



## BNSSG Integrated Care Partnership (ICP) Board meeting Agenda

**Date:** 24<sup>th</sup> February 2023

**Time:** 10.00-13.00

**Venue:** St Andrews Church Hall - The For All Healthy Living Centre, 68 Longsdale Avenue, Weston-Super-Mare, BS23 3SJ

**Chair:** Cllr Mike Bell

No.	Agenda Item	Purpose	Start time	Duration	Lead
1	Apologies, minutes and actions from previous meeting		10.00	5 min	Chair
2	Welcome, introductions and member updates		10.05	25 min	Chair
3	Public Statement and Questions		10.30	5m	Chair
4	Health and Wellbeing Board Updates	Item to update ICP on the work of the BNSSG Health and Wellbeing Boards	10.35	15m	Cllr Mike Bell, Cllr Helen Holland and Cllr Ben Stokes
5	ICB update	Item to update ICP on the work of the ICB	10.50	15m	Jeff Farrar, Chair - Integrated Care System for Bristol, North Somerset & South Gloucestershire
6	BREAK		11.05	15 min	
7	Strategic Development timeline	Item to set out the next steps and timeline for strategy development	11.20	45m	Colin Bradbury Director of Strategy, Partnerships and Population
8	Joint Forward Plan	Item to brief the room on the purpose of the Joint Forward Plan, highlight key requirements from legislation and guidance; and, to set out the process and timeline.  To signpost plans to publish the draft forward plan by 31/3	12.05	30m	Seb Habibi, BNSSG Programme Director

		and V1.0 published by 30/6.			
9	ICP Board Development Day		12.35	10m	Ellie Wetz, Ellie Wetz, ICS Development Programme Manager
10	Next agenda and AOB	Item to discuss potential content of April agenda and ask for venue suggestions.	12.45	5 min	Chair

**Date of next meeting:** 21<sup>st</sup> April 2023

**Time:** 10.00-13.00

**Venue:** TBC



## Meeting of the BNSSG Integrated Care Partnership – 10am on Friday 16<sup>th</sup> December 2022

### Attendance List:

Partnership Board Leadership Group – Councillor Mike Bell (Chair) – North Somerset Council; Councillor Ben Stokes – South Gloucestershire Council, Jeff Farrar – BNSSG ICB, Chair; Councillor Helen Holland (Partnership Board Leadership Group – representing Bristol City Council),

Community and VCSE Voices – Chris Head (WERN, Dominic Ellison (WECIL), Aileen Edwards (Second Step), Mark Coates (Creative Youth Network), Dominic Ellison (WECIL), Amy Kinnear (Sub for Southern Brookes)

Constituent Health and Care Organisations – Chris Sivers (Director of Children’s Services, South Gloucestershire), Sarah Weld (Director of Public Health, Michele Romaine (NBT) Ruth Taylor (Primary Care Services), Jayne Mee (UHBW), Charlotte Hitchings (AWP), Dr Barbara Brown (for Sirona Care & Health)

Locality Partnerships – Steve Rea (South Bristol Locality Partnership), Ros Cox (Weston, Worle & Villages), Sharron Norman (Bristol North & West) Dr Stephen Beet (BCC)

Population Needs Representative – Vicky Marriott (Healthwatch)

Other Attendees – Shane Devlin (BNSSG ICP), Nicola Knowles (Policy and Public Affairs Manager), Seb Habibi (ICS Programme Director), Rosi Shepherd (Chief Nursing Officer), Colin Bradbury (Director of Strategy, Partnership and Population – Bristol City Council), Joanne Medhurst (Chief Medical Officer); Matt Jordan (NHS), Mark Allen (BCC Public Health) and Claudette Campbell Democratic Services Officer, Bristol City Council),

Apologies for Absence: Mark Coates (Creative Youth Network), Anne Clarke (Director of Adult Social Care South Glos), Matt Lenny (Director of Public Health North Somerset), Amanda Cheesley (Sirona Care & Health), Tharsha Sivayokan (Chair, South Gloucestershire Locality Partnership), Dr Joanne Medhurst (Chief Medical Officer), Matt Lenny (Director of Public Health), Ruth Taylor (Primary Care Services), Hugh Evans (Director of Adult Social care BCC), Christina Gray (DPH BCC), Alison Findley (Southern Brookes), Sado Jirde (Black South West Network, Bristol) Georgie Bigg (Healthwatch)

### Agenda item 1 - Apologies, minutes and actions from previous meeting

The above apologies for the meeting were noted.



The minutes of the previous meeting held on the 10 November 2022 was approved.

#### Agenda item 2 – Welcome and Introductions

Councillor Mike Bell (Chair of the BNSSG ICP) welcomed all present to the meeting and asked everyone to introduce themselves.

#### Agenda item 3 – Public Forum

There were no Public Forum Statements for the meeting.

#### Agenda item 4 – Draft Integrated Care Strategy Discussion

Colin Bradbury and Seb Habibi gave a presentation introducing the final version of the Integrated Care Framework.

The final document together with the supporting work had been shared with Board members in advance of the meeting.

The final framework had been informed from collaboration with all partners. The framework document content had to be simplified and contents honed but assurances were given that nothing from the feedback and input had been lost. The detailed contribution will be used to model the strategy following the sign off.

An overview of the document was provided, drawing attention to the summary diagram; headed the Mission 'Healthier together by working together'; the Vision ' People enjoying healthy and productive lives, supported by a fully integrated health and care system; providing personalised support close to home for everyone who needs it'. The summary list the 4 Aims; the Approach; What we must do.

During the collaboration process the following questions were asked,

- What of the future after the framework is signed off?
- The question of 'what next' and 'so what' 'what difference will this framework make to delivery'

Particularly pertinent questions when provision is impacted by the current political and financial reality and prevailing workforce issues.

The intention is to; continue the conversation on the strategy; to continue engagement; feed intelligence into the continued development and implementation; updates to be published in February and March 2023 as part of the Joint Forward Plan; encourage all to adopt the Framework in all partners vision to enable it to be a shared goal.

Those assembled were asked to consider the draft Integrated Care Strategic Framework, in light of the following 4 questions:

1. Does the framework make sense and reflect where we are as a system?
2. Are there any key areas/issues that have been missed?

3. Thinking about where we are in the drafting process, are there any other things that could be added to the final version for publication this month?
4. Thinking about the approach that is set out in the Framework, and the principles that underpin it, what will you do differently in future within your own organisation as a result?

All were encouraged to note that the presentation of the framework document did not conclude the process. The ask to all present, who represent authorities/partners, is to move the strategy forward by working to align the proposed strategy and priorities across their own organisations.

The following was noted from the discussion that followed:

- a. In answer to the question about how the vast volume of feedback would be considered; assurances were given that this would be worked into continued development of the strategy and the overall identified themes.
- b. The Chair asked for a tracking mechanism to be included in the framework to reference the intelligence gathered and its link to the final document.
- c. Councillor Holland fed back that the Health and Wellbeing Board had had sight of the framework and welcomed the strategy; a solution was required to ensure that it was embedded in all partnership organisations; consideration is required on how the workforce challenges would be addressed; there is a need not to overlook the varied organisational cultures that for many will be a barrier to the development of the framework; an ask, that the strategy reflects current good practice; a question was asked why the framework did not reflect the creative innovations devised during the pandemic; wanted to pose the question, is thinking being challenged by the framework.
- d. Councillor Stokes noted the challenges and what had to be communicated with his own organisation; his intention is to encouraged staff to consider how they adapt current output to incorporate the focus of the strategy
- e. All acknowledged that many organisations have systems and mechanisms that they must adhere to; the challenge is the balance that must be struck between existing locality strategies and wider priorities; the question is how to incorporate existing strategies into the framework.
- f. Delivery partnership is a complex network and the diagram in the framework attempts to reflect a complex situation in a simplified way.
- g. Members acknowledged the complex systems and key priorities and national guidelines that exist; agreed that things had to be done differently; that the focus needs to move to a resident centred approach, that would benefit the public.
- h. Comments were received on the detail of the report; suggestions were received on the language used in particularly sections of the framework document; focus on the word 'lives' throughout the report was properly reflective of what was being expressed; if it was appropriate that 'acute healthcare' is separated out as it should be seen as integral to delivery of health; that there was no mention of Disabled persons; the language around Equalities on p.17; remove the term 'children in care' to replace with 'in care' and 'care leavers'
- i. Assurances were given that there was no intention to view the delivery of acute care separately that work will continue to incorporate this into the Strategy. Agreed that it is essential to keep people out of hospitals but at some point, assistance will be needed; acknowledged the need to

work in parallel to avoid partners going in different directions with different priorities; agreed that acute settings essential in determining the frameworks overall outcomes.

- j. An overview was provided on the Acute Collaborative Project currently underway.
- k. The framework looks to integrate all partner organisation but has overlooked the issue of budgets; budgets are not integrated, and many organisations have real time budget constraints.
- l. Locality working and the Healthy Together working seen as positive way of working.
- m. There was common consensus that there was a need for monitoring and evaluation to be built into the framework; to identify indicators to drive change; that all should identify bottlenecks in organisations to be discussed at future meetings.

The Chair reviewed the questions posed at the start of the meeting for final comments.

Questions:

- 1. Does the framework make sense and reflect where we are as a system?
  - Yes
- 2. Are there any key areas/issues that have been missed?
  - References to areas of deprivation and locality partnership
  - The impact of good Education/Learning
  - Follow on implications for example social prescribing is only possible where there are local affordable gyms or parks & green space for walking and outdoor activity
- 3. Thinking about where we are in the drafting process, are there any other things that could be added to the final version for publication this month?
  - Agreed the framework had been tested with partners and via public consultation
  - Asked that language reformatted as identified
- 4. Thinking about the approach that is set out in the Framework, and the principles that underpin it, what will you do differently in future within your own organisation as a result?
  - All encourage to use the framework to start conversations
  - To report back in February 2023 on what actions have been taken
  - To ask the question when key decisions are being made 'what is the impact of this decision on the health care system'

The Chair moved and all agreed to support the Integrated Care Plan

Resolved:

- l. that the Framework would be adopted

The meeting concluded with the Chair extending thanks on behalf of the Board to Colin Bradbury and Seb Habibi for the work done.



## Integrated Care Partnership Board

### Integrated Care System (ICS) Strategy Development and Joint Forward Plan

<b>Agenda Item</b>	7 & 8	<b>Meeting Date</b>	24.02.23
--------------------	-------	---------------------	----------

<b>Title</b>	<b>ICS Strategy development and Joint Forward Plan</b>		
<b>Scope: System-wide or Programme?</b>	Whole system	<b>X</b>	Programme area (Please specify)
<b>Author &amp; role</b>	Colin Bradbury – Director of Strategy, Partnerships and Population, BNSSG Integrated Care Board Sebastian Habibi – Healthier Together Programme Director		
<b>Sponsor / Director</b>	Colin Bradbury – Director of Strategy, Partnerships and Population, BNSSG Integrated Care Board		
<b>Presenter</b>	Colin Bradbury and Sebastian Habibi		
<b>Action required:</b>	Approval		
<b>Discussion/ decisions at previous committees</b>	Integrated Care Partnership Board: <ul style="list-style-type: none"> <li>Approval of Strategic Framework (16.12.22)</li> </ul> BNSSG Strategic Network (16.01.23 and 10.02.23) <ul style="list-style-type: none"> <li>Establishment of Prioritisation Task and Finish Group</li> <li>Development of draft prioritisation process and example System Partnership Agreement</li> <li>Review of draft Longlist and proposed next steps in the prioritisation process</li> </ul>		
<b>Recommendations</b>			
The BNSSG Integrated Care Partnership is asked to: <ol style="list-style-type: none"> <li><b>Note</b> the update on progress in devising the processes to support the development and implementation of the integrated care strategy</li> <li><b>Comment</b> on a draft model of roles and responsibilities of the different elements of our new Integrated Care System</li> <li><b>Support</b> on a range of proposals to develop the role of the voluntary and community sector within the Integrated Care System</li> <li><b>Approve</b> the draft strategic Vision Statement</li> <li><b>Approve</b> an updated timeline for strategy development in 2023 (coordinated with the process to develop a Joint Forward Plan)</li> </ol>			



## **1) Processes to support the development and implementation of the integrated care strategy**

The ICP Strategic Framework set out a number of key principles and an overall approach to developing our shared system strategy in BNSSG. Two of the key workstreams that are now in train to develop the Strategy are:

### A structured approach to strategy development

We are seeking to build support for our strategic approach based on work by Richard Rumelt<sup>1</sup>, who suggests that effective strategies have an essential logical structure which can be broken down into three parts:

- A **diagnosis** that defines or explains the nature of the challenge. A good diagnosis simplifies the often overwhelming complexity of reality by identifying certain aspects of the situation as critical.
- A **guiding policy** for dealing with the challenge. This is an overall approach chosen to cope with or overcome the obstacles identified in the diagnosis. It channels action in a certain direction, without defining exactly what should be done.
- A set of **coherent actions** that are designed to carry out the guiding policy. These are steps that are coordinated with one another to work together in accomplishing the guiding policy.

With this approach in, we are keen to test with the Partnership Board an assumption that in defining our ICS strategy we should not stop at aspirational or broad goals. Rather, to be impactful, our Strategy should:

- Identify pivotal objectives that will drive step change improvements in outcomes ('Diagnosis')
- Articulate the type of strategic change required to achieve pivotal objectives and test the feasibility of delivering such change ('Guiding Policy')
- Commit to working in partnership to deliver the strategic change that is needed to achieve pivotal objectives ('Coordinated Actions')

### Prioritisation

We have agreed that it is important that the system collectively designs a process which will serve as a guide to how we might order the priorities that are identified and agreed within our Strategy. Potential criteria we could use to assess and shortlist our system's strategic priorities have been developed, as well as a process by which we could agree the pivotal objectives that we will pursue first.

---

<sup>1</sup> Good Strategy, Bad Strategy: The difference and why it matters, 2017





We are, of course, not starting from a blank sheet of paper. There has been a great deal of work done already on strategy at a locality, Health and Wellbeing Board, Locality, organisational and sector level. We also know that there are certain issues that will inevitably come to the fore as system priorities, regardless of the specific methodology we develop and use. It may be that as this work progresses, we identify one or two obvious priorities that we agree to work on immediately, rather than waiting for all potential candidates to be reviewed and fully assessed in the round.

Nevertheless, it is important that we collectively design a process which will serve as a guide to how we might order the priorities that are identified and agreed within our system. A set of criteria we could use to assess and shortlist our system's strategic priorities have been developed, along with a process by which we could agree the pivotal objectives that we will as a system pursue.

We envisage that ultimately the decision on which priority areas we pursue will be a human one. Whilst it is helpful to have a process to support this work, we are not proposing that we are bound by a rigid mathematical formula which gives us an "answer" based on an overly complex scoring and weighting system. Rather, this process should be designed as a guide to help us frame the options and reach a shared consensus.

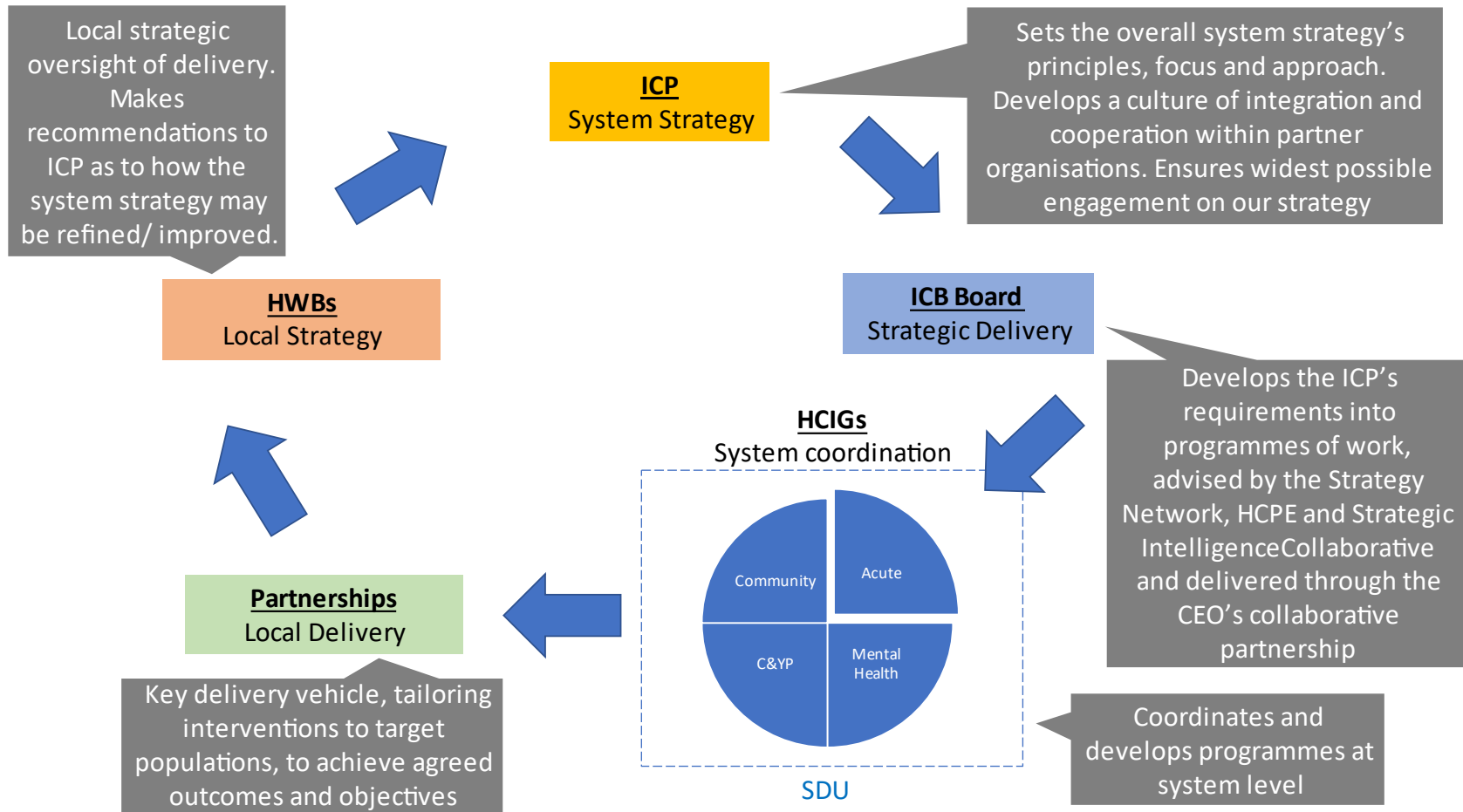
A common question posed when discussing a prioritisation approach is where the money will come from to enable us to pursue these new priorities. It is important to stress that the priority areas identified are unlikely to be new, but what will be different is a collective focus on a handful of key change programmes, rather than continually trying to improve all aspects of our system simultaneously. Whilst the vast majority of the spend is already in the system - and it is a reorientation and focus of this capacity that is most important - the Integrated Care Board has identified within its Medium Term Financial Plan a material amount of new, recurrent money to help progress the strategic priorities that the system ultimately agrees.

## **2) Roles and responsibilities to support the development and implementation of the integrated care strategy**

As a new Integrated Care System, we are still developing the structures and methodology to allow us to work more effectively in partnership to deliver improved care and outcomes. As different part of the system come on-line and mature, it will be important to build a consensus as to where roles and responsibilities lie for the development and oversight of different aspects of the system's Strategy. **Figure 1** below sets out a high-level model for how we might do this.

The model conceptualises the development and delivery of our Strategy as a process rather than an event, and therefore depicts the roles of the different groups and bodies as part of a cycle – rather than as a linear progression.

**Figure 1: proposed roles and responsibilities within the Integrated Care System to develop and deliver our Strategy**





### **3) A new relationship with the VCSE**

The ICP Strategic Framework makes clear that a new relationship with the VCSE is required. This is for a number of reasons:

- **Capacity:** Working with the VCSE more intelligently and extensively is likely to unlock new capacity within our health and care system
- **Funding:** We are not realising the full potential of what the VCSE has to offer in helping us deliver the 4 ICS aims. A commonly cited reason for this is the lack of long-term funding, with unpredictable and inconsistent bidding arrangements for short-term resources
- **Knowledge:** VCSE organisations often have valuable and unique insight as to what is happening on the ground, which can help guide the development of our strategy
- **Representation:** One of the VCSE's strengths is its diverse nature. We need to agree collectively the representative model for the sector when planning at a system level

Thinking about the issues raised above, a number of recommendations (split into themes) are listed below that could be developed and refined with VCSE partners. The recommendations attempt to illustrate what a “new relationship” with the VCSE might look like in practice. In taking this forward it is important that we engage further with ICS Partners, to identify opportunities to build on the existing work of Local Authorities and who is best placed to lead.

#### **Service provision**

- i. The System Workforce Group consider how the VCSE sector be included in the workforce strategy for BNSSG, and make recommendations accordingly
- ii. The Health and Care Professional Executive asked to engage with the VCSE to think imaginatively and boldly about how the sector can take the lead in delivery of key elements of our service model
- iii. Encourage our VCSE to actively recruit (with appropriate support) from our most deprived communities, where we know that health and care needs are disproportionately concentrated
- iv. Explore the potential to commission the VCSE to develop a strengths-based approach in BNSSG, focused on supporting residents to take more personal responsibility for their own health and wellbeing

#### **Funding**

- v. Work with the VCSE on the potential to develop a framework/ call-off model so that short term funding can be applied more effectively, perhaps through a commercial model such as a Joint Venture or Prime Provider arrangement



- vi. A standing group is set up to manage all bids/ allocations for VCSE funding across the ICS in order to ensure efficiency, proportionality and consistency in the awarding of money, along with a remit to favour local organisations wherever appropriate.
- vii. The Strategic Intelligence Collaborative to support the VCSE in ensuring that they are able to capture the outcomes and demonstrate the value that their services are providing
- viii. Use of non-recurrent funding where possible to provide training and OD for our local VCSE organisations' staff

## **Representation**

- ix. Explore a proposal to set up a BNSSG Community Provider Collaborative, with the VCSE working alongside intermediate, primary and mental health care
- x. Finalise system level VCSE representation model, assessing the merits of the Alliance proposal against other alternatives. Develop a system level representative model that is able to pull in charitable funds from outside of the ICS

## **4) Draft Vision Statement**

The draft vision statement has been road tested with Partners through the process of developing the Strategic Framework. We are now seeking to confirm Partnership Board approval to include this in the draft Joint Forward Plan, which is due to be published for consultation by 31 March (further details below). The draft vision statement reads as follows:

Our vision is:

**“Healthier together by working together”**

*“People enjoying healthy and productive lives, supported by a fully integrated health and care system - providing personalised support close to home for everyone who needs it”*

## **5) Timeline for 2023**

The main change since the publication of a draft timeline in the Strategic Framework in December is the issuing of national guidance on the Joint Forward Plan (JFP).



The JFP discharges a national requirement for all Integrated Care Systems (ICSs) in England to publish a 5-year plan for delivering on national and local priorities for meeting the needs of their populations and demonstrating compliance with statutory duties. National guidance encourages ICSs to:

*‘use the JFP to develop a shared delivery plan for the ICS Integrated Care strategy (developed by the ICP) and the Joint Local Health & Wellbeing Strategies’*

Further guidance issued since we published the Strategic Framework, acknowledged that it will take time and require extensive engagement to fully develop integrated care strategies. This guidance has changed the timeline for the 2023 Joint Forward Plan. The main change is that the 2023 Joint Forward Plan is to be developed in two stages:

- A draft JFP is to be shared with Partners for consultation by 31 March (including the ICP and health and Wellbeing Boards)
- The 2023 JFP is to be finalised by 30 June
- The JFP is to be updated annually from 31 March 2024

It is proposed that within BNSSG, we go beyond the minimum national requirements and set out how we are working in partnership through the ICS to deliver on national and local priorities, at both strategic and operational levels. In this way, the JFP will be a shared delivery plan for the whole ICS, rather than simply meeting the minimum requirements as set out in the guidance.

We recognise that 2022/23 is a transitional year. Our operational plans reflect nationally mandated priorities and the continuation of system level programmes that were initiated prior to the new ICS being established in July 2022. As our Strategy evolves, and our approaches to delivering in partnership become more embedded, then the business cycle will be more synchronised between our Strategy and operational plans.

The table below sets out the original draft timeline published in the Strategic Framework, along with proposals as to how we might fold-in the requirements of the JFP, assuming we agree that it would not make sense to pursue a twin track approach of developing our Strategy separate to the JFP process.



**Table 1: Proposed timeline**

Strategic Framework draft timeline (Dec 22)	Recommendations	Updated timeline
1) Finalise system vision, objectives, and strategy development plan for 2023 (Feb/Mar 23)	<ul style="list-style-type: none"> <li>a) Maintain the Vision statement that has been road-tested through the Strategic Framework and include in the draft JFP</li> <li>b) Define objectives as part of the process for prioritising key areas of focus for improving outcomes</li> <li>c) Strategy development next steps to be included in the draft JFP</li> </ul>	Publish the Vision and strategy development next steps, as part of the draft JFP: March
2) Shortlist key areas of focus for improving outcomes (Feb/Mar 23)	<ul style="list-style-type: none"> <li>a) Develop strategic priorities through a 2-stage process to build consensus.</li> <li>b) Identify 'Sponsors' to champion proposals for improving outcomes ('Priority Outcome Proposals')</li> <li>c) Convene 2 workshops to narrow down from a Longlist to a Shortlist</li> </ul>	Invite Sponsors and develop Priority Outcome Proposals: Feb-May  Stakeholder engagement: March-May  Prioritisation Workshops: April-May  Shortlist in June and produce a finalised iteration in July
3) Development of outcomes framework and embedding in ICB infrastructure to monitor delivery (Mar 23)	<ul style="list-style-type: none"> <li>a) Develop key indicators and datasets for monitoring progress towards system outcomes</li> <li>b) Develop a reporting tool</li> <li>c) Embed outcomes in the governance, decision-making and the roles of Health &amp; Care Improvement Groups (HCIGs)</li> </ul>	Review of outcomes framework commenced: Feb  Implementation next steps to be set out in JFP: June



Strategic Framework draft timeline (Dec 22)	Recommendations	Updated timeline
4) Delivery of Joint Forward Plan (Mar 23)	<ul style="list-style-type: none"> <li>a) Publish plans for further development of ICS strategy, as part of the draft 2023 JFP</li> <li>b) Confirm progress on defining strategic priorities as part of the final 2023 JFP</li> <li>c) Codify strategic intent through System Partner Agreements and embed responsibility for coordinating delivery in HCIGs</li> </ul>	<p>Draft JFP published: March</p> <p>2023 JFP published: June</p> <p>Annual updates to the JFP: from 31 March 2024</p>
5) Successor document to Strategic Framework	<ul style="list-style-type: none"> <li>a) Publish an updated Strategic Framework by end of 2023</li> <li>b) ICP to monitor progress on delivery and review strategic priorities in 2024 to determine the timing of the next update to the Strategic Framework</li> </ul>	Update to Strategic Framework: December



## Integrated Care Partnership Board

Agenda Item	Meeting Date
	24 February 2023

<b>Title</b>	ICP Development Day			
<b>Scope: System-wide or Programme?</b>	Whole system	x	Programme area <small>(Please specify)</small>	
<b>Author &amp; role</b>	Ellie Wetz, ICS Development Programme Manager			
<b>Sponsor / Director</b>	ICP Leadership Team			
<b>Presenter</b>	Ellie Wetz, ICS Development Programme Manager			
<b>Action required:</b>	Information			
<b>Discussion/ decisions at previous committees</b>	<i>Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)</i>			
	ICP Leadership Team: 24 January 2023			

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

<b>Purpose:</b>
The ICP Leadership Team would like to work with members and wider system partners to develop a shared understanding and purpose for the ICP within the Integrated Care System above and beyond its statutory duty to develop the Integrated Care Strategy.
<b>Summary of relevant background:</b>
<p>The statutory responsibilities of the ICP are:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Involve local Healthwatch and local people in the development of the strategy</li> <li>• Revised the strategy when needs assessments are updated</li> </ul> <p>However, the establishment of the ICP also presents an opportunity to set the culture of partnership working in the ICS and add strength and value to our Health and Care system beyond these responsibilities. The ICP Leadership would like a deeper exploration of these opportunities with all ICP members and wider system partners.</p> <p>It is proposed that the ICP Leadership Team host a facilitated ICP Development Day in June 2023 (post local elections, ideally with permanent Community Voices membership established).</p>





Several facilitation options have been considered. An options appraisal was presented to the ICP Leadership Team on 24 January 2023. It was agreed to progress the Leading Integration Peer Support Programme (LIPS) opportunity offered by a consortium of the Local Government Association, NHS Confederation and NHS Providers. See **Appendix A**.

An initial scoping meeting with the LIPS team is scheduled for 22 February 2023 to refine the detail of their offer to the ICP. A verbal update to this paper will be given at the meeting on the 24 February 2023.

**Discussion / decisions required and recommendations:**

To note the contents of the LIP offer and be open to participating in the ICP Development Day.

# Healthier Together



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

## Appendix A:



## THE LEADING INTEGRATION PEER SUPPORT PROGRAMME

# Healthier Together

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



## Who are we and what do we do?

- We are a unique partnership of the Local Government Association, NHS Providers and the NHS Confederation's ICS Network utilising the expertise of our sector to deliver bespoke support to health and care systems.
- Our expert peers are senior health and care leaders, who act as 'critical friends' to facilitate, advise and constructively challenge local leaders to support progress against ambitions or system issues, and agree next steps.
- Our support offer:
  - includes peer reviews, leadership development sessions, best practice workshops and mentoring
  - is open to any health and care partnership at system, place or locality level, or individual leaders within
  - is flexible and tailored to address your local challenges, developed in collaboration with you to ensure there is consensus and buy-in from across your partnership.

*The workshops have helped us to develop and mature as a place partnership.*

*The support gave all the partners an equal voice. That for us all was a great gift that enabled us to do the work we needed to do.*

SENIOR LEAD  
COVENTRY AND WARWICKSHIRE

## What support can we offer you?

- Support can be focused on strategic aspirations or to explore the strengths or challenges of system leadership through the lens of a specific theme or challenge. For example:
  - reviewing and strengthening working relationships, such as across or within newly established bodies including ICSs, ICPs, place-based partnerships, and professional and clinical networks
  - reviewing, aligning or creating ICS and ICP strategies, including building on pre-existing local evidence, ambitions and progress
  - responding to the reform agendas across ICSs, regulation, adult social care charging, health inequalities, levelling up and integration
  - embedding the gains of Covid-19 and responding to the increased demands as a result of the pandemic
  - exploring the benefits of greater integration to address local challenges or national requirements
  - addressing the challenge of what shared accountability looks like at system level within legislative frameworks
  - expanding understanding across partnerships of the different contexts for which NHS and local government.

*The peer support offer has been invaluable in moving us forward as a group.*

*The peer associate played a key role both for me as a chair and to the success of the group.*

CHAIR  
BARNSELY INTEGRATED CARE  
PARTNERSHIP GROUP