICP now supersedes this partnership MoU, but the partnership principles set out in it have been novated into the Terms of Reference where appropriate. |
| Discussion / decisions required and recommendations: |
| ICP members are asked to consider whether the Terms of Reference are fit for purpose. Any agreed amendments will be included in the version to be ratified at the ICP meeting on 15 September 2022. |

Healthier Together



Improving health and care in Bristol,
North Somerset and South Gloucestershire

AGENDA ITEM 4

Bristol, North Somerset and South Gloucestershire
INTEGRATED CARE PARTNERSHIP

TERMS OF REFERENCE

JULY 2022

DRAFT

Version Control

| Version: | Date: | Summary of Changes: | Author: |
|----------|-----------|---------------------|--|
| V0.1 | July 2022 | Original draft | Sarah Weston – BNSSG ICB Ellie Wetz – BNSSG ICB |

DRAFT

Contents

| | |
|--|----|
| Version Control | 2 |
| 1. Introduction and context | 4 |
| 2. Mission and purpose..... | 4 |
| 3. How we work together in BNSSG..... | 5 |
| 4. Membership and chairing arrangements | 8 |
| 5. Attendance..... | 9 |
| 6. Delegated authority and decision making | 9 |
| 7. Administration | 10 |
| 8. Quoracy..... | 10 |
| 9. Meeting frequency..... | 10 |
| 10. Review of terms of reference | 10 |
| Appendix A: ICP Members | 11 |
| Appendix B: ICP Members Role Description | 12 |

DRAFT

1. Introduction and context

- 1.1 The Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Partnership (ICP) builds on the Healthier Together Partnership, established in 2016, to realise our shared ambitions to improve the health and wellbeing of the people of BNSSG.
- 1.2 The Health and Care Act 2022¹ established Integrated Care Systems (ICSs), Integrated Care Boards (ICBs) and ICPs.
- 1.3 NHS England has set out the following as the four core purposes of Integrated Care Systems:
 - Improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience and access
 - Enhance productivity and value for money
 - Help the NHS support broader social and economic development.
- 1.4 The ICB and each responsible local authority whose area coincides with or falls wholly or partly within the board's area must establish a joint committee for the board's area – an Integrated Care Partnership (ICP).
- 1.5 The ICP is to consist of:
 - One member appointed by the ICB
 - One member appointed by each of the responsible local authorities (Bristol City Council, North Somerset Council and South Gloucestershire Council)

These four members are known as the **Founder Members**.

 - Any members appointed by the ICP (see section 4.2)
- 1.6 The BNSSG ICP is a key part of the health and care system leadership and governance. It is the central partnership structure at system level that operates at the heart of the ICS philosophy and approach.
- 1.7 These terms of reference describe the scope, function and ways of working for the ICP.

2. Mission and purpose

- 2.1 The responsibilities of the ICP are:
 - To prepare an Integrated Care Strategy, setting out how the assessed needs of the area are to be met by the local ICB, NHS England or local authorities
 - Involve local Healthwatch and local people in the development of the strategy
 - Revised the strategy when needs assessments are updated
- 2.2 The ICP will drive the direction and policies of the ICS, linking the ICB (as accountable body for NHS funding allocations), the three local authorities, VCSE sector partners, Healthwatch and organisations whose role impacts on the health and wellbeing of the population such as the police, education, transport and housing.

¹ [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

- 2.3 The ICPs mission is to work on behalf of the population of BNSSG by setting the strategic direction for the system, being the guardians of the joint outcomes, the assurers of genuine partnership working and, by establishing an inclusive culture, to provide the vehicle by which all voices in the ICS can be heard.
- 2.4 The ICP will lead the development of an integrated health and care strategy on how the system can best meet the needs of the population – as identified in the joint strategic needs assessment (JNSA) from the three Health and Wellbeing Boards that fall within the area of the ICS.
- 2.5 The ICP will be responsible for establishing local priorities based on intelligence from JNSAs, local population and community views, including from the voluntary, community and social enterprise sector, constituent organisations' views, with specific reference to Health and Wellbeing Boards and the input from Locality Partnerships, and the Provider Collaboratives. These will inform the development of the Integrated Care Strategy.
- 2.6 The ICP will work with partners to blend these local priorities with other regional and national priorities to inform the BNSSG strategic direction, and influence the ICB and its resource allocations, supporting resource alignment and pooling of budgets where appropriate.
- 2.7 As the guardians of joint outcomes, the ICP will act as a body to ensure mutual accountability with peer review and challenge part of its value. In particular, the ICP will look to ensure that, in delivering on each components' contribution within the system, the whole system is achieving its shared collective outcomes such as reducing health inequalities.
- 2.8 The ICP will set the culture of partnership working within the ICS and will serve as a forum that can resolve partnership and joint working problems as needed.
- 2.9 The ICP will be the body that seeks to secure the widest possible engagement with the population across all places, communities and interests. This will enable it to be comprehensively informed in shaping priorities and partnership working.

3. How we work together in BNSSG

3.1 Our vision

Our vision is a better future for everyone in Bristol, North Somerset and South Gloucestershire. That future starts today. The local response to the pandemic has highlighted the strengths and assets within our communities. Working together, we'll build on those strengths to ensure that people are living longer and in better health. The life expectancy gap between our most and least deprived areas will be reduced, and services will fit in with people's lives and goals.

We want people to be able to shape their care: from direct involvement in individual treatment plans, to services informed at every step by people's experiences. We'll use our improved

understanding of individual, community and whole-population health needs to take better decisions and make best use of our resources. This will help to ensure our health and care system is sustainable for the long-term.

We will work to ensure partnership between our organisations is stronger, leading to services that fit seamlessly around people’s needs. Health and care professionals will find it easier to collaborate, with their unique contribution and skills recognised wherever they work. We’ll harness new technology and innovation to improve people’s outcomes and experiences, and more care will be provided close to home. People will feel better able to take control of their own lives and health, and will understand where and when to get help when they need it.

3.2 The aims and objectives of our system are to:

- Increase the number of years people in BNSSG live in good health
- Reduce the inequality in how many years people in BNSSG live in good health, particularly improving healthy life expectancy for those with the poorest outcomes
- Become a place where wellbeing, health, and care services fit with people’s lives and makes sense to the people engaging with them
- Make it easy for people working in wellbeing, health, and care to work with each other
- Our workforce is empowered and motivated to work passionately for the benefit of our citizens
- Reduce our adverse environmental impact in energy, travel, waste, water, food, biodiversity and land use
- Make our communities healthy, safe and positive places to live

These aims and objectives will be reviewed as the integrated care strategy is developed.

3.3 Our principles for working together:

| | |
|---------------------------------|---|
| Individuals @ the Centre | <ol style="list-style-type: none"> 1. We work to achieve our vision to meet our citizens’ needs by working together within our joint resources, as one health and care system. We will develop a model of care and wellbeing that places the individual at its heart, using the combined strengths of public health, health and social care. 2. Citizens are integral to the design, co-production and delivery of services. 3. We involve people, communities, clinicians and professionals in all decision-making processes. 4. We will take collective, considered risks to cease specific activity and release funds for prevention, earlier intervention and for the reduction in health inequalities. 5. We strive for our leadership to be representative of the population, and we focus on the causes of inequality and not just the symptoms, ensuring equalities is embedded in all that we do. |
| Subsidiarity | <ol style="list-style-type: none"> 6. Decisions taken closer to the communities they affect are likely to lead to better outcomes. The default expectation is for decisions to be taken as close to communities as possible, except where there are clear and agreed benefits to working at greater scale. |

| | |
|--|--|
| <p>Collaboration</p> | <p>7. Collaboration between partners in a place across health, care services, public health, and the voluntary sector can overcome competing objectives and separate funding flows to help address health and social inequalities, improve outcomes, transform people’s experience, and improve value for the tax payer.</p> <p>8. Collaboration between providers across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.</p> <p>9. Through collaboration as a system we will be better placed to ensure the system, places, and individual organisations are able to make best use of resources.</p> <p>10. We prioritise investments based on value, ensuring equitable and efficient resource allocation, and we take shared ownership in achieving this.</p> |
| <p>Mutual Accountability & Equality</p> | <p>11. We are coming together under a distributed leadership model and we are committed to working together as an equal partnership.</p> <p>12. We have a common understanding of the challenges to be addressed collectively and the impact organisations can have across other parts of the system. We engage in honest, respectful, and open dialogue, seeking to understand all perspectives and recognising individual organisations’ agendas and priorities. We accept that diverse perspectives may create dissonance, and we seek to understand and work through any disharmony, and move to conclusions and action in service of our citizens. We strive to bring the best of each organisation to the Partnership.</p> <p>13. We adhere to a collective model of accountability, where we hold each other mutually accountable for our respective contributions to shared objectives and engage fully in partners’ scrutiny and accountability functions, where required.</p> <p>14. We develop a shared approach to risk management, taking collective responsibility for driving necessary change while mitigating the risks of that change for individual organisations.</p> |
| <p>Transparency</p> | <p>15. With an ‘open book’ approach, we pool information openly, transparently, early, and as accurately and completely as possible to ensure one version of the truth to be used by partners across the system.</p> <p>16. We work in an open way and establish clear and transparent accountability for decisions, always acting in service of the best outcomes for the people of BNSSG.</p> |

3.4 Our shared values and behaviours:

Members of the ICP commit to behave consistently in ways that model and promote our shared values:

- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions
- We implement our shared priorities and decisions, holding each other mutually accountable for delivery

- We represent our population, our staff and we serve as a conduit between the ICP and individual organisational Boards / Cabinets

4. Membership and chairing arrangements

4.1 Chairing arrangements:

The Independent Chair of the ICP will chair all meetings. The role of the Chair will rotate between the three Health and Wellbeing Board Chairs from our three local authority partners (founding partners of the ICP) for a term of 1 year, running July-July. North Somerset Council will take up the Chair from July 22, followed by Bristol City Council and South Gloucestershire Council.

The Deputy Chair will be the ICB Chair and the two remaining Health and Wellbeing Board Chairs (who are not currently Chair of the ICP) will be Vice Chairs.

4.2 The membership of the ICP will be as follows:

| Role | Member Organisation / Representative | Notes |
|---|--|--|
| ICP Founder Members | | |
| Chair* | Bristol City Council Health and Wellbeing Board Chair | <ul style="list-style-type: none"> - Elected members - Rotational Chair - other two members designated Vice Chairs* during non-chairing periods - July 2022-23: North Somerset - July 2023-24: Bristol - July 2024-25: South Gloucestershire 3 Members |
| | North Somerset Council Health and Wellbeing Board Chair | |
| | South Gloucestershire Council Health and Wellbeing Board Chair | |
| Deputy Chair* | ICB Board Chair | 1 Member |
| Other ICP Members | | |
| Community and VCSE Voices | To be determined via a nomination process (to be developed collaboratively with established Partnership Board members, Locality Partnerships, the ICB VSCE Alliance and Citizen Panel) | <ul style="list-style-type: none"> - Drawn from local groups/assemblies - Representative of VCSE and citizen voices within our system. - Balanced representation from our three unitary authority districts. 8 Members |
| Constituent Health and Care Organisation Representatives | Local Authorities <ul style="list-style-type: none"> - Bristol City Council - North Somerset Council - South Gloucestershire Council | <ul style="list-style-type: none"> - 1 member per Local Authority - Representative to be drawn from Director of Adult Services, Director of Children Services, Director of Public Health 3 Members |
| | NHS or Foundation Trusts <ul style="list-style-type: none"> - University Hospitals Bristol and Weston NHS Foundation Trust - North Bristol NHS Trust - Avon and Wiltshire Mental Health Partnership NHS Trust | <ul style="list-style-type: none"> - NHS or Foundation Trust Chairs by designation 4 Members |

| | | |
|---|---|--|
| | - South Western Ambulance Service NHS Foundation Trust | |
| | Adult and Children Community Services - Sirona Health and Care CIC | - Chair by designation 1 Member |
| | Primary Care Services | - Nominated by local GP Collaborative Board 1 Member |
| Placed-based Partnership (known locally as Locality Partnership) Representatives | - Inner City and East Bristol - North and West Bristol - South Bristol - South Gloucestershire - Weston, Worle and Villages - Woodspring | - Locality Partnerships to appoint a representative member. - Aim to have a balance of voices/seniority in representative members across the Locality Partnerships. 6 Members |
| Population Needs Representative | - Healthwatch | - Chair by designation 1 Member |
| Total: | | 28 Members |

4.3 Members of the ICP are detailed in **Appendix A** *[Note: in development]*

4.4 Deputies

It is anticipated that Members are expected to attend all meetings. If they are unable to attend, Members may nominate a deputy to attend a meeting of the board that they are unable to attend. This is to be arranged with and at the discretion of the Chair.

4.5 Members roles and responsibilities

See [Appendix B: ICP Members Role Description](#)

5. Attendance

5.1 Additional attendees to ICP meetings will routinely include:

- Chief Executive of BNSSG ICB
- ICP joint secretariat

At the discretion of the Chair, additional representatives and attendees may be requested to attend meetings to participate in discussions or report on particular issues.

6. Delegated authority and decision making

6.1 The ICP has no statutory delegated authority. It is a committee jointly established by the founding members. It is incorporated only via this Terms of Reference; it holds no financial accounts and cannot directly employ any staff.

6.2 The ICP will aim to make decisions with the consensus of all members. In the event unified consensus cannot be achieved, decisions will be made by a majority vote of the founding members.

7. Administration

- 7.1 The agenda and supporting papers will be sent to Members and attendees and be made available to the public via the BNSSG Integrated Care Board (ICB) website no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the chair.
- 7.2 The secretariat function for the ICP will be provided by Bristol City Council (jointly funded by the three local authorities and BNSSG ICB). A member of the team will be responsible for arranging meetings (including public attendance, broadcast and recording), recording and circulating minutes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

8. Quoracy

- 8.1 The ICP will be quorate when the ICB (Vice Chair of ICP) and two out of the three local authorities (the founding partners) are present.

9. Meeting frequency

- 9.1 The ICP will meet every two months. An annual schedule of meetings will be published by the secretariat

Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days' notice will be given when calling an extraordinary meeting.

The ICP may convene in private committee at the Chair and Members' discretion.

10. Review of terms of reference

- 10.1 These terms of reference and the membership of the Partnership Board will be reviewed annually by Members. Any changes will be approved by the Founding Partners of the ICP. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

Appendix A: ICP Members

| Partnership Board Leadership Group | |
|--|-------------------------------|
| Cllr Mike Bell | North Somerset Council |
| Cllr Helen Holland | Bristol City Council |
| Cllr Ben Stokes | South Gloucestershire Council |
| Jeff Farrar | BNSSG ICB |
| Community & VCSE Voices | |
| TBC | TBC |
| Constituent Health & Care Organisations | |
| Hugh Evans | Bristol City Council |
| Matt Lenny | North Somerset Council |
| Chris Sivers | South Gloucestershire Council |
| Michele Romaine | NBT |
| Jayne Mee | UHBW |
| Gayle Bragg | SWASFT |
| Charlotte Hitchings | AWP |
| Amanda Cheesley | Sirona Care & Health |
| TBC | Primary Care Services |
| Locality Partnerships | |
| Ros Cox | Weston, Worle & Villages |
| Nicki Carr | Bristol Inner City & East |
| Sharron Norman | Bristol North & West |
| Steve Rea | South Bristol |
| TBC | South Gloucestershire |
| TBC | Woodspring |
| Population Needs Representative | |
| Georgie Bigg | Healthwatch |
| Standing invites | |
| Shane Devlin | BNSSG ICB |
| Sebastian Habibi | ICS Programme Director |

Appendix B: ICP Members Role Description

Bristol North Somerset and South Gloucestershire Integrated Care Partnership Members Role Description

DRAFT

Our Purpose and Vision

NHS England has set out the following as the four core purposes of Integrated Care Systems:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Partnership (ICP) serves a population of approximately one million people living within distinct and different communities. The Integrated Care System brings together the wider partnership of health and care organisations that have come together to plan and deliver joined up services and improve the health and wellbeing of people who live within Bristol, North Somerset and South Gloucestershire.

We are guided by clear values that help us lead healthcare in our areas and make the right decisions on behalf of our people.

- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions
- We implement our shared priorities and decisions, holding each other mutually accountable for delivery
- We represent our population, our staff and we serve as a conduit between the ICP and individual organisational Boards / Cabinets

Priorities and Accountabilities

The Terms of Reference of the ICP sets out the membership of the partnership. All members of the ICP share responsibility to ensure that the ICP exercises its functions effectively, efficiently, with good governance and in accordance with the terms of the ICP Terms of Reference, as agreed by its members.

The ICP members will:

- Drive the direction and policies of the ICS, linking the ICB (as accountable body for NHS funding allocations), the three local authorities, VCSE sector partners, Healthwatch and organisations whose role impacts on the health and wellbeing of the population.
- Work on behalf of the population of BNSSG by setting the strategic direction for the system, being the guardians of the joint outcomes, the assurers of genuine partnership working and, by establishing an inclusive culture, to provide the vehicle by which all voices in the ICS can be heard.
- Lead the development of an integrated health and care strategy on how the system can best meet the needs of the population – as identified in the joint strategic needs assessment (JNSA) from the three Health and Wellbeing Boards that fall within the area of the ICS.

- Be responsible for establishing local priorities based on intelligence from JNSAs, local population and community views, including from the voluntary, community and social enterprise sector, constituent organisations' views, with specific reference to Health and Wellbeing Boards and the input from Locality Partnerships, and the Provider Collaboratives. These will inform the development of the Integrated Care Strategy.
- Work with partners to blend these local priorities with other regional and national priorities to inform the BNSSG strategic direction, and influence the ICB and its resource allocations, supporting resource alignment and pooling of budgets where appropriate.
- Be the guardians of joint outcomes - the ICP will act as a body to ensure mutual accountability with peer review and challenge part of its value. In particular, the ICP members will look to ensure that, in delivering on each components' contribution within the system, the whole system is achieving its shared collective outcomes such as reducing health inequalities.
- Set the culture of partnership working within the ICS and contribute to a forum that can resolve partnership and joint working problems as needed.
- Actively contribute to the ICP's mission to seek to secure the widest possible engagement with the population across all places, communities and interests. This will enable it to be comprehensively informed in shaping priorities and partnership working.

Role Responsibilities and Leadership Competencies

The ICP members work alongside the Chair, Vice-Chair, Deputy Chair (the Founding Members) as equal members of the partnership. The ICP members:

- Are accountable to the ICP Chair.
- Have a collective responsibility with the other members of the ICP to ensure its functions are effectively and efficiently discharged.
- Provide knowledge about and the perspectives of the sector which they represent.

They are responsible for:

- Bringing knowledge and the perspective of health and social care to the plans, aims and priorities of the ICS.
- Jointly responsible with other board members for developing an integrated health and care strategy that addresses the four core purposes of integrated care systems.
- Promoting open and transparent decision-making that facilitates consensus aimed to deliver exceptional outcomes for the population.

Members bring a range of professional expertise and experience to the work of the ICP. Members will demonstrate a range of leadership competencies outlined below. As members of a committee jointly established by the ICB and the local authorities within BNSSG, they will contribute to a wide range of areas, including:

Strategy and transformation

- Setting the vision, strategy and clear objectives for the ICS in delivering on the four core purposes of the ICS, the triple aim of improved population health, quality of care and cost-control.

Partnerships and communities

- Promoting dialogue and consensus with partners, to ensure effective joint planning and delivery for system working and mutual accountability.
- Supporting the success of the ICP in establishing shared strategic priorities within the NHS, in partnership with local government, to tackle population health challenges and enhance services across health and social care.

Social justice and health equalities

- Advocating diversity, health equality and social justice to close the gap on health inequalities and achieve the service changes that are needed to improve population health.
- Ensuring the ICP is responsive to people and communities and that public, patient and carer voices are embedded in all of the ICPs plans and activities.
- Promoting the values of the [NHS Constitution](#) and modelling the behaviours embodied in [Our People Promise](#) and forthcoming Leadership Way to ensure a collaborative, inclusive and productive approach across the system.

Sustainable outcomes

- Oversight of purposeful arrangements for effective leadership of clinical and professional care throughout the ICP and the ICS.
- Fostering a culture of research, innovation, learning and continuous improvement to support the delivery of high quality services for all.
- Ensuring the NHS plays its part in social and economic development and achieving environmental sustainability, including the Carbon Net Zero commitment.

Governance and assurance

- Collectively ensuring that the ICP is compliant with its Terms of Reference, holding other members of the ICP to account through constructive and respectful challenge.
- Maintaining oversight of the development and delivery of the integrated care strategy, ensuring expected outcomes are delivered in a timely manner through the proportionate management of risks.

People and culture

- Supporting the development of other ICP members to maximise their contribution.
- Providing visible leadership in developing a healthy and inclusive culture for the organisation, which promotes diversity, encourages and enables system working and which is reflected and modelled in their own and the ICPs behaviour and decision-making.
- Ensuring the ICP acts in accordance with the highest ethical standards of public service and that any conflicts are appropriately resolved.

Person Specification

The role of partner member requires demonstrable competence in the following areas:

| Competency | Knowledge, Experience and Skills required |
|---|--|
| Setting strategy and delivering long-term transformation* | <ul style="list-style-type: none"> • Extensive knowledge of the health, care and local government landscape • Experience of setting strategic direction in a complex environment • Substantial experience of healthcare board or system leadership • Experience leading change at a senior level to bring together disparate stakeholder interests |
| Building trusted relationships with partners and communities | <ul style="list-style-type: none"> • An understanding of different sectors, groups, networks and the needs of diverse populations • Exceptional communication skills and comfortable presenting in a variety of contexts • Highly developed interpersonal and influencing skills, able to lead in a creative environment which enables people to thrive and collaborate • Experience working collaboratively across agency and professional boundaries |
| Leading for Social Justice and health equality | <ul style="list-style-type: none"> • An awareness and appreciation of social justice and how it might apply within an ICS • Record of promoting equality, diversity and inclusion in leadership roles |
| Driving high quality, sustainable outcomes | <ul style="list-style-type: none"> • Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions |
| Providing robust governance and assurance | <ul style="list-style-type: none"> • An understanding of good corporate governance • Ability to remain neutral to provide independent and unbiased leadership with a high degree of personal integrity • Experience contributing effectively in complex professional meetings at a very senior level |
| Creating a compassionate and inclusive culture for our people | <ul style="list-style-type: none"> • Models respect and a compassionate and inclusive leadership style with a demonstrable commitment to equality, diversity and inclusion in respect of boards, patients and staff • Creates and lives the values of openness and transparency embodied by the principles-of-public-life and in Our People Promise |

* For members that are invited to join the ICP to represent community and VCSE voices, support and training will be given to develop their skills in setting strategy and long-term transformation as appropriate.



AGENDA ITEM 5

A big conversation with people in Bristol, North Somerset and South Gloucestershire: a stakeholder pack for creating dialogue in your communities

Why the engagement?

What keeps you happy, healthy and well? That's the question being asked by the [Integrated Care System \(ICS\) for Bristol, North Somerset and South Gloucestershire](#) as part of a wide-ranging [engagement exercise](#) to shape local health and care priorities for the next two, five, 10 and 20 years.

We know that being healthy isn't just about healthcare. It's about all the factors that contribute to wellbeing. Integrated Care Systems are the opportunity to get this right, and really invest in what people need to stay happy, healthy and well. That's why we're running a large-scale public engagement exercise as a whole system – we want to know what matters most to local people, so that our plans reflect their views.

The Big Conversation is a key input into the ICS strategy development taking place now, alongside a joint needs analysis being led by our public health teams and a review of our recent Five-Year System Plan.

How can people have their say?

We launched a public engagement on 1 July with the establishment of the ICS in statute. There are a range of ways for people to have their say and get involved:

- Complete the online survey: bnssghealthiertogether.org.uk/haveyoursay
- There are over 60 community-led events planned across the BNSSG area this summer, where the engagement is going to feature. These are existing partner events where we're having conversations - building on our collective opportunities. Find out what's happening in your local area by emailing: bnssg.engagement@nhs.net

How you can help spread the word

This is a true partnership exercise; and we need to harness the power and reach of all our organisations and networks to make it a success!

To hear from as many people as possible across our area, reaching further than we ever have before, we need your help! Please help us to spread the word about [our survey](#) by amplifying or sharing our messages. We've put together some materials overleaf to make it as easy as possible for you to help us spread the word.

We will also be capturing videos, photos and quotes from people in our communities as we attend engagement events over the summer and will be able to share these materials with your communications teams. We'll also be asking staff across health and care to make the most of their networks.

Newsletter copy (122 words):

What keeps you happy, healthy and well?

Our ability to stay happy, healthy and well depends on many things – from employment to housing, education and social connections. To make a real difference, health and care services need to consider all these factors to form a long-term strategy for the area and make a real difference.

Now is your chance to share what matters most to you. By sharing your views in a [short survey](#), you can help shape the future of local health and care services for the next five, 10 and 20 years.

You'll also be in with the chance of winning £125 worth of shopping vouchers, just by giving your opinion. [Find out more and have your say.](#)

Social media posts:

- Twitter
 - Let's start talking about what matters to you and what keeps you happy, healthy and well. By sharing your views, you'll be shaping long-term plans for health and care in our area - plus you could win £125 worth of high-street vouchers! Find out more at <https://bnssghealthiertogether.org.uk/haveyoursay/>
- Facebook
 - This summer have your say on what's important to your health. For some it's access to green spaces, for others it's about activities in the local community or how to travel to work. Join the conversation this summer online or in person and you could win £125 worth of high-street vouchers! Find out more at <https://bnssghealthiertogether.org.uk/haveyoursay/>
- LinkedIn
 - What keeps you happy, healthy and well? That's the question being asked by the new Integrated Care System (ICS) for our area, as it launches a wide-ranging public engagement exercise to shape priorities for health and care in the years ahead. Have your say and join the conversation this summer online or in-person and you could win £125 in high street vouchers. Find out more at <https://bnssghealthiertogether.org.uk/haveyoursay/>

Social media images:

| Platform | Image | Download link |
|----------|---|---|
| Twitter |  | https://bnssghealthiertogether.org.uk/documents/icsdownloads/?wpdmdl=65965&refresh=62ceec46339291657728070&ind=1656503487479&filename=Website%20(2).png |

| | | |
|----------|---|---|
| Facebook |  | https://bnssghealthiertogether.org.uk/documents/icsdownloads/?wpdmdl=65965&refresh=62ceec46339291657728070&ind=1656503479745&filename=Facebook%20(2).png |
| LinkedIn |  | https://bnssghealthiertogether.org.uk/documents/icsdownloads/?wpdmdl=65965&refresh=62ceec46339291657728070&ind=1656503484008&filename=LinkedIn.png |

Get in touch:

If you would like to use the materials, have a community event where you would like to include the engagement; or have questions, would like advice or help running an event, please email: bnssg.engagement@nhs.net and we will be happy to help. If you have ideas on how we can reach more people too, please also get in-touch.