Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of ICB Board

Date: Thursday 7th September
Time: 12:30
Location: Vassall Centre Gill Avenue, Bristol, BS16 2QQ

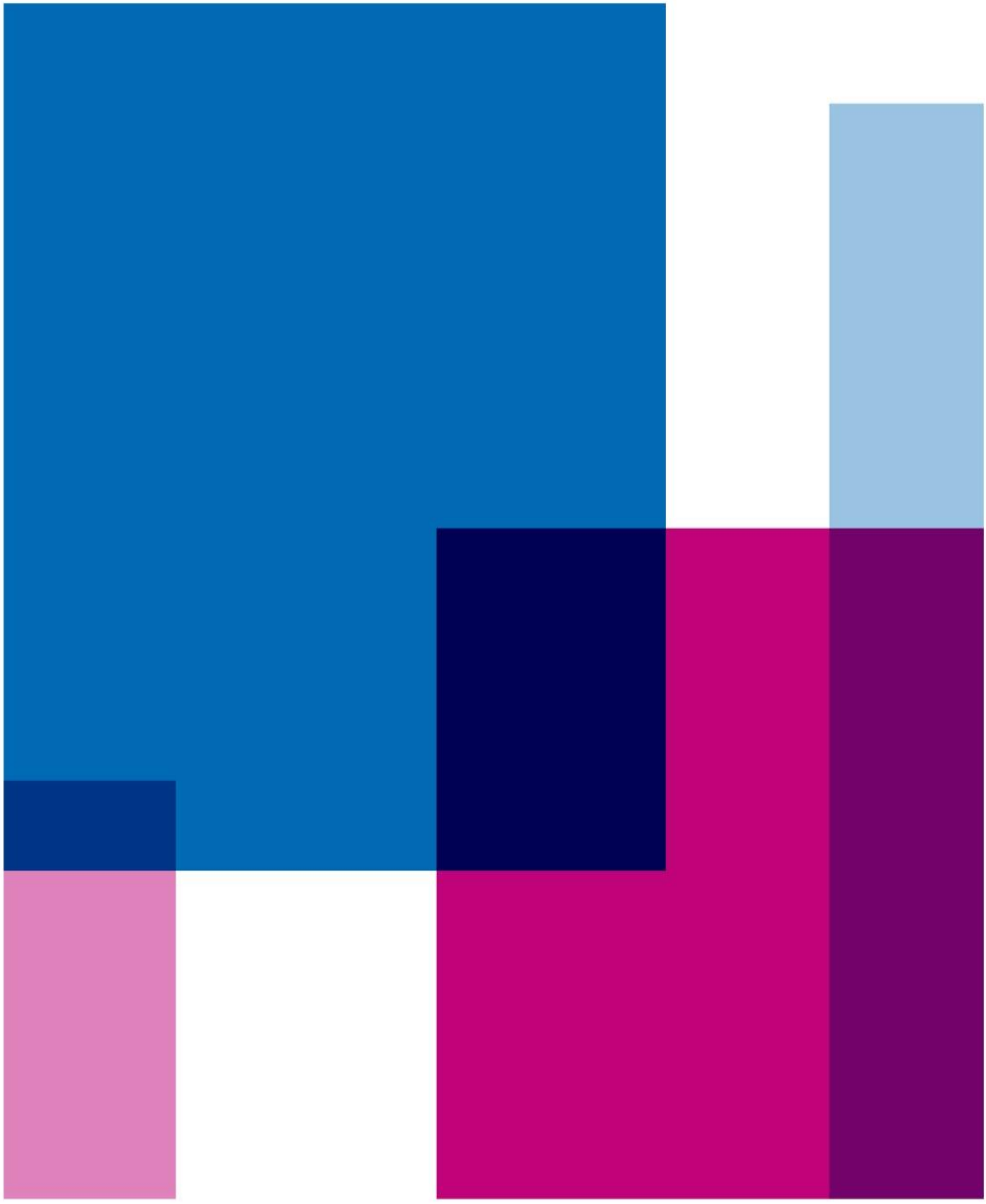
Agenda Number :	5	
Title:	Chief Executive Update – July	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	Yes/No
Purpose: For Information		
Key Points for Discussion:		

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.
The main areas of discussion this month are;

- **ICB Organisational Structures**
- **Winter Preparations**
- **Industrial Action**
- **Annual Assessment for 2023/23**

Recommendations:	To note the current position
Previously Considered By and feedback :	No other groups
Management of Declared Interest:	No declared interest

Chief Executive Briefing – September 2023



Shaping better health

Purpose

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues since the last board meeting, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.

The main areas of discussion this month are;

- **ICB Organisational Structures**
- **Winter Preparedness**
- **Industrial Action**
- **Annual Assessment for 2023/23**

ICB Organisation Structures

As agreed at the May 2023 Board Meeting we are taking an engaged approach to the reorganisation of the ICB as is required by NHS England to ensure that running cost reductions are achieved.

In March 2023 NHS England wrote to all ICB's to advise us that we needed to reduce our running costs by 30%; the formal request is for this to be delivered in two stages - 20% to be delivered by the end of 2024/25 and 10% to be delivered by the end of 2025/26.

We are approaching this as a single stage process of restructuring the ICB to achieve the required savings – this is to create the headroom to plan and balance the books in the second year. NHSE require us to have an agreed final plan by March 2024 to achieve the whole of the 30% reduction.

NHSE have confirmed, that whilst they will seek assurance from ICBs that plans are on track on a regular reporting basis, the governance and decision making for how the RCA efficiencies are achieved sit within the ICB.

It is proposed that our new operating model will go to the ICB Board in early December. Over the coming weeks the new operating model for our ICB i.e. the functions undertaken by the ICB, will be signed off by the Executive team and work will then begin on the detailed structures that underpin these functions. To support this process, partner Chief Executives are participating in a workshop on the 14th September to explore what roles and responsibilities can be delivered from within the system as opposed to within the ICB.

A full consultation document will be created and agreed by the Executive Team, shared with staff and signed off by the ICB Board at the beginning of Dec. Formal consultation will then begin.

We are applying to NHS England to take up the NHS Voluntary Redundancy/Exit Scheme. This would then be open to all ICB staff for applications for three weeks in October before consideration by a panel in November. Leaving dates for successful applications would be in the spring. With a view to protecting as many substantive opportunities as possible within the ICB ,we will be implementing a hold on all recruitment from 1st September 2023, which will last at least six months.

These are very challenging times for all of us and whilst we review and revise our operating model, our staff are continuing to do the day job and deliver on key pieces of work to improve the lives of the population.

Winter Preparedness

On the 27th July 2023 we received the following guidance from NHS England to support winter planning.

1. This year, NHS England published the Urgent and Emergency Care Recovery Plan, underpinned by an extensive programme of work to deliver improvements across urgent and emergency care ahead of winter. This plan, along with the NHS's primary care and elective recovery plans, and the broader strategic and operational plans and priorities for the NHS, provides a firm basis for preparing for the 2023/24 winter period.

2. Despite recent improvements and ongoing transformation work, the UEC pathway remains fragile. While systems and providers are undertaking significant programmes of work to recover and improve services, there is a collective responsibility to ensure that the NHS in England has plans in place to remain as resilient as possible and respond to operational pressures this winter. The earlier plans can be agreed and stood-up as soon as they are needed, the better this will be for patients.

3. The winter plan builds on the extensive engagement and co-development undertaken as part of the NHS's UEC Recovery Plan, including with the NHSE Board, but also with clinical and operational experts, and partners in government, social care, and the public.

4. Building on the annual operational planning round, winter planning in 2023/24 will consist of the following products:

- *High-impact priority interventions drawn from the UEC recovery plan that we know lead to a safe and effective service to patients. All systems will be asked to deliver these.*
- *Clear roles and responsibilities for each part of the system so that both shared and individual organisational accountability is clear.*
- *Returns from systems on system-level resilience and surge planning, to avoid systems becoming overwhelmed at times of peak demand and a narrative return against key lines of enquiry.*

5. All the interventions over winter should contribute towards the two key ambitions for UEC performance of:

- *76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.*
- *Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24.*

6. This of course depends on the wider health and care system, as set out in the UEC Recovery Plan, including planned increases in social care capacity and improvements in access, and levels of flu and covid being no higher than last Winter.

High-impact priority interventions

7. The high-priority interventions for this winter will be aligned to the UEC recovery plan. These are the evidence-based and clinically supported actions that have already been highlighted as part of the

universal improvement offer for systems and the focus for individual providers will be individually tailored to providers following a round of self-assessment due to conclude in August. The list of these interventions are as follows

	Action:
1.	**Same Day Emergency Care**: reducing variation in SDEC provision by operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2.	**Frailty**: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3.	**Inpatient flow and length of stay (acute)**: reducing variation in inpatient care and length of stay for key pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4.	**Community bed productivity and flow**: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
5.	**Care Transfer Hubs**: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6.	**Intermediate care demand and capacity**: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
7.	**Virtual wards**: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital, and improve discharge.
8.	**Urgent Community Response**: increasing volume and consistency of referrals to improve patient care, ease pressure on ambulance services, and avoid admission.
9.	**Single point of access**: driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.
10.	**Acute Respiratory Infection Hubs**: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

System roles and responsibilities

8. We recognise that there are steps that systems can and should take to deliver a resilient winter service. We will outline these in specific descriptions of roles and responsibilities for each part of the system. This includes actions set out in the Primary Care Access Recovery Plan.

9. Delivery over winter will require all parts of the NHS system to work collectively to deliver the system operational plan, and the high-impact interventions outlined in the UEC recovery plan.

10. In addition to this, it is vital that Trusts fulfil their occupational responsibility to get their staff vaccinated for flu and covid to preventing ill health, reducing staff absence rates and create a resilient workforce.

11. It will also be important that the National and Regional NHS England Teams have oversight of pressures across the system. This will be supported by an Operational Pressures Escalation Levels (OPEL) Framework and strengthened System Control Centres. The UEC Tiering system will also continue to operate over winter to provide support to the most challenged organisations, providing expert operational and clinical support.

System-level resilience and surge planning

12. In line with previous years, we will be asking each system, led by ICBs, to develop a system-level winter plan, which outlines the steps that the system will take to deliver on respective actions, retain resilience, and manage a surge in demand above anticipated winter pressures.

BNSSG Approach

As per the guidance we will be producing a system wide, agreed winter plan. A key part of the development of the plan is to review the processes from last winter and evaluate what worked well and what didn't work well. This initial workshop is planned for the 7th September and includes representatives from all system partners. It is the intention to bring a proposed winter plan to the October Board meeting.

It should be noted that a key part of winter preparation is vaccination and we are making changes to the way we will manage both Flu and Covid vaccinations to support our population.

- In response to the Pirola (BA.2.86) variant of Covid-19, the timescales of the winter Covid-19 vaccination programme are being accelerated.
- Covid vaccinations will now begin on 11 September, rather than 2 October 2023.
- The eligibility for the autumn Covid-19 vaccination campaign has not changed. Those eligible are:
  - Frontline health and care staff
  - People aged 65 and over
  - Care home residents and people who are housebound
  - People with a condition that means they are at higher risk from a Covid infection, including pregnant people.
- Particular priority is being placed on vaccinating people living in care homes (by 22 Oct), the elderly and those that are housebound (by end of Oct).
- Our local Covid-19 Vaccination Programme has contingency plans in place for an accelerated campaign.

- We have good vaccination coverage across BNSSG through Primary Care Networks and Community Pharmacies and our programme team will stand up some large Community Vaccination Clinics across our area - these sites have been selected to give us the ability to increase vaccination capacity if there is a change to eligibility.
- We will maximise opportunities for vaccination by co-administering Covid-19 alongside flu vaccination in as many sites as possible.
- In terms of communications, Covid-19 and flu are being jointly promoted as 'winter immunisations'.
- We are, again, taking a cross-system approach to our communications. In addition to amplifying national resources and messaging, we are running a local influencers campaign with the message: Be in control, get vaccinated this winter.
- Covid-19 vaccination for young children aged 6 months to 4 years (including those who turned 5 on or after 1 June 2023) is ongoing. This is a 'gentle' offer for children with certain underlying health conditions - around 1,500 children are eligible in BNSSG.
- Our maximising access work with underserved communities continues.
- We are expanding a pre-school flu vaccination pilot in areas where uptake is low. We will offer the flu vaccination in community locations, as well as at GP surgeries, based on learnings from the Covid Vaccination Programme.

Industrial Action

Consultants are expected to take strike action on Tuesday 19 September and Wednesday 20 September. Junior doctors will also strike on 20 September, which will continue on 21 and 22 September too.

Both consultants and junior doctors also have planned walkouts on 2,3,4 October.

As per previous industrial action, our message to the public continues to be come forward for the care you need. People will be contacted directly if appointments need to be rearranged.

During strike action we will prioritise resources to protect emergency treatment, critical care, neonatal care, maternity, and trauma, and ensure we prioritise patients who have waited the longest for elective care and cancer surgery.

We are asking patients to choose services wisely during industrial action and take simple steps to help ensure care is available to patients who need it most. This includes using 111 online as the first port of call for health needs and continuing to only use 999 if it is a life-threatening emergency.

We are also asking relatives and carers to do everything they can to work with staff to get their loved ones home from hospital as soon as they are fit for discharge.

Therefore in summary we have been working, as a system, to ensure plans are in place and risk is mitigated as far as possible however the potential impact of a joint action from both consultants and junior doctors is yet to be fully understood.

Annual Assessment for 2023/23

NHS England has a legal duty to undertake an annual assessment of each ICB's performance, as set out in Section 14Z59 of the NHS Act 2006 ("The Act"), as amended by the Health and Care Act 2022.

Attached in appendix one – Annual Assessment, is the correspondence received detailing the outcome of the BNSSG ICB assessment against its duties and responsibilities.

The selection of duties, as a minimum relate to:

- the duty to improve the quality of services.
- the duty to reduce inequality of access and outcome.
- the duty to take appropriate advice.
- the duty to facilitate, promote and use research.
- the duty to have regard to the effect of decisions (The "triple aim").
- the duty to consult patients and the public about decisions that affect them.
- the financial duties.
- the duty to contribute to wider local strategies.

The ICB annual assessment is structured in five sections and considers the overall leadership function of the ICB and its contribution to the four core purposes of an ICS.

- System Leadership.
- Improving Population Health and Health Care.
- Tackling Unequal Outcomes, Access, and Experience.
- Enhancing Productivity and Value for Money.
- Helping the NHS to Support Broader Social and Economic Development

As can be seen in the report, NHS England are satisfied that the ICB has discharged its duties, and met its wider objectives, whilst noting areas for further development, and improvement. It is proposed that I will bring back an action plan to the October board meeting detailing how we will address the opportunities for improvement.

NHS England South West

To: Shane Devlin (CEO)
cc. Jeff Farrar (Chair)

Elizabeth O'Mahony
Regional Director, South West
South West House
Blackbrook Park Avenue
Taunton
TA1 2PX

03 Aug 2023

Dear Shane,

Bristol, North Somerset, and South Gloucestershire Integrated Care Board Annual Assessment for 2022-23

I would like to express my gratitude to you and your colleagues within BNSSG Integrated Care Board (ICB), for your progress, and continued efforts, since becoming formally established, as an ICB, on 1st July 2022. This is all-the-more impressive given the daily business of rebuilding after the pandemic.

As you know NHS England has a legal duty to undertake an annual assessment of each ICB's performance, as set out in Section 14Z59 of the NHS Act 2006 (*"The Act"*), as amended by the Health and Care Act 2022.

In making our first formal assessment, covering 2022/23, we have considered evidence from your draft annual report and accounts; available data; feedback from Health and Wellbeing Boards and Integrated Care Partners; and discussions that have taken place throughout the year.

This first assessment reflects how the ICB has discharged its statutory duties during the 2022/23 financial year. It is based on assessment of key objectives set by NHS England and the Secretary of State for Health and Social Care, a selection of statutory duties as defined in the Act and the ICBs wider role within your Integrated Care System (ICS).

The selection of duties, as a minimum relate to:

- the duty to improve the quality of services.
- the duty to reduce inequality of access and outcome.
- the duty to take appropriate advice.
- the duty to facilitate, promote and use research.
- the duty to have regard to the effect of decisions (The "triple aim").
- the duty to consult patients and the public about decisions that affect them.
- the financial duties.
- the duty to contribute to wider local strategies.

The ICB annual assessment is structured in five sections and considers the overall leadership function of the ICB and its contribution to the four core purposes of an ICS:

- System Leadership.
- Improving Population Health and Health Care.
- Tackling Unequal Outcomes, Access, and Experience.
- Enhancing Productivity and Value for Money.
- Helping the NHS to Support Broader Social and Economic Development.

The findings of the assessment were reviewed and approved by the South West Regional Support Group (RSG) on the 24th July 2023 and themes shared with the National Quality and Performance Committee in accordance with the ICB annual assessment process requirements.

During 2022/23, BNSSG ICB has also been in NHS Oversight Framework Segment 3. Further information on this is outlined within the Quarter 4 Segmentation letter dated 15th June 2023.

We recognise that 2022/23 has been a year of transition for BNSSG ICB and in making our assessment we have sought to balance the success of delivery against the demands of establishing your new organisation.

Based on the evidence received and reviewed by RSG and summarised in the attached **Annex 1**, I am satisfied that the ICB has discharged its duties, and met its wider objectives, whilst noting areas for further development, and improvement. We will continue to support you with these in the coming months.

Pursuing local strategic priorities and strengthening of collaborative partnership working will contribute to further ICB and system maturity success. In particular this means developing local strategic aims of the ICS, as set out in the Integrated Care Strategy for your system and articulated through your recently published Joint Forward Plan.

As the ICB moves forward, we also acknowledge that 2023/24 will remain as a transitional year, as each ICB embeds provider oversight and aligns with the recommendations accepted from the Hewitt Review for the year ahead.

I ask that you share the assessment with your leadership team and consider publishing this alongside your annual report at your Annual General Meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments as part of its 2022/23 Annual Report and Accounts.

If you would like to discuss anything outlined within the 2022/23 ICB Annual Assessment, please contact Anthony Martin, Head of Transformation (Oversight, Assurance & Regulation): sw.oversightandassurance@nhs.net

Yours sincerely,

Elizabeth O'Mahony
Regional Director, NHS England – South West

NHS England South West

Annex 1

2022/23 BNSSG ICB Annual Assessment – Statutory Duties Supporting Evidence

The ICB assessment evidence has been primarily captured using the evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that my teams have had with the ICB throughout the year.

SECTION 1: SYSTEM LEADERSHIP

The ICB has led its system, both in terms of providing leadership and working with partners to improve outcomes through greater integration of services.

High level supporting evidence:

- BNSSG ICB has effectively led its system in 2022/23, which has been a transition year for ICBs who have effectively closed their Clinical Commissioning Group (CCG), established their Integrated Care System (ICS), and appointed the ICB.
- The system leaders and executive team work collaboratively with NHS England (NHSE) and other South West (SW) systems and returns are submitted on time e.g., the draft Joint Forward Plan (JFP).
- BNSSG went through a change in leadership during the establishment of the ICB and although it has the largest Board size in the region, early reports from system colleagues are that the Board is functioning well.

Areas of development/improvement:

- It is noted that the ICB system is looking to conduct a review of the board and are considering the review as an opportunity to include voluntary, community, faith, and social enterprise (VCFSE) as participants on the ICB.
- The ICB to use the healthcare inequalities board assurance tool in support of the ICB's oversight and self-assurance around reducing healthcare inequalities, available here: NHS Confed/Board Assurance/Improvement .

ICB's governance structures, and how far these have facilitated effective system management and leadership.

High level supporting evidence:

- BNSSG has facilitated effective decision-making, as part of ICB establishment for 1 July 2022, NHSE had to sign off all ICB constitutions.
- This was underpinned by their governance handbooks which describe how their ICB Board and governance structures work. There is SW governance leads group, supports sharing of learning across the SW.
- The developed Decision-Making Framework focuses on distributed decision making and introduces new system groups with specified delegated authority e.g., the System Executive Group and four Health and Care Improvement Groups.
- Robust oversight framework in place including oversight of infection, prevention and control, implementation of the NHS Patient Safety Strategy, Quality Improvement (QI) deep dives.
- System Quality Group (SQG) provides strategic forum for system partners with the ICS to link in and this SQG continues to mature.
- Gathering and utilisation of patient experience in decision making, with feedback and analyse of trends being shared with the outcomes, performance, and quality committee and the ICB Board.

Good practice

- Outcomes and Performance Committee ensure comprehensive oversight and monitoring of the quality of services, providing assurance to the ICB Board.

Areas of development/improvement:

- National materials are anticipated to be published shortly to enable the ICB Chair to agree the timing and scope of an ICB governance and partnership review.
- The review will provide a key opportunity to reflect on governance structures, leadership and decision making and development subsequent action plans to address any gaps.
- To support the good work undertaken through developing the Decision-Making Framework time will be needed to understand the effectiveness of the framework.

Duty to have regard to the effect of decisions (Triple aim)

High level supporting evidence:

- BNSSG ICB has shown regard for the Triple Aim, during the development of the draft JFP and the system's Decision-Making Framework.
- BNSSG partners considered the triple aim and created a process that could be embedded system wide.
- The JFP will allow systems to demonstrate greater regard for the triple aim during 2023/24.

Duty to take appropriate advice

High level supporting evidence:

- BNSSG ICB has participated as part of the establishment of ICSs in 2022.
- The ICB has produced a clinical and care professional leadership framework and engaged with regional discussions about this.
- As a result of these meetings, the region shared developmental feedback with system colleagues, and it is expected that ICBs will continue to focus on the development and implementation of these frameworks over the coming years.
- Where BNSSG ICB staff survey results are identified, employees are overall positive, some above benchmark median and with several areas for improvement.

Areas of development/improvement:

- All trusts have submitted turnover plans as part of the 2023/24 operational planning round. North Bristol NHS Trust (NBT) are using the Patient First methodology to establish a one-year retention project to support the trust in delivering improved retention. From a system perspective, a focussed BNSSG retention plan is in place for 2023/24.
- Absence rates are low, but turnover is high. NBT is one of the trusts in the SW with the biggest challenges relating to staff retention.
- The ICB is engaging with workforce in response to staff survey results.

SECTION 2: IMPROVING POPULATION HEALTH AND HEALTHCARE

Improvement of health and healthcare outcomes for its local population, which considers each of the three core elements of quality.

High level supporting evidence:

- The ICB has supported the improvement of health and healthcare outcomes for its local population, which considers each of the three core elements of quality as defined by the National Quality Board (NQB): experience, safety, and effectiveness.
- Assurance processes are in place, with evidence of quality visits to areas of risk/requiring support across the system.
- The effective use of the NQB escalation framework for key areas of risk.
- ICS Risk Management framework developed, where risks are identified through triangulation with several safety elements such as complaints, incident reporting.

Duty to improve the quality of services

High level supporting evidence:

- BNSSG has used information from its population health management approach and other sources to inform its equality impact assessment on elective recovery.
- In addition, as part of its planning process each 'theme' identified the actions and/or metrics (or progress towards them) that it needed to implement to progress reductions in inequalities in access, experience, and outcomes.

Local Services

High level supporting evidence:

- Improvement in areas such as dementia diagnosis rate, eating disorders, improved reduction in numbers of inappropriate out of area bed days for adults.
- The ICB can evidence improving local healthcare to support the restoration of services.
- Further evidence outlines some supporting examples towards delivering on its priorities, through working together under good leadership and governance to support by offering inter-system mutual aid, discussing issues, and working closely and transparently with NHSE, providing early notifications of risks and issues.

Good practice:

- Utilisation of patient feedback and engaging to hear local population view point in relation to strategy and service development.

Area of development/improvement:

- BNSSG has invested significantly in developing a system Central Alerting System (CAS), 999 & 111, which supports ED validation and reducing conveyances and the next step is to continue to improve clinical validation in the UEC pathway.
- Developing a working with people and communities' strategy and 'have your say' engagement events across the system.

Supporting restoration of Elective Services

High level supporting evidence:

- Although the system did not achieve the national ambitions for 2022/23 in respect of zero >104ww and >78ww waiting patients, the ICB has worked together under good leadership and governance to support delivery by offering inter-system mutual aid, discussing issues, and working closely and transparently with NHSE, providing early notifications of risks and issues.
- The system has a good grip on its data and uses this to inform all decision making. NHSE has regular attendance at the system weekly Elective Recovery Oversight Group.

Area of development/improvement:

- Ongoing work through 2023/24 towards meeting the national ambitions for elective services. The ICB needs to establish a system Elective Care Board, or equivalent.

Regarding support for the recovery of Urgent and Emergency Care services

High level supporting evidence:

- Some evidence of Urgent and Emergency Care (UEC) recovery. There has been a strong sense of collaboration from the ICB in relation to Urgent and Emergency Care, with work on the Further Faster programme around integrated Urgent Care Services as well as effective system management of short, medium, and long terms responses to pressures.
- Acknowledgement of the work that has been undertaken, so far around Hospital Handover Delays and new models of care which have been piloted and rolled out.
- South West region, a collaborative model, approach is noted to support the South Western Ambulance Service NHS Foundation Trust (SWAST).

Areas of development/improvement:

- The system model is maturing in terms of bringing together a strategic intent across all stakeholders, with this expected to continue over the next 12 months.

Supporting Recovery of Maternity Care Improvements

High level supporting evidence:

- ICB Chief Nurse appointed as Senior Responsible Officer (SRO) for maternity.
- Safety & Quality Lead appointed in year to support PQSM.
- The Local Maternity and Neonatal System (LMNS) engages with the regional perinatal quality surveillance model (PQSM).
- Equity and equality plan submitted and approved.
- Personalised care planning in place.
- Full compliance with ‘Saving Babies Lives’.
- Saving Babies Lives – Compliant, but some variation across the system.

Areas of development/improvement:

- Ockenden Insight visits undertaken. One immediate and essential action outstanding.
- Concerns remain around capacity and resource within the team.

- Some variation in compliance with 'Saving Babies Lives'.

Supporting Recovery of Cancer

High level supporting evidence:

- The system has good governance and oversight of data and performance, in place.
- Continuing support and leadership of the system's ongoing cancer improvement.

Areas of development/improvement:

- Although cancer challenges remain in relation to delivery of the Faster Diagnostic Standard (FDS) standard, particularly in relation to dermatology and gynaecology services, the ICB continues to support and lead system working and develop programmes of work to improve this.

Supporting Primary Care improvements and timely access

High level supporting evidence:

- The evidence shows that BNSSG ICB reports multiple programmes of work, which are underway to move care into the community requiring general practice support.
- Face to face appointments continue to account for 56% of activity which reflects embedding of the new hybrid model of telephone, video, online or face to face options where clinically appropriate. Areas of focus include supporting resilience and additional capacity, reviewing and addressing variation, increasing on the day appointment and urgent care needs to improve patient experience.
- GP Appointments Data (GPAD) data for March 2023 shows delivery against national measures as follows: % same day appts 40% (national average 43.2%), % within 14 days 84.1% (national average 83.4%), % F2F 66.5% (national average 70.1%).
- Publication of national Primary Care Access Recovery Plan in May 2023 shapes programme of work around access recovery. Further work to be undertaken by systems on recovery agenda and implementation, supported by national and regional teams.
- Significant investment in LeDer topping up with carryover from 2021/22, embedding and maturing the Keyworker programme which went live in 2022/23. Investment clinical advisors to support discharge from hospital.
- 2022/23 inpatient trajectory met and exceeded ambition.

Areas of development/improvement:

- The national NHSE team will publish national Primary Care Access Recovery Plan to help shape programme of work around access recovery.
- Work underway in 2023/24, including a plan for delivery across the ICB, Primary Care Networks (PCNs) and GP Federation, which will be assessed as part of the 2023/24 year end review.

Supporting Mental Health and Learning Disability and Autism

High level supporting evidence:

- ICB Mental Health executive lead appointed to give line of sight to Board.

- Progressing towards increased investment has been made in Talking Therapies (IAPT) services to address the increase in demand and waiting times and to support recruitment. Dementia metric was only slightly below national and local ambition.
- ICB has improved mental health service and wider services for those with learning disabilities and autism.
- Of the 13 MH planning metrics, four were met.
- The Dementia diagnosis metric was slightly below national and local ambition - 66.4% against target of 66.7%.
- Numbers of inappropriate out of area placements (OAPs) have significantly reduced in 2022/23 and the ICB is on track to eliminate these in 2023/24.

Good practice

- The ICB led a system wide population health needs assessment completed in 2022 'Our future health', addressing key issues and reducing health inequalities which highlighted 'health gaps'.

Areas of development/improvement:

- Further work to be undertaken for IAPT access as performance fell in 22/23 and is significantly below both local and national targets in part due to difficulties in recruitment.
- CYP access has been a long-standing issue for the system, due to workforce availability and they have underperformed against their local target which was below national ambition. The system has prioritised a service expansion for Children and young people (CYP) mental health in 23/24 and aim to reach target for 23/24 that is based on realistic workforce numbers.
- Physical Health checks for people with severe mental illness have fallen below expectation, not meeting local or national trajectories.
- Data quality remains a concern.
- Perinatal Mental Health access is below trajectory, and the system is working to increase referrals into the service.

Duty as to public involvement and consultation

Patient involvement and choice

High level supporting evidence:

- Good evidence of supporting patient experience and mechanisms in place for dealing with patient choice including complaints etc are detailed including the number of contacts.

Area of development/improvement:

- Further work required to clarify how the ICB is working with its referral organisations.

Commissioning decisions

High level supporting evidence:

- The ICB's strategy and reports highlight how they are discharging their functions around engagement.

Addressing the specific needs of children and young people

High level supporting evidence:

- The SW CYP Transformation Programme scope includes some of the commitments set out in the NHS Long Term Plan.
- Integration for CYP pathways, Voice, Transition, Asthma care bundle, Diabetes, Epilepsy, addressing health inequalities (CYP C20P5), Palliative care and end of life and addressing the complications associated with constipations (Bladder & Bowel).
- Aspects of UEC, Workforce, Elective Recovery and wider programmes which include CYP are interdependencies.
- The ICB has made progress in all deliverables of the programme and any risks have been managed via the ICB or CYP TP at region. This can be evidenced in the year end Q4 CYP TP Highlight Report.
- CYP Executive Leads are in post.
- The system JFP reference their child voice strategy.

Statutory duties for children and young people with Special Educational Needs and Disabilities (SEND)

High level supporting evidence:

- SEND exec lead in place.
- South Gloucestershire are now stood down from their Accelerated Progress Plan (APP), Bristol are making good progress with their APP and North Somerset are also making progress with their Improvement Notice.

Area of development/improvement:

- The Learning Disability and Autism piece - SEND exec lead in place, South Gloucestershire are now stood down from their APP, Bristol are progressing with their APP and North Somerset are also making progress with their Improvement Notice.
- All are preparing new round of inspections.

Safeguarding duties

High level supporting evidence:

- The ICB has working relationships in place with Regional Safeguarding Team and Safeguarding Partners with formal governance structures in place.
- The ICB Safeguarding Teams, the Chief Executive Officer (CEO) and Chief Nursing Officer contributed to the safeguarding meeting. As well as the Independent Chair for Keeping Bristol Safe Partnership and North Somerset Children's Partnership, local authority representation.
- Supported by the Safeguarding Accountability Assurance Framework (SAAF) and comparing against Devon and BSW system, there was good news shared around improved staffing. Greater administrative and coordination support, skill mixing of deputies that will be more locality facing.
- The LPS (Liberty Protection Safeguards)/MCA (Mental Capacity Act) lead has been appointed. There were no vacancies for designated doctors. Designates have a combination of peer supervision or one to ones in place.
- All statutory roles have been fulfilled but may not be in line with numbers as per intercollegiate documents. All staff have line management one to one's monthly.

- The BNSSG Annual Report 22-23 comprehensively refers to the work they have undertaken to improve safeguarding and incudes children in care.
- MCA practice is included within the Quality Schedule which providers report on each quarter, with a focus on MCA training. A new MCA lead was appointed this year within the ICB safeguarding team.

Areas of development/improvement:

- BNSSG have started work on addressing quality monitoring and audits of MCA practice within the ICB and further work on training needs amongst ICB workforce. The ICB are invited to the Acute Providers internal Safeguarding Governance meetings each quarter where MCA is discussed.

SECTION 3: TACKLING UNEQUAL OUTCOMES, ACCESS, AND EXPERIENCE

The ICB has supported the reduction of health inequalities within its ICS.

High level supporting evidence:

- The ICB has sought to restore services inclusively to support the reduction of health inequalities, some evidence outlined, Outpatient Inequalities Project working across two acute providers, has completed analysis for patients who did not attend (DNA) and GP surveys and has made recommendations to reduce variance in DNA by socioeconomic and ethnicity factors.
- The system analysed acute hospital waiting times for elective care and DNAs, in 2022 to understand if there were disparities in relation to ethnicity or the Index of Multiple Deprivation (IMD) of the area people live.
- Reviews of the equality impact assessments for a proportion of improvement work are done as part of the project management process.
- Draft 2023-24 NHS Contract with the acute trusts includes performance reports relating to waiting times and access to several types of appointments broken down by ethnicity and IMD as a minimum and discussed at the provider's appropriate group and/or committee and assurance given to their Board.
- Also included requirement to work with system partners to ensure that the monitoring of the impact of improvement work will be broken down by ethnicity and IMD as a minimum.
- Health inequalities data is used in an ICB equalities group at least once a month. They have also commissioned C2Ai at both trusts which helps risk assess those patients more likely to have adverse outcomes because of waiting longer for treatment.
- SRO for Health Inequalities (Chief Medical Officer) is working with three public health Directors to finalise governance arrangements for oversight and reporting to ensure they align with the new system arrangements.
- Locality Partnership Board in Inner City and East with a majority membership of VSCE and people with lived experience.
- System wide population health needs assessment; Our Future Health. The insights have informed a strategic approach to health and wellbeing.

Areas of development/improvement:

- The ICB to consider use of the healthcare inequalities board assurance tool in support of the ICB's oversight and self-assurance around reducing healthcare

inequalities, available here: Board Assurance Tool - Leadership Framework for Health Inequalities Improvement.pdf (nhsconfed.org)

The ICB has reduced inequality in access to services as well as health outcomes and have regard for NHS England's CORE20PLUS5 approach.

High level supporting evidence:

- System wide population health needs assessment, Our Future Health, as above.
- Progress towards ICS requirements:
    - Linked and timely person-level data across health and care providers (as a minimum across primary and secondary care provision); Achieved.
    - A Public Health Management (PHM) intelligence platform, with population segmentation and risk stratification functions; Achieved.
    - A cross-system intelligence function that consolidates analytical capabilities; Achieved.
    - Clear governance and leadership for PHM at system and across Place-based partners; Achieved but less clear at place level.
- Launch of CYP specific version of Core20plus5.
- Created pathways away from hospitals enabling more timely access to care.

Areas of development/improvement:

- As detailed above – consider use of the healthcare inequalities board assurance tool in support of the ICB's oversight and self-assurance around reducing healthcare inequalities.
- Clear governance and leadership for PHM across Place-based partners; Achieved but less clear at place level, so could be strengthened.

Duty to reduce inequalities

High level supporting evidence:

- BNSSG has used information from its population health management approach and other sources to inform its equality impact assessment on elective recovery.
- In addition, as part of its planning process each "theme" identified the actions and/or metrics (or progress towards them) that it needed to implement to progress reductions in inequalities in access, experience, and outcomes.
- There is evidence that the ICB has met the accelerated preventative programmes, aimed at those at greatest risk. Evidence shows:

Commissioning

High level supporting evidence:

- Worked closely with System partners in developing a robust strategy for maximising access to Covid and flu immunisation for underserved groups. This has had strong leadership and governance structures with senior buy-in and several workstreams.
- The ICB now has a named vaccination lead who has been a key part of the Covid inequalities work. Outreach activity has been comprehensive and in close partnership with communities.

Learning Disability and Autism

High level supporting evidence:

- The system continues to hold regular GP Webinars to encourage uptake of learning disability annual health checks and to support GPs. Further training is provided to practice nurses.
- The development of Digital and Easy Read materials, video and newsletters have supported access to learning disability annual health checks.

Cardiac

High level supporting evidence:

- Cardiovascular disease (CVD) identified as a priority area for 2023/24 with a programme board established to drive forward. Specific focus on Prevention (of atrial fibrillation, hypertension, cholesterol etc. Heart Failure and Cardiac Rehabilitation seen through a CORE20PLUS5 and personalised care lens.
- Hypertensive patients treated to target is significantly improved in 21/22 compared to 20/21 making good progress towards pre-Covid levels.

Stroke

High level supporting evidence:

- NBT running 24/7 with mechanical thrombectomy (MT) since December 2022. Monthly meetings to discuss MT management and governance.
- Stroke service reconfiguration implemented of full stroke pathway in mid-May, with the final refinements taking place.
- Approval of reconfiguration plans confirms stroke is a priority within BNSSG.

Areas of development/improvement:

- The ICB has been working in the system to implement the stroke business case, creating assessment facilities.
- Currently limited communications and interaction between the ICB and the Integrated Stroke Delivery Network (ISDN).

Diabetes

High level supporting evidence:

- Diabetes: Programme lead post no longer part of ICB structure, SRO remains in place – anticipated that programme board will continue to meet, and subgroups planned.
- Access to flash glucose monitoring.
- 76% of Type 1 patients now accessing, with health inequalities (HI) data suggesting use greater in areas of HI. All pregnant women offered access to Continuous Glucose Monitoring (CGM) during pregnancy.

Areas of development/improvement:

- Key Performance Indicators (KPIs) need to be established with clear aims within the programme.
- Care process and treatment targets remain below 19-20 in both Type 1 and Type 2.

- Diabetes programme trajectories compromised by lack of programme lead/ICB project management.
- No clear focus on areas of HIs across the programme, as no lead.

CYP

High level supporting evidence:

- CYP is a clear focus on Core20Plus5 access to tech - working with families from areas of HI to understand the benefits and increasing uptake.
- CYP outcomes better than regional averages, working to understand best practice and share across the region. Programme lead post no longer part of ICB structure, SRO remains in place and programme board continues to meet.

Areas of development/improvement:

- Delay in service recovery and use of 22/23 transformation funds. Primary care recovery now transferred to GP Board, with clear plans in place to drive recovery until end of the year - KPIs need to be established with a clear aim of the programme.
- Care process and treatment targets remain below 19/20 in both Type 1 and Type 2
- No clear focus on areas of health inequalities across the programme, as no lead.

Amputations

High level supporting evidence:

- Sustainable multidisciplinary team in place within BNSSG

Areas of development/improvement:

- This area remains higher England and SW average. Peer review undertaken, NHSE working with provider around service improvements.

Respiratory

Areas of development/improvement:

- There is an aspiration to double the number of Pulmonary Rehabilitation completions by 2026.
- There is an aspiration to increase numbers being trained in Spirometry. An ongoing focus on medicines optimization, e.g., reducing excess Short-acting beta-agonists (SABA) inhaler prescriptions/use will support the drive to reduce unplanned admissions.

Long Term Plan Prevention

High level supporting evidence:

- Some progress made, with more than half of all Long Term Plan services started providing Treating Tobacco Dependency services, although none yet fully established.
- Excellent progress made towards Digital Weight Management referral target.

Vaccination Maximising Access Programme

High level supporting evidence:

- Group has been set up to cover all vaccinations rather than just Covid vaccination.
- Early work re cancer diagnosis community outreach as well as focus on some harder to reach groups, utilising risk stratification tools, and delivering training and support for Primary Care and pharmacies.

Long Covid

Areas of development/improvement:

- ICB needs to implement discussions with the long Covid service around how the service can evolve to continue supporting the community through the management of complex patients.

Chronic Respiratory Disease

Areas of development/improvement:

- Outreach work on low uptake areas including asylum seekers and refugees.

Primary Care

High level supporting evidence:

- Primary care recovery now transferred to GP Board, with clear plans in place to drive recovery until end of the year.

Areas of development/improvement:

- Remains an area of focus - Delay in service recovery and use of 22/23 transformation funds.

SECTION 4: ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

The ICB has enhanced value for money through enhanced productivity and efficiency.

ICB balanced Finances as a commissioner and a system leader, in relation to managing finances (223GB to 223N)

High level supporting evidence:

Financial Duties

- System Revenue position: £0.3m surplus - Achieved.
- System Capital position: (£0.3m) allowable overspend to balance regional capital position - Achieved.
- ICB Revenue position: £0.0m B/E (Breakeven) – Achieved

ICB ringfence specific requirements and allocations

- ICB Mental Health Investment Standard (MHIS) requirement - Achieved.

Delivery against efficiency plans

Areas of development/improvement:

- System Efficiency achievement: (£48.2m) under achieved per reporting, (£22m) after adjusting for forms error - under achieved.
- System Recurrent efficiency achievement: (£52.14m) under achieved per reporting, (£25.9m) after adjusting for forms error - under achieved.
- ICB efficiency plan: (£0.45m) under achieved.

A forms completion error in the 2022/23 plan led to the ICB efficiency impact on providers not being accurately reflected. The full year impact of this in the BNSSG position is £26.2m of planned savings that were duplicated and would not be achieved.

ICB operated within its threshold for agency spend

- System Agency spend: (£29.5m) over ceiling.

ICB ringfence specific requirements and allocations

- Better Care Fund (BCF) requirement achieved, in part*.
  *The required investment has been made within the system plans. However, outcomes on actual expenditure will not be available until Mid-July.

Work is underway to support maximising use of human resources (People Plan), how well has the ICB looked after its people.

High level supporting evidence:

- BNSSG workforce, Healthier Together programme provides system wide Health and Wellbeing Board (HWB) support for staff.
- The ICB has mental health Hubs and are part of the regional group.
- The ICB have improved their staff survey score for Healthy and Safe, the system score for healthy and safe has stayed the same from 2021.

Good practice:

- Evidence of good practice in the system around ensuring links between wellbeing, HR and OD and Equality, Diversity and Inclusion (EDI).

Areas of development/improvement:

- Examples of work underway but too early to evaluate delivered outcomes include; Return to work programme in primary care and return to practice campaigns in nursing. Also a Care Leaver Covenant pathfinder.
- There is mixed practice in the trusts, with some improving and some declining.
- Retention data for BNSSG shows the system as an outlier, with one of the highest system leaver rates nationally in secondary care.

The ICB has made use of its own resources and supported its system partners to do the same.

ICB promoted new ways of working and delivering care:

High level supporting evidence:

- High level plans in place with intention to increase Additional Roles Reimbursement Scheme posts (ARRS) roles and service redesign including; Apprenticeships, career development pathways, career coaching, legacy mentoring, NBT's 'Itchy Feet' scheme.

ICB contributed to growing the NHS workforce:

High level supporting evidence:

- Although part of original pathfinder work, after a gap of over 12 months, the new retention lead is now picking up and developing/agreeing system retention plan.
- Retention is clearly built into system workforce plan objectives. However, data for BNSSG shows the system as an outlier for retention, with one of the highest system leaver rates nationally in secondary care.
- Early traction/innovation around areas such as 'Itchy feet' conversations has not been consistently applied, but there are areas of positive retention practice and ongoing adoption of initiatives (e.g., in Sirona).

Duty to promote and use research

High level supporting evidence:

- Several digital initiatives progress in 2022/23 which championed use of technology and research:
  - BNSSG Citizens panel, with 1,400 members contributed to our insight on a wide range of important issues, including attitudes towards digital apps, urgent care behaviours, and seasonal vaccinations.
  - Contributed toward wider strategic priorities through the provision of the digital infrastructure for general practice. Continues to cater for remote working which also reduces the need for travel while enabling connections between patients and clinicians.
  - Specifically enhancing productivity and value for money, as the Finance, Estates and Digital Committee considers all draft strategic and financial plans prior to their submission to the Board for approval, including the financial plans associated with the Operational Plan, JFP, and savings plans.
  - A committee is in place, which oversees the development of the ICB Estates Strategy and Digital Strategy and gains.

SECTION 5: HELPING THE NHS SUPPORT BROADER SOCIAL AND ECONOMIC DEVELOPMENT

As an "anchor institution", the ICB's long-term sustainability is tied to the wellbeing of the communities that they serve.

High level supporting evidence:

- The ICB has contributed to the wider goals of its community including elements such as education, employment, income, housing, and access to green space through the following evidence.

Duty to have regard to local assessments and strategies:

Memorandum of Understanding (MOU)

High level supporting evidence:

In relation the 22-23 Memorandum of Understanding (MOU) was agreed in Oct 22 and outlined the following Local Strategic Priorities (LSPs), in Year 1:

- Addressing urgent children and young people's needs
- Enabling our urgent and planned care recovery
- Co-developing our strategies for mental health and neuro
- Improving Primary Care access and resilience
- Immediate support to our workforce

Areas of development/improvement:

- It is noted that the MOU will undergo a refresh to consider progress underway, during 23/24 to capture revised LSPs.

Summary linked to Local Strategic Priorities – LSPs

High level supporting evidence:

- At month nine the ICB is showing signs of embedding the agreed LSPs.
- The evidence aligns with the LSPs and the ICB continues to work towards the LSP Achievement, as per the list above.

Reducing Emissions

High level supporting evidence:

- Deputy CEO is the ICB executive lead.
- Green Plan steering group established to monitor progress against ambitious 2030 target.
- Finance directors use a capitalisation matrix to embed sustainability towards decision making processes, funding allocated to estate developments, partnerships to enable active travel for staff.
- Clear, strong commitment to support NHS net zero target.

Anchor Institution

High level supporting evidence:

- Aspects of housing, the economy, environmental sustainability, Green Plan, equity in employment were included in the development of the JFP.

Areas of development/improvement:

- For future years and noting the clarity of the ICB'S approach to delivery on environmental commitments/sustainability, a developmental approach would be to get to this same clarity for the ICB's fourth purpose and contributions to inclusive and sustainable economies.

Integrated Care Partnership (ICP) Survey and Feedback

- Having discussed with NHS England, the ICB has, as part of this process, approached ICP representatives seeking their feedback against a range of questions focussing on partnership working.
- The ICB received 21 responses, which have been shared with NHS England, and should be used by the ICB to inform its ongoing development as a partner member of the local health and care system.
- Moving forward, the feedback will help to inform continuous ICB improvement, as part the ongoing development journey, in 2023/24.

Health and Wellbeing Board Survey and Feedback

BNSSG ICB received three returns from the Health and Wellbeing Boards. Responses are detailed below.

1. How effectively has the ICB worked with its NHS and wider system partners to implement the local Joint Health and Wellbeing Strategy?

Response 1	Response 2	Response 3
Fairly Effective	Fairly Effective	Fairly Effective

2. In addition, further comments include, identifying existing good practice and making suggestions for how, if necessary, the effectiveness of the ICBs working with NHS and wider system partners, here are the HWB responses:

Response 1	Response 2	Response 3
The way national guidance works means that interaction with the Health and Wellbeing Board from an ICB perspective tends to be dominated by process items e.g. sharing drafts or final versions of new strategies and action plans, or to formally be consulted on a piece of national policy being implemented at local system level. It feels like it is too much about using the HAWB for a NHS assurance process rather than an active debate on what areas the partnership should be working together. A more positive approach might be to identify and work with HAWBs on	The ICB has been effective in working with wider system partners, particularly around the development of the new working arrangements between the ICB and HWB, work on population health and inequalities and the drafting of the new ICS Strategy, which has taken account of South Glos JHWS strategic objectives. The ICB has also been instrumental in the creation of a BNSSG population needs assessment based on each local area's JSNAs. In terms of implementing the South Glos JHWS, the ICB has a named lead against one of the JHWS strategic objectives, but similarly to named leads from other	The ICB as a new organisation is just beginning to engage fully with the Bristol HWBB and there has been a period of transition between the CCG engagement and the new ICB. There are tensions to resolve between a new organisation with a remit for a system and local authorities with a focus on population at place level. The ICB inevitably is looking more to the NHS for its direction than being in a place where it can engage fully at place. NHS organisations United Hospitals Bristol & Weston (UHBW) and North Bristol Trust (NBT), and Sirona, the community health provider are fully engaged in both the HWBB and with the

key thematic challenges e.g. children and young people's mental health, especially when challenges match needs identified in the local joint strategic needs assessment. More focus on supporting agenda formation looking at a wide range of challenges and opportunities including those articulated by the local community, a forward plan of meeting topics and sharing intelligence and resources to identify areas for better partnership working or better prioritisation would be beneficial. More focus on shared outcomes is important but ICB colleagues often seem restrained by the way national systems ask them to 'seek approval'.	organisations, it has not specifically driven this forward in 2022-23. The ICB has, however, contributed to deep dive discussions about JHWS strategic objectives at HWB meetings during 2022-23.	Bristol One City civic partnership and are active participants in the development and delivery of the Bristol health and wellbeing strategy 2020-2025. It may be worth reflecting if NHS representation on HWBB is viewed through the wider lens of the Integrated Care System, rather than the narrower lens of the ICB, particularly as ICBs reduce in capacity. It is positive that the HWBBs are recognised as forming part of our system architecture and the chairs three HWBBs in our ICB system are full members of the Integrated Care Partnership Board, Chairing the Board in rotation, with the ICB Chair Jeff Farrar taking the role of Vice Chair. There is work to do to develop a stronger feedback loop from the Partnership Board to the ICB Board and this could also be a mechanism through which to make stronger links between HWBBs and the ICB. Linking Place and neighbourhood, the three ICB Locality Directors are full members of our HWBB. This is an extremely productive relationship which has enabled a greater focus at place and neighbourhood level, linking localities to wider community initiatives and to our Civic One City Partnership. Locality Directors are engaged with the local strategy and action plan System wide Public Health Intelligence and joint work on Population, Prevention and Inequality has been supported by a combination of section 256 funding and Local Authority public health resource. This has enabled the development of a system wide needs assessment, the production of locality needs profiles, building on the place based Joint Strategic Needs Assessment. This suite of intelligence covering system, place and locality has been well received and has supported greater understanding of population need and priority setting by NHS partners.

3. What positive steps has the ICB taken in implementing the local Joint Health and Wellbeing Strategy?

Response 1	Response 2	Response 3
The Council and ICB have both invested in the Joint Health and Wellbeing Strategy (HAWBS) – both investing match funding of £1million to implement the strategy action plan. Implementation and effectiveness are evaluated by the HAWB at each meeting with many examples of addressing local need. The growing close working with the area's two locality partnerships has	The ICB provided a named lead for one of the JHWS strategic objectives. The ICB has contributed to deep dive discussions about JHWS strategic objectives at HWB meetings. The JHWS is referenced in the new system Joint Forward Plan. ICB colleagues have worked with system partners at a local level to	The ICB provided a named lead for one of the JHWS strategic objectives. The ICB has contributed to deep dive discussions about JHWS strategic objectives at HWB meetings. The JHWS is referenced in the new system Joint Forward Plan. ICB colleagues have worked with system partners at a local level to

also helped to support the strategy's implementation not only in what we jointly work on but also how we do things and the sort of leadership and culture that is more open and responsive to our community.	embed JHWS priorities in our Locality Partnership plans and are likely to be asked to lead themes/priorities and help to deliver action going forward	embed JHWS priorities in our Locality Partnership plans and are likely to be asked to lead themes/priorities and help to deliver action going forward

4. What more could the ICB do to support implementation of the Local Joint Health and Wellbeing Strategy?

Response 1	Response 2	Response 3
The link between the emerging ICS strategy and the HAWBS needs to be made clear, with a golden thread of activity running from system (ICS) to area (HAWBS) and through to locality (Locality Partnership strategy) with each part focusing clearly on North Somerset priority needs and opportunities. There is scope to develop more joint working or integrated management between the HAWB and Locality Partnerships so that there is no duplication or confusion about the key actions that must be taken. ICBs taking a more flexible stance in allowing HAWB and Locality Partnerships to develop their own ways of working could be helpful as issues are best addressed through subsidiarity and listening closely to communities about what matters to them and how to use strengths and assets appropriately. National and regional guidance should support and challenge ICBs to work effectively in this way and not adopt a one-size fits all across a system that covers three very different local authorities.	We will be refreshing the South Glos JHWS in 2024 to ensure it reflects current population needs in the JSNA and the new health and care landscape. It would be helpful to have a named lead from the ICB on the steering group that develops this (as happened when the current JHWS was drafted). Determining functions and associated ICB funding of our South Gloucestershire Locality Partnership will support development and delivery of HWB priorities in the coming years. Wider determinants of health play a significant role in population health and wellbeing and this is reflected in the current JHWS whereby strategic objectives include actions around maximising the built and natural environment and improving educational attainment. The ICB is committed to improving population health and wellbeing, and reducing health inequalities, but it is important that it backs up its strategic commitments with specific actions, which contribute to overall improvements in health and wellbeing outcomes and a reduction of health inequalities for South Gloucestershire residents.	It may be worth considering what role the ICB needs to play within an Integrated Care System. With ICBs being smaller, facilitative organisations, perhaps the question to the ICB is how well do system partners engage and support the local JHWBS. How well is the local intelligence of place recognised and understood, and used to address inequality and improve population health?