



BNSSG Integrated Care Partnership (ICP) Board meeting Agenda

Date: 21 April 2023

Time: 14.00 – 16.35

Venue: Emersons Green Village Hall, Emerson Way, Emersons Green, South Gloucestershire, BS16 7AP

Chair: Cllr Mike Bell

No.	Agenda Item	Purpose	Start time	Duration	Lead
1	Welcome, introductions and member updates		14.00	5 m	Chair
2	Apologies, minutes and actions from previous meeting		14.05	5 m	Chair
3	Public Statement and Questions		14.10	5m	Chair
4	Health and Wellbeing Board Updates	Item to update ICP on the work of the BNSSG Health and Wellbeing Boards	14.15	15m	Cllr Mike Bell, Cllr Helen Holland and Cllr Ben Stokes
5	ICB update	Item to update ICP on the work of the ICB	14.30	15m	Jeff Farrar, Chair - Integrated Care System for Bristol, North Somerset & South Gloucestershire
6	JFP and Strategic Development – Report Attached	Item to set update ICP on the Joint Forward Plan and Strategy development	14.45	40m	Colin Bradbury Director of Strategy, Partnerships and Population
7	BREAK		15.25	5m	
8	Showcasing Social Prescribing in the VCSE Sector	Update on the importance of social prescribing and a strong community offer provided by the VCSE sector	15.30	45m	Alison Findlay
9	Adult Social Care Collaborative	Update one Adult Social Care Collaborative	16.15	10m	Ellie Wetz, Ellie Wetz, ICS Development Programme Manager

10	Next agenda and AOB	Ask for any other business, content of June agenda and ask for venue suggestions.	16.25	5 m	Chair
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Date of next meeting: June 16th

Time: 14.00-16.00

Venue: TBC



Meeting of the BNSSG Integrated Care Partnership – 10am on Friday 24th February 2023

Attendance List:

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

Community and VCSE Voices – Chris Head (WERN, Alison Findlay (Southern Brookes), Aileen Edwards (Second Step), Mark Hubbard (VOSCUR), Mandy Gardner (VANs), Fiona Cope (North Bristol Citizens Advice Bureau)

Constituent Health and Care Organisations – Hugh Evans (Executive Director Adults and Communities, Adult Social Care), Chris Sivers (Director of Children’s Services, South Gloucestershire), Martin Sykes (substitute for Jayne Mee) (UHBW), Matt Lenny (Director of Public Health, North Somerset), Charlotte Hitchings (AWP)

Locality Partnerships – Steve Rea (South Bristol Locality Partnership)

Population Needs Representative - Georgie Bigg (Healthwatch)

Other Attendees – Shane Devlin (BNSSG ICP), Ellie Wetz (ICS Development Programme Manager), Nicola Knowles (Policy and Public Affairs Manager), Seb Habibi (ICS Programme Director), Colin Bradbury (Director of Strategy, Partnership and Population – Bristol City Council), Dr Joanne Medhurst (Chief Medical Officer), Ben Stevens (ICS Strategy Programme Manager) and Jeremy Livitt (Democratic Services Officer, Bristol City Council), Becky Balloch Communications & Engagement Lead NHS Bristol, North Somerset, & South Gloucestershire Integrated Care Board (ICB)

Members of the Public – Matt Jordan and Ash Thornley-Davies

Apologies for Absence: Ruth Taylor (Primary Care Services), Kay Libby (Age UK Bristol), Kirsty Alexander (Locality Partnership – Bristol North and West), Jayne Mee (UHBW), Ros Cox (Locality Partnership - Weston, Worle and Villages), Gayle Bragg (SWAFST), Paul May – substitute for Michele Romaine (NBT), Steve Curry (CVS), Tharsha Sivayokan (Locality Partnership – South Gloucestershire Chair), Mark Coates (Creative Youth Network), Rosi Shepherd (Chief Nursing Officer), Gemma Self (System Transformation Lead – Health and Health Inequalities), Aileen Edwards (Second Step), Catherine Townsend



Agenda Item 1 – Apologies for Absence, Minutes and Actions from Previous Meeting Held on Friday 16th December 2022

The above apologies for the meeting and the minutes from 16th December 2022 meeting were noted.

Agenda Item 2 – Welcome, Introductions and Member Updates

Councillor Mike Bell (Chair of the BNSSG ICP) welcomed all parties to the meeting and asked everyone to introduce themselves. Each attendee provided a short update on the current work carried out by their organisation within this area of work.

Agenda Item 3 – Public Forum Statements and Questions

A full reply would be submitted to the questions from Mr Paul Wheeler related to dental care provision. Whilst the responsibility for this service still rested with NHS England, it would transfer to ICP in future and a response would be provided explaining this.

Agenda Item 4 – Health and Well Being Board Updates

HWBB Chairs gave updates as follows:

Councillor Helen Holland - Bristol

Councillor Helen Holland stated that work had been carried out on Bristol HWBB relating to the Food Strategy. There had also been a presentation at a recent meeting concerning Women's Health and work on the stroke pathway.

Councillor Ben Stokes – South Gloucestershire

At the South Gloucestershire HWBB on 12th January 2023, deep dives had taken place into various topics including positive mental health, the strategic framework, using the Better Care Fund more creatively, discussion concerning prevention and shared care plans.

In addition, work had taken place relating to the Clean Air Strategy to make a shift in the way that modal transport is used and the way that public transport is used to encourage active travel more effectively.

Councillor Mike Bell – North Somerset

North Somerset's HWBB had not met since the last meeting but would be meeting next week and would discuss the following areas:

Updates from Locality Partnerships, ICS Strategy Update (Seb Habibi), Bringing the wider stakeholders around the table), providing wider partners across the community, carry out work on hospital discharge and the Better Care Fund, adult social care challenges, Joint HWBB Strategy assessing progress on the Action Plan and community intervention

Agenda Item 5 – ICB Update

Jeff Farrar confirmed that from 1st July 2022 structure on the Committees had been developed. The next meeting would be taking place next week. This was a statutory board with digital structures in place and consistency operating across Committees. Despite local and national pressures, good progress was being made.

He stated that Patricia Hewitt was leading progress on the National Review but the Government was carrying out an immediate delivery on specific targets. In addition, there was a one-off funding for race and equality with an encouragement to pump prime third sector engagement.

Shane Devlin made the following points:

- This was a major organisational restructure with a need to reduce running costs by thinking differently about internal restructuring
- Growth funding had been received
- Good collaborative support had been received following a critical incident which had been declared in December 2022
- All 6 key indicators were back in place relating to beds and wards following the pandemic
- A care hub had been created in Weston-Super-Mare with opportunities to learn from joint working arising out of good financial management. The financial situation had been well managed during COVID

It was noted that this provided a good platform outside of a crisis to harness the same approach. It was further that the use of care hotels as an emergency response was always a short term measure and that a home first approach should always be adopted wherever possible – this included those of working age as well as the elderly.

ACTION: Nicola Knowles to add the issue of Home Care Hotels for discussion at the next HWBB meeting.

At this point, there was a brief break for a 1 minute silence to mark the first anniversary of the war in Ukraine.

Agenda Items 7 and 8 – Strategic Development Timeline and Joint Forward Plan

Colin Bradbury and Seb Habibi introduced these reports. They presented a summary of the covering paper for these items and made the following comments:

Strategic Framework and Timeline

- The development of a framework had been an important part of the process for a very complex and diverse population of approximately £1.1 Million and with a focus on delivery of output
- The process was intended to maximise the role of all parties as equal partners and was framed around the following four aims – (1) an update of the strategic framework (2) the Work Plan (3) the roles and responsibilities (4) the timeline and next steps (4) discussion

- Following the publication of the strategy on 21st December 2022, there was now a commitment to delivery and the membership had been expanded to include Adult and Children's Social Care
- Details of the vision statement and prioritisation were set out. The strategy set out a strong evidence base but did not definitively indicate what the main focus was
- 41 problem statements had been identified and had provided the biggest opportunities to improve outcomes
- There would be engagement through the March 2023 Citizens Panel. Champions were required for a guided policy to articulate change
- A pictorial guide was produced which set out the ICS aims and the goals to result in healthier residents
- The mechanism for focusing a life course as parts of a framework was set out
- Key issues to be tackled included obesity, anxiety and depression with a focus on families most at risk
- Mental Health and chronic pain were the two most serious issues to be tackled and were increasingly issues keeping people off work. In addition, those individuals who were high risk for cardiovascular disease and Type 2 Diabetes
- A communities enabler would strengthen alignment to the 4 ICS aims, key indicators and data sets, together with reporting tools
- Key areas included food and assistance to people with learning disabilities
- 10 draft proposals were set out for ensuring the integration of the role of VCSE within the system

Board members made the following comments, together with responses to members' questions given by Seb Habibi and Colin Bradbury as indicated:

- Q: Strategic Network and the involvement of key Integrated Care Voices + engagement of VCSE colleagues – A: Seb Habibi - These were representative of the partnership at a system level. Children's Health and Adult Social care were also included. However, this was an early stage in the process for system partners and far more development work was required
- Further details were required for the Strategic Networks and cycle of meetings to provide more detail on what is involved
- In addition to the ICP Panels, the Local Authority and VCSE networks should be involved
- It was important to avoid this becoming a top down approach but instead a diverse community sector involvement. A dedicated VCSE discussion would help set better objectives
- There was a need for stronger voluntary sector involvement with suggestions from this sector being given to the ICP
- Whilst the listening approach was welcomed, there was currently only a very narrow representation from the VCSE Sector and a greater need for resources and resilience
- An approach more closely linked to prevention was required using locality level expertise to avoid duplication of effort
- Anecdotal evidence suggested that there had been a big increase in the need for work connected with suicide prevention as a result of the cost of living crisis

- There was a need for depth of focus and speed in the approach to tackle issues connected with weight loss and diet and data could be obtained for this
- A short list of priorities was required along with the relevant business cases setting out the design of template and evidence to achieve a reduction in inequalities
- Working with Local Authorities was important to help to increase active lives

Colin Bradbury thanked everyone for their comments. He acknowledged that the system was currently geared towards crisis management and that a mechanism for moving away from this is important, in addition to proper assimilation of all public involvement in the process

Governance

- It was important to harness capacity intelligence capability of the whole system particularly given the current difficult winter period
- This was a process rather than an event although there will be milestones
- 2023/24 is a transitional year with a lot of ongoing work taking place
- There was a need for improvement in the following areas – engagement, co-design, call and answer
- Since December 2022, it had become clear that the strategy needs to sit in with the Joint Forward Planning process as part of the operational and immediate plans
- The Joint Forward Plan had been developed from a system perspective rather than an NHS one
- There would be an annual refresh of the strategic framework

Joint Forward Plan

- The approach for the Joint Forward Plan was set out to attendees
- Different parts of the system fit together in a continuous cycle
- Details of the timeline were provided
- There would be a discussion at the SIRONA Board meeting in April 2023 prior to the first iteration of the strategy

Board members made the following comments, together with responses to members' questions given by Seb Habibi and Colin Bradbury as indicated:

- Q: Difference between the Joint Forward Plan and Strategy + the difference between the Strategic Framework and full strategy A: Colin Bradbury – There were acknowledged anomalies and tensions within the ICS but adopting this approach provided the opportunity to move in the right direction and to create a transactional piece of work. The framework set out a guiding set of principles and an instruction to the NHS to produce a Joint Forward Plan
- It was important to ensure that the overall document was not out of sync with more detailed work

- Q: Will the process ever come to an end? A: Colin Bradbury – Whilst the strategy sets out the key priority areas and outcomes, the key delivery will vary according to the level of need
- Q: How will the partnership work with the VCSE sector and Local Authorities to collectively change the way things take place in alignment and ensure VCSE commitments are secured A: Colin Bradbury – Whilst the ICP team would form part of the process, a great deal of this would come from various partners (such as the VCSE sector and Local Authorities). It was not realistic to expect that all the work for this would come together by June 2023 due to the amount of work involved
- Whilst the challenges involved were acknowledged, there needed to be a sense of urgency along the lines of that adopted for the Locality Partnerships
- The shared use of data was crucial to avoid inadvertently widening the equality gap. The complexity of the wider determinants of health needed to be acknowledged
- There was a need for joint working between the ICP team and the VCSE sector to share information and the subsequent criticism for any failures
- The challenges faced by the Board were acknowledged. However, it was important to emphasise the need for VCSE in this process. During COVID, this sector had delivered services whilst other statutory services had struggled
- A great deal of strategy had already been developed. The relationship with the VCSE sector was important. In South Bristol, a great deal of the delivery had taken place from the bottom up, particularly in relation to mental health. It was important to note that much of this work could be enabled and did not need to be recreated
- The desire to combine the Strategy with the Forward Plan was very ambitious. Whilst this was a process not an event, it was also important to avoid a situation where a decision was never made unless a perfect solution was found
- It had taken approximately a year to produce the framework. The other parts of the process were operating on a compressed timescale
- The more work that was carried out in the public domain, the better – for example, through the Healthier Together website. The organisational development needed to be examined through existing sessions, for example the ICP seminar in March 2023
- The Joint Forward Plan was a very long document and therefore the parameters under which it operated needed to be clearly set out and an indication provided as to how it would operate

Colin Bradbury confirmed that there was a need to build on existing work and that, whilst there was a clear timeline for the production of the first iteration of the strategy, it would not be perfect from June 2023 onwards. He thanked everyone present for their contribution to the debate.

The ICP Board supported the progression of the approach set out in the presentation and then expanded on in the subsequent discussion.

The Chair referred to the forthcoming ICP meeting in April 2023 which provided a further opportunity for any discussion and/or assistance in producing this work.

Agenda Item 9 – ICB Board Development Day

Ellie Wetz introduced this item and explained details of a proposal for 3 peer groups (1 for the NHS, 1 for Local Authorities and 1 for the VCSE sector) to participate in a Development Day involving a cross section of pre-work interviewing and requiring volunteers to help with feedback and to participate. It was noted that this session would examine experiences from other ICP groups across the country but also what the BNSSG ICP could do differently. It would also consider the issue of the need to secure funding for next year.

ACTION: Ellie Wetz to confirm Development Day details with BNSSG ICP members – an existing date of 15th June 2023 was identified as a possible option for this

NB: The Development Day will now be scheduled for Thursday 29 June 2023, not the 15 June 2023 as incorrectly stated in the meeting.

Agenda Item 10 – Next Agenda and Any Other Business

It was noted that the Vassal Centre was proposed as a possible venue for the next scheduled meeting of the BNSSG ICP on 21st April 2023 – items for inclusion were the Strategy Forward Plan, National Round Tables, Social Enterprises, Home Care Hospitals (Item agreed at Agenda Item 5).

Date of Next Meeting – The next meeting was scheduled for 2pm to 4.30pm on Friday 21st April 2023 at a venue to be confirmed. **ACTION: Claudette Campbell to ensure all those on distribution list receive calendar invites for future meetings.**

The meeting ended at 12.45pm



Integrated Care Partnership Board

Agenda Item	7	Meeting Date	21 April 2023
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Title	JFP and Strategic Development			
Scope: System-wide or Programme?	Whole system	X	Programme area (Please specify)	
Author & role	Colin Bradbury – Director of Strategy, Partnerships and Population Health, BNSSG Integrated Care Board			
Sponsor / Director	Colin Bradbury			
Presenter	Colin Bradbury			
Action required:	Decision and discussion			
Discussion/ decisions at previous committees	<ul style="list-style-type: none"> Joint Seminar with Strategic Network (30/03/21) Ongoing partner 1-1's and Board feedback sessions 			

1) Purpose:

The purpose of this item is to:

- Receive comments from the ICP Board following the circulation of the first draft of our System Strategy
- Secure ICP Board support for process to agree a first round of strategic priorities for the 1st Edition to be published by 30th June

2) Summary of relevant background:

On 30th March we held a joint seminar between ICP Board and Strategic Network members. This was the culmination of work building on the December 22 Strategic Framework and Our Future Health, the system needs assessment that was published earlier that same year.

In our seminar we discussed three aspects of our Strategy's development, namely:

- the key strategic challenges for our system and a coordinated response,
- the structure and contents of the forthcoming 1st draft of our Strategy, and
- the Prioritisation Process that underpins our Strategy

Feedback from the seminar was broadly supportive of the proposed approach and contents. There was agreement that the most pressing strategic challenge for our system is the rising population need outstripping available supply of care and health services. We recognise that we cannot simply persist with our current



service model, which relies on a heavily medicalised response to individuals reaching a point of crisis.

Building on this analysis, there was support for a new strategic direction that focused on prevention, attempting to systematically identify priority groups who are likely to present to services in crisis intervention without proactive and targeted support. This is rooted in the Our Future Health needs analysis which recommended a focus on **prevention** overall, acknowledging that we need to design a response that takes into account the **clustering** of risks within areas of deprivation and **inequality**.

In summary, the proposed strategy was described in the seminar as:

Identify:

The first draft of the Strategy introduced the concept of “heralds” which could also be couched as “risk factors” or “secondary prevention”. The meaning behind this is identifying proactively the things that indicate an individual is likely to deteriorate fairly rapidly if they are not supported. We will focus on communities with a high concentration of people with multiple risk factors (such as the early stages of Coronary Heart Disease, but equally it could be a social circumstance or characteristic such as homelessness) and wrap support around them proactively.

Build:

We will support people in their communities, using a strengths-based approach. Both in terms of individuals’ personal support structures, including their families and social networks, as well as scaling up and bolstering the wide range of effective models that are already in place at a local level.

Prevent:

By identifying people early and intervening before their health and care needs start to snowball, we aim to reduce the number of our residents who have to rely on reactive services geared to unplanned and urgent need. This work will focus in on deprived communities, where multiple challenges “cluster” disproportionately within these segments of our population.

A one-page summary of the 31st March draft Strategy is included in Appendix 1 for reference. A second draft of the document, taking into account feedback received, will be available by 1st May. A timeline that sets this into context, including the milestones for the proposed prioritisation approach outlined below is included under Appendix 2.

3) Prioritisation

There has been a long-standing and widespread consensus since the work on an ICS strategy started that we need to collectively focus our efforts and resources on a small number of key priorities. Priorities we identify need to maximise our capacity to improve our system’s performance in delivering the four ICS aims:



- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Contribute to social and economic development

In terms of what it means to be a system priority within our Strategy, it is intended that Partners' senior teams through the Delivery Gateway Model and HCIGs will focus on the design and delivery of the agreed priority areas. Once agreed, partner agencies will be asked to commit to System Partner Agreements that set out their organisational commitment to ensuring the priority area will be successfully delivered. New investment to support the Strategy (e.g. to build an new community based workforce) will be available to support the priority's implementation

The task now is to develop and agree priority outcome proposals that could be taken forward in a first round of strategic implementation, developed and overseen by the new Health & Care Improvement Groups (HCIGs) and implemented through the Locality Partnership model.

By 30th June we plan to have identified the first round of priority focus areas, using a three-step model:

1. *Taking the key issues identified in Our Future Health and clustering them to develop a series of priority proposals*
2. *System partners will then apply a series of pre agreed evaluation criteria to these priority proposals*
3. *As a result of this process, the first round of priority areas to be progressed will be agreed, with subsequent priority rounds to be developed, cycling back to stage 1 of this process*

1. Taking the key issues identified in *Our Future Health* and clustering them to develop a series of priority proposals

- a. Based on the priorities articulated in the ICS Strategic Framework (published in December 2022) and the accompanying document *Our Future Health*, the following 21 consolidated areas have been identified (Appendix 3) as critical challenges that we commit to addressing collectively, because we believe that this will achieve the biggest improvements in outcomes and/or mitigate the biggest risks/issues that would stop us improving outcomes

2. System partners will then apply a series of pre agreed evaluation criteria to these priority proposals

The 21 priority areas¹ that were reviewed at the 30th March seminar will be worked up into clustered proposals for change, led by an SRO and subject matter experts

¹ The 21 priority areas are listed for reference in Appendix 3. It is proposed that these are now considered as fixed for the first round of our Prioritisation process.



drawn from across Local Authority, VCSE and NHS system partners along with lived experience representatives. The focus will be on designing proposals to deliver programmes which generate the biggest impact on the 4 ICS aims.

The process will be about evaluating the strategic case for change of each proposal. A template will be used to ensure consistency. The criteria will include:

- a. Clearly articulated problem or opportunity statement and evidence of impact on health or healthcare outcomes, inequalities, costs and socio-economic development (n.b. potential benefits of addressing clustered problems are assumed to be greater).
- b. Focussed on the most impactful conditions identified in Our Future Health
- c. Initial assessment of feasibility, including the availability of appropriate workforce
- d. Delivery against measures within the BNSSG outcomes framework
- e. Responds to public engagement and feedback
- f. In keeping with our overall strategic approach of Identify, Build and Prevent and Addresses the risk factors and secondary prevention measures in the strategy
- g. Enjoys multi-agency support that can be expressed through a System Partner Agreement
- h. Addresses the clustering of issues, particularly within deprived areas/ under-served populations

Please note that a proposal does not have to satisfy every criteria to be considered, but the Prioritisation Panel will be asked to favour those proposals that most comprehensively address the criteria above.

The Prioritisation Panel will comprise senior leaders representing all areas/disciplines and partner organisations, including public/patient representatives. The Panel will apply the above evaluation criteria to each of the priority proposals, discuss them and then each panel member will individually score, thus generating a ranking for the proposals received.

3. As a result of this process, the first round of priority areas to be progressed will be agreed, with subsequent priority rounds to be developed, cycling back to stage 1 of this process

The initial tranche of selected proposals will then be worked up into business cases which will involve discovery work to develop our understanding of the problem and identify change ideas, followed by work to design solutions. This process will be led by the HCIGs and include criteria for success, metrics for passing to the next gateway and will include robust evaluation criteria. Resources will be allocated to support the design and delivery of proposals, in accordance with the Gateway process. The ICB has identified sources of recurrent funding to



enable successful proposals to be implemented and embedded as business as usual, subject to evaluation.

Once the design phase has been completed and business cases approved, our joint commitment to delivery will be codified in System Partner Agreements that set out their organisational commitment to ensuring the priority areas will be successfully delivered. Each proposal will be delivered in partnership with the Localities.

4) Decisions required and recommendations:

It is recommended that the Integrated Care Partnership Board:

1. Feedback on the draft Strategy that was issued on 31st March 2023
2. Comment on and endorse the proposed Prioritisation Process that is set out in Section 3 of this paper
3. Note the timetable in Appendix 2 of this paper



Appendix 1: BNSSG ICS Strategy on a page (draft)

Key strategic challenges:

- Capacity and demand gap
- Crisis driven model
- Inequality of outcomes

- Levels of health and care need are forecast to rise at a pace that our current workforce model will not be able to keep up with
- Much of this need presents “in crisis”, generated by conditions that are potentially preventable or manageable
- Those who need this support most are disproportionately concentrated in areas of social and economic deprivation

Our guiding policy:

Read the signs that something is going to happen, and do something about it now

- **Identify** key “heralds” that tell us that an individual is likely to deteriorate if they are not supported
- **Build** on the strengths that the individual, their community and their Locality Partnership already have
- **Prevent** deterioration to “crisis” levels, by offering tailored multi-agency support

Coherent actions:

- Prioritise
- Exclusion is our inclusion criteria
- Life course model
- Community support

- Agree as a system the key priority population groups (**segmentation**) we want to collectively focus on first
- The Heralds Model can be applied **across the whole lifespan**
- By recruiting and training a new locally based Workforce we intend to make a tailored and comprehensive offer for people within the agreed priority population groups; **scaling up what we know works**

What impact will our strategy have on the 4 ICS aims?

Aim 1: Improve Outcomes in Population Health and Healthcare

- Focus on heralds (at all stages of the life course) to identify where we may intervene earlier, so we can improve outcomes by supporting individuals to prevent, better manage and recover from illness

Aim 2: Tackle Inequalities in outcomes, experience and access

- Those suffering inequality/ deprivation are more likely to develop heralds early, and their condition to deteriorate quicker
- Providing proactive support for targeted groups will narrow the gap in outcomes

Aim 3: Enhancing productivity and value for money

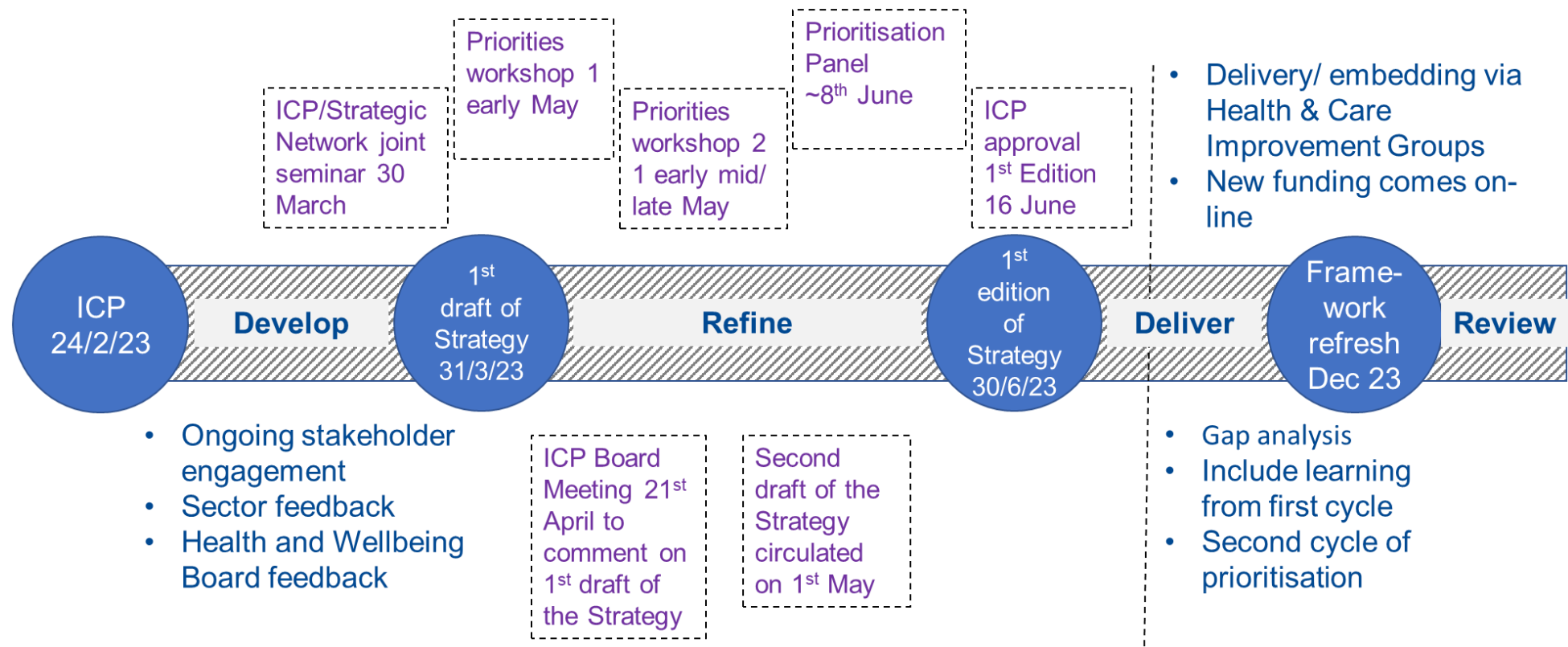
- Intervening at the point of crisis is inherently less efficient and ties up lots of resources that could ultimately be better spent elsewhere
- We will address duplication, variation and inefficiency across our system

Aim 4: Supporting broader social and economic development

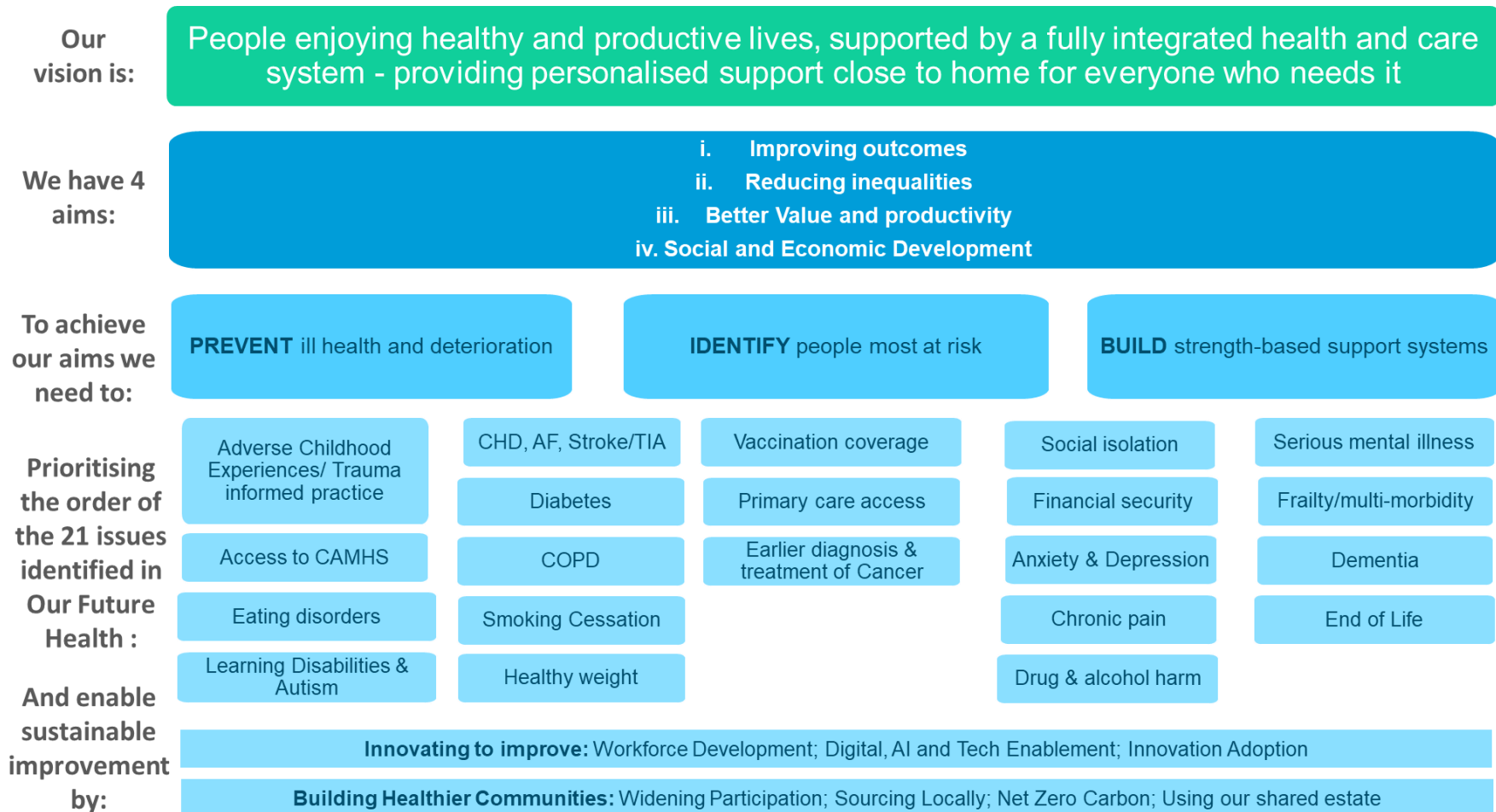
- Building a support structure by investing in training and employment in our most challenged communities
- Using our collective purchasing power to maximise the amount that is spent locally

Appendix 2: Timeline

Our Strategy will be published on 30 June and updated annually



Appendix 3: The 21 individual priority areas taken from *Our Future Health* (not ranked or clustered)





Integrated Care Partnership Board

Agenda Item	Meeting Date
	21 st April, 2023

Title	Showcasing Social Prescribing and a strong community offer in the VCSE Sector			
Scope: System-wide or Programme?	Whole system	*	Programme area (Please specify)	
Author & role	Alison Findlay, lead locality partner, South Gloucestershire			
Sponsor / Director				
Presenter	Lead Locality Partners			
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>			

Purpose:
<p>This presentation aims to:</p> <p><i>Showcase the importance of social prescribing and a strong community offer provided by the VCSE sector by</i></p> <ul style="list-style-type: none"> • Demonstrating how social prescribing delivers against the aims of the Integrated Care Strategy • Showing how strengthening communities leads to earlier and more effective reductions in health inequalities • Emphasising the importance of sustainable funding
Summary of relevant background:
Discussion / decisions required and recommendations: