



BRISTOL, NORTH SOMERSET & SOUTH GLOUCESTERSHIRE (BNSSG) INTEGRATED CARE PARTNERSHIP BOARD MEETING

2.00 - 3.00 pm, Thursday 27 June 2024

Venue: Bordeaux Room, Bristol City Hall, College Green, Bristol BS1 5TR

AGENDA

Standard items:

1. Welcome from the Chair

2. Minutes of previous meeting held on 25 April 2024

To approve the minutes of the previous meeting.

3. Public forum items

Details of any public questions received will be circulated in advance of the meeting.

Update items:

4. Health and Wellbeing Board updates (10 mins)

To receive updates on the work of the BNSSG Health and Wellbeing Boards.

5. ICB update (10 mins)

Update from Jeff Farrar, Chair, BNSSG Integrated Care Board

6. Review of the role of Locality Partnerships in BNSSG - next steps (20 mins)

Update from Shane Devlin, Chief Executive, BNSSG ICB and Kirstie Corns, Locality Director, South Gloucestershire

7. Healthier Together 2040 – project delivery progress report (10 mins)

Update from Sarah Truelove, Deputy Chief Executive, BNSSG ICB





Minutes

Bristol, North Somerset & South Gloucestershire (BNSSG) Integrated Care Partnership Board 2.00 pm, 25 April 2024

Meeting venue: Ledbury Room, The Gatehouse, Hareclive Road, Bristol BS13 9JN

Attendance list:

Partnership Board Leadership Group: Councillor Helen Holland (Chair), Bristol City Council (BCC); Councillor Jenna Ho Marris, North Somerset Council; Councillor John O'Neill, South Gloucestershire Council; Jeff Farrar, Chair, BNSSG Integrated Care Board (ICB); Shane Devlin, Chief Executive, BNSSG ICB; Sarah Truelove, Deputy Chief Executive and Chief Finance Officer, BNSSG ICB; Ros Cox, Associate Director (Partnerships), BNSSG ICB

Community and VCSE Voices: Chris Head (WERN); Mandy Gardner (VANs); Aileen Edwards (Second Step); Kay Libby (Age UK Bristol); Alison Findlay (Southern Brooks); Fiona Cope (North Somerset Citizens Advice); Rebecca Mear (VOSCUR)

Constituent Health and Care Organisations: Hugh Evans, Executive Director: Adult and Communities, BCC (Adult Social Care); Amanda Cheesley, Chair, Sirona Care & Health; Charlotte Hitchings, AWP; Chris Sivers, Director of Children Services (South Glos);

Locality Partnerships: Huda Hajinur (BICE); Sharron Norman (BNW); Tharsha Sivayokan (S Glos); Steve Rea (South Bristol)

Other attendees (including standing invites): Georgie Bigg (Healthwatch); David Smallcombe (Care & Support West); Ian Hird (Scrutiny Advisor BCC); Claudette Campbell (Democratic Services BCC); Becky Balloch, Head of Communications and Engagement, BNSSG ICB

Presenters: Heather Williams, Chief Executive, Knowle West Health Park; Rebecca Sheehy, Chief Executive, Bristol After Stroke

Apologies for absence: Laura Welti, Michele Romaine, Stephen Beet, Mark Coates, Alun Davies



1. Welcome & Introductions

The Chair welcomed all present to the meeting and led introductions.

2. Minutes of previous ICP Board meeting held on 29 February 2024

The minutes of the previous ICP Board meeting held on 29 February 2024 were confirmed as a correct record.

3. Public Forum

It was noted that public questions had been submitted by Barbara Harris on the subject of Discharge to Assess.

It was also noted that written responses had been provided to these questions and had been included as part of the published agenda papers for this meeting.

4. South Bristol Locality update

a. Update on South Bristol locality partnership health profile/data

The Board received an overview of the South Bristol locality partnership health profile, with reference to the most recent analysis of health, wellbeing and wider determinants in South Bristol, comparing the data with Bristol and England overall:

<https://www.bristol.gov.uk/files/documents/4803-south-bristol-locality-partnership-health-profile-2022>

b. Working in the community from a VCSE perspective and challenges faced

(Presentation from Heather Williams, Chief Executive, Knowle West Health Park)

Main points raised/highlighted:

1. Feedback was provided on key challenges faced by a number of organisations working within the South Bristol Locality Partnership area.

2. Poor health can impact across generations – in some families in deprived areas, poor health and health inequalities can become expected/normalised.

3. Demand issue: VCSE groups are regarded locally as the 'go to' organisations when service gaps emerge; expectations have risen for the voluntary sector to fill gaps, bearing in mind the limits on statutory organisations' funding and issues faced in meeting ongoing service user demand. Given these factors, it is important for partners across sectors to share intelligence on identified gaps.

4. Effective partnership approaches to tackling issues are crucial, recognising that there are varying needs across different communities.

5. Funding remains a key challenge for VCSE groups, including a lack of power to designate funding locally. Much of the available funding is short term, or flat rate or restricted in how it can be used – this can impact on the ability of organisations to use funding in a way that would best meet the needs of the communities they serve.

6. VCSE groups and charities also continue to face ongoing financial pressure through significant cost increases. The cost-of-living crisis impact continues to be far reaching – many voluntary organisations, for example, face rent increases for use of premises.

7. A key ask from the sector to the ICP/ICB is to nurture support through the system for a 'prevention first' health approach.

c. Bristol After Stroke (BAS) update

(Presentation from Rebecca Sheehy, Chief Executive, Bristol After Stroke)

Main points raised/highlighted:

1. BAS operates across Bristol and South Gloucestershire, providing an integrated approach/service across acute and community stroke services.

2. Detail was provided on the positive outcomes following the reconfiguration of stroke services.

3. Through partnership working, the integrated community stroke service, based on the National Stroke Service Model, is integrating early supported discharge, longer term community rehab and life after stroke.

4. BAS referrals have increased from 300 to 800+ this year. BAS has found that areas of deprivation have the highest level of stroke incidence; BAS receives 36% of their referrals from South Bristol.

5. The service involves assessment and review of the needs of patients after 6 weeks; the aim is to fully assess the impact of a stroke for individuals and assist in finding appropriate after-stroke support – for example, included in the programme are communication workshops to support people who have suffered a stroke and have difficulty speaking, linking individuals to speech and language therapists.

6. BAS has received very positive feedback from users/user representatives.

d. Support in the community for older people – LinkAge / Bristol Ageing Better Alliance

(Presentation from Kay Libby, Chief Executive Officer, Age UK Bristol)

Main points raised/highlighted:

1. LinkAge projects are focused on connecting people with each other and keeping active.

2. Key challenges faced in improving older people's wellbeing, particularly in relation to South Bristol include:

- Lack of referrals for supported daytime activity for older people.
- Lack of meaningful support/respite for carers.
- Transport: limited community transport and lack of bus services in some areas.
- Dementia: perceived lack of a consistent strategy across BNSSG and lack of understanding of dementia in primary care (feedback from service users).
- Care homes: less activity, engagement, stimulation in *some* homes.
- Ongoing impact of cost-of-living crisis, keeping people warm.
- Challenges in moving to more suitable accommodation as people age.
- Reduction in local facilities, e.g. banks, chemists.
- Digital exclusion.
- Integrated services - need to develop truly integrated services and capture the benefits of wellbeing support alongside clinical outcomes.

3. It is important to note that joined-up service provision in relation to older people's wellbeing needs to balance intervention with prevention. The aim should be to develop truly integrated services that capture the benefits of wellbeing support alongside clinical outcomes.

4. It was noted that details of Age UK Bristol's work with older prisoners at HMP Bristol would be circulated.

The Chair thanked the presenters for their insightful overview of service provision in the South Bristol area in terms of tackling population health issues and health inequalities, noting the importance of partners taking all ongoing opportunities to work together to address community needs.

5. Health and Wellbeing Board Updates

It was noted that written updates from the Chairs of the respective Health and Wellbeing Boards had been included as part of the published agenda papers for this meeting.

Key points highlighted:

1. North Somerset Health and Wellbeing Board:

- The refresh of the Joint Health and Wellbeing Strategy had started with initial engagement covering the Council's Executive, Corporate Leadership Team and wider Leadership Development Team. A multi-agency Strategy Board was overseeing plans for wider community engagement, including a stakeholder engagement workshop on 8 July. Locality Partnerships, North Somerset

Together and a wide range of community forums would be engaged to help build a new version of the strategy, due to be published in the Autumn.

- A special arts, culture and health workshop was being held on Tuesday 21 May at the Front Room theatre in central Weston-super-Mare. The event would be led by Super Culture and would showcase the benefits of using the arts and culture to both articulate and support better wellbeing in the community.

2. Bristol Health and Wellbeing Board:

- A recent joint development session held with the One City Homes Board had included workshop discussions focused on:

- * the ICB health infrastructure strategy and the ongoing work to understand pressures and priorities, with a particular focus on opportunities in South Bristol and Bristol's inner city.

- * Healthy homes, focused on plans to tackle issues of damp, mould, and fire safety in Bristol's council housing/accommodation.

3. South Gloucestershire Health and Wellbeing Board:

- Work was starting to develop the Joint Local Health and Wellbeing Strategy for 2025-29. The initial plan was to develop a strategy for system leadership and integration which would coordinate delivery through the partnerships and strategies which report into the HWB and promote the use of the JSNA in planning at a local and ICS level for population need.

6. ICB update

It was noted that a written update from the Chair of the ICB had been included as part of the published agenda papers for this meeting.

Key points highlighted:

- At their March meeting, an update had been received on the progress made by the ICB in addressing health inequalities. The paper considered by the Board differentiated between healthcare inequality and health inequality, summarised the commitments made in the Integrated Care System strategy and identified where there were gaps in oversight/governance to be addressed.

- Noting comments at this meeting, the ICB was mindful of the need to further develop the health preventative agenda.

7. Charing arrangements

Partners thanked Cllr Helen Holland for chairing the ICP Board during 2023/24. Noting that Cllr Holland would be retiring as a councillor after 33 years' service and would not be seeking re-election at the forthcoming Bristol City Council elections, partners also acknowledged Cllr Holland's work on this Board since its inception and her wider contribution to Bristol as a city and to the wider region throughout her service.

It was noted that Cllr John O'Neill (Chair of the South Gloucestershire Health and Wellbeing Board) would take the ICP Board chair for 2024/25.

Meeting conclusion

The Chair thanked all attendees for their attendance and participation and then closed the meeting.

Next meeting date: 2.00 - 5.00 pm, 27 June 2024



BNSSG INTEGRATED CARE PARTNERSHIP BOARD
Thursday 27 June 2024

ITEM 4

UPDATE - BRISTOL HEALTH AND WELLBEING BOARD

1. Following on from the City Council elections in May 2024, Councillor Stephen Williams (Chair of Bristol's Public Health and Communities Policy Committee) has been appointed as the new Chair of Bristol's Health and Wellbeing Board. Councillor Lorraine Francis (Chair of Bristol's Adult Social Care Policy Committee) has been appointed as Vice-Chair of the Board.

2. The most recent in-public meeting of the Bristol Health and Wellbeing Board was held on 23 May 2024. All the papers can be viewed at: [ModernGov - bristol.gov.uk](https://www.moderngov.com/d/4242740/summary/2024-05-23/1)

The main issues considered at the 23 May meeting included:

- a. The 2023/24 performance framework report, including a 'dashboard' summary of performance against key indicators. The performance framework allows the Board to assess progress in its role as a system leadership partnership to improve health and care services, population health and wellbeing, and to reduce inequalities in health.
- b. The Health and Wellbeing Board's 'Plan on a Page' for 2024/25 (enclosed), outlining the statutory duties, ambitions and actions of the Board for the year ahead.
- c. Bristol Good Food (BGF) 2030 Framework for Action: An update was received on the activity of Bristol Food Network, working with stakeholders to deliver projects, to bring new stakeholders into this work and to publish an initial set of indicators, which indicate progress against the BGF2030 goals. The Board noted that the Framework for Action and related projects continue to be a point of reference for delivering food-related change within Bristol's health and integrated care systems.
- d. Food Equality Strategy Action Plan - Year 1 report: The Board discussed this paper, which highlighted the continuing challenge of food inequality in the city and shared an overview of the content of the Food Equality Action Plan - Year 1 report.



e. ICS system-wide, population-level approach to weight: The Board received an update on the work taking place to support a system-wide approach across the Integrated Care System to prevent and reduce population obesity.

3. The next meeting of the Board (scheduled for 26 June) will be a development session focused on Oral Health Needs Assessment and the BNSSG Dental Strategy.

Plan on a Page 2024/25

Our vision is for citizens to thrive in a city that supports their mental and physical health and wellbeing, with children growing up free of Adverse Childhood Experiences, and the gaps in health outcomes between the most economically deprived areas and the most affluent areas of Bristol significantly reduced



<p>Health and Wellbeing Strategy 5 year strategy</p>	<p>Joint Strategic Needs Assessment Annual report to the Board</p>	<p>Pharmaceutical Needs Assessment 3-year report to the Board</p>	<p>Oversight of Health and Care Integration, including Better Care Fund Standing item</p>	<p>Oversight of arrangements and outcomes for Special Educational Needs and Disabilities Annual Report to the Board</p>
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<p>One City Plan Health and Wellbeing</p> <ul style="list-style-type: none"> • More organisations have signed Mind's Mental Health at Work Commitment and the work of Thrive at Night continues to develop • Bristol has a better response to mental health, particularly in children and young people, to build resilience throughout the life course • More people living in the most deprived wards are doing more than 30 minutes physical activity per week 	<p>One City Boards Health in wider determinants</p> <ul style="list-style-type: none"> • Environment - decarbonising the health and care sector, active travel, access to green space, ICS Green Plan • Economy - inclusive recruitment, poverty, health and care workforce • Homes and Communities - healthy and affordable homes, One City Many Communities approach 	<p>Integrated Care System Delivering Prevention</p> <ul style="list-style-type: none"> • Reduce admissions for alcohol-related conditions • Reduce the number of women smoking at time of delivery • Reduce childhood obesity prevalence and inequalities 	<p>Integrated Care System Governance</p> <ul style="list-style-type: none"> • Bristol's Locality Director represents the priorities and needs of local areas on the Board • Supporting the Integrated Care System that will deliver better access to health and social care for people in their local communities 	<p>Joint leadership on health strategy</p> <ul style="list-style-type: none"> • Belonging Strategy and The First 1001 days • Thrive Bristol and the Community Mental Health Framework • Food Equality Strategy and Action Plan • Bristol as a Fast Track City, eliminating HIV • Domestic abuse and sexual violence • Women's health inequalities • Oral health and dentistry 	<p>Oversight and assurance</p> <ul style="list-style-type: none"> • Race and health equity • Director of Public Health Report • Health Protection Report • Healthwatch reports • Annual Suicide Prevention Report • Fuel Poverty Action Plan • Drug and Alcohol Strategy • Multiple Disadvantage Strategy
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BNSSG INTEGRATED CARE PARTNERSHIP BOARD
Thursday 27 June 2024

ITEM 4

UPDATE FROM CHAIR OF NORTH SOMERSET HEALTH AND WELLBEING BOARD

1. The last meeting of the North Somerset Health and Wellbeing Board was 14 February. There has not been a NS HWB meeting since the last ICP Board meeting held on 25 April.

2. The next meeting of the NS HWB is on 29 July (rescheduled from 3 July). Draft agenda:

- Better Care Fund
- Locality Partnerships update
- ICS Healthy Weight declaration
- Pharmaceutical needs assessment
- Arts, culture and health
- Age Friendly communities
- Update on the NS Health and Wellbeing Strategy
- Tackling Inequalities programme and Community Strategy development

3. Ongoing work for the NS HWB includes tackling health inequalities through:

• **Joint Health and Wellbeing Strategy refresh.** Community engagement is considered critical to this refresh, in particular Locality Partnerships, North Somerset Together and other forums. We have set up a multi-agency Strategy Board to plan wider community engagement, including a workshop on 8 July in Weston Museum. The new strategy is due to be published in the Autumn.

• **Arts, culture and health.** [Superculture](#), a Weston-based, Arts Council National Portfolio Organisation led a special workshop on 21 May at Front Room Theatre. Participants learned about the growing evidence on 'creative health', residents' increasing sense of pride in co-created local arts and culture, and heard powerful testimony about how taking part in local activities improved residents' health and wellbeing. Actions include considering with BNSSG ICB leadership how to use Superweston's approach more systematically in improving outcomes for local residents, and integrating it into the emerging NS cultural strategy.

Councillor Jenna Ho Marris
Chair, North Somerset Health and Wellbeing Board, June 2024





BNSSG INTEGRATED CARE PARTNERSHIP BOARD
Thursday 27 June 2024

ITEM 4

UPDATE FROM CHAIR OF SOUTH GLOUCESTERSHIRE HEALTH AND WELLBEING BOARD

1. The most recent in-public meeting of the South Gloucestershire Health and Wellbeing Board (HWB) was held on 24 April. All the papers can be viewed at: [Agenda for Health & Wellbeing Board on Wednesday, 24th April, 2024, 10.00 am - South Gloucestershire Council \(southglos.gov.uk\)](https://www.southglos.gov.uk/agenda-for-health-and-wellbeing-board-on-wednesday-24th-april-2024-10.00-am-south-gloucestershire-council)
The main issues considered at the 24 April meeting included:
 - a. A deep dive into the [Joint Health and Wellbeing Strategy-2021-25](#) strategic objective 2, which seeks to “promote and enable positive mental health and wellbeing for all”.
In considering this item, the Board:
 - noted the partnership arrangements and strategic work at place and system level for both adults and children and young people.
 - endorsed the BNSSG All-Age Mental Health Strategy and considered the Board’s role in implementing the strategy in South Gloucestershire.
 - discussed the ongoing challenges and opportunities for partners in continuing to implement actions to reduce inequalities and promote positive mental health for all.
 - discussed the potential of a “Mental Health in All Policies” approach within South Gloucestershire HWB member organisations.
 - b. An update report on progress towards the development of a BNSSG Voluntary, Community & Social Enterprise Alliance and progress towards a new co-produced model for the BNSSG Integrated Care Board’s partnership with the VCSE sector.
 - c. A report setting out the changes arising from the 2024/25 Better Care Fund (BCF) plan, following new national guidance, and setting out progress on the work of the partnership group across BNSSG on reviewing the BCF. The HWB:
 - noted the changes and timescales arising from recent BCF guidance;
 - delegated responsibility for signing off of the final BCF submission to the Chair of the HWB, in consultation with the Council’s Director of Adult Services and Director of Public Health along with the Integrated Care Board’s Deputy Chief Executive Officer & Chief Financial Officer;
 - agreed that the final BCF submission would be formally ratified at the next meeting of the HWB on 22 July.



- d. The [Director of Public Health \(DPH\) Annual Report 2023 - Giving every child the best start in life](#). Local data and insights presented in this report show that despite the progress we have made towards making South Gloucestershire a healthier and better place for children and young people to live in, not all children are doing as well as they should. There are significant and persistent inequalities in outcomes for our children and young people. The effects of the Covid-19 pandemic are clearly still being felt and for many these have been exacerbated by the cost-of-living crisis. We see this reflected in children’s living conditions, development outcomes, physical health, educational attainment, and beyond. The impacts of these events on the lives and outcomes for children and young people are likely to be long lasting and we know that, whilst they touch on the whole of society, they will be felt most acutely by people who have the least. The health and wellbeing of children and young people is important for all of us. The report sets out a series of actions we can take together to tackle causes of deprivation and other inequalities and reduce differences in outcomes for children and young people in South Gloucestershire and ensure that all have the opportunity to reach their potential.
2. The next in-public meeting of the South Gloucestershire HWB is scheduled for 22 July; that agenda is due to include:
- A deep dive into the JLHWS 2020-25 Strategic Objective to “promote and enable good nutrition, physical activity and a healthy weight for all”;
 - Update and discussion on tobacco harm reduction/ smokefree generation work;
 - Discussion on the refugees/resettlement – BNSSG Needs Assessment;
 - Ratification of the Better Care Fund Plan 2024-25.
 - Update and discussion on the JSNA and the [Population Health Intelligence Portal | BETA - South Gloucestershire Council \(southglos.gov.uk\)](#);
 - Health Protection Assurance Group Annual Report;
 - HWB Annual Report 2023-24;
 - HWB and SOG Terms of Reference for noting.
3. Other current issues:
- a. New Joint Local Health and Wellbeing Strategy (JLHWS) – we have commenced work to develop the JLHWS for 2025-29. Our vision is to create a new strategy for system leadership and integration. A strategy which coordinates delivery through the partnerships and strategies which report into the HWB and promotes the use of the Joint Strategic Needs Assessment (JSNA) [Population Health Intelligence Portal | BETA - South Gloucestershire Council \(southglos.gov.uk\)](#) in planning at a local and ICS level for population need. Unfortunately, we had to postpone the initial stakeholder engagement workshop planned for June due to the pre-election period. However, we have commenced engagement via a survey to all HWB members and related partnership/organisation leads to gather initial feedback. We will also be undertaking some ‘soft’ engagement/conversations with key partnerships over the summer. The stakeholder engagement workshop with wider partnerships and groups is now scheduled for 23 September. At this event, we will outline the role and vision of the new JLHWS and we will hear from partnerships that connect with the HWB about what their

'communities' are telling them, what is going well, what are the challenges and how partners work together (within South Gloucestershire and as part of the wider ICS) to drive change. We will discuss what a relevant and successful JLHWS would look like and how we ensure a golden thread between hyperlocal work, the South Glos JLHWS and the ICS strategy.

- b. Updated HWB terms of reference were approved at Annual Council on 15 May 2024. Details can be viewed here: [Constitution May 2024 Part A1 - Structure Terms of Reference Delegations.pdf \(southglos.gov.uk\)](#) (page A1-29).

Councillor John O'Neill
Chair, South Gloucestershire Health and Wellbeing Board
June 2024



BNSSG INTEGRATED CARE PARTNERSHIP BOARD
Thursday 27 June 2024

ITEM 5

UPDATE FROM CHAIR OF BNSSG INTEGRATED CARE BOARD

1. The most recent meeting of the BNSSG Integrated Care Board was held on 2 May 2024.

All the papers can be viewed at:

<https://bnssg.icb.nhs.uk/events/integrated-care-board-icb-board-meeting-2-may-2024/>

2. The main issues considered at the meeting included:

a. An update on the engaged approach being taken to the reorganisation of the ICB as is required by NHS England to ensure that running cost reductions are achieved. The Executive Team have been working across the organisation with the Strategic Development Forum and Staff Partnership Forum to develop the approach to an ICB-wide workplan in line with the new operating model.

b. An update on the review of locality partnerships (a further update will be given at this meeting – see separate agenda item).

c. A local Maternity and Neonatal System update – this provided information to the ICB Board in relation to key risks to performance and quality within the system and highlighted supporting mitigations which are in place.

d. A report on developing BNSSG improvement capabilities in line with best practice and the national policy framework ('NHS IMPACT'). The key points discussed were:

- Developing improvement capabilities at Board level and throughout the ICS and organisations, and embedding improvement, measures, tools and techniques into management systems.
- The Board becoming more strategic in influencing system-wide improvement activity and how this is best applied to priorities; and to be assured that we are focusing on the right things and approaching things in the right way, to address both our short and longer-term goals.
- As a network, how we are developing shared principles for improvement work.

e. The next ICB Board meeting will be held on 4 July.



2. Other current issues:

- a. ICB Office Move from 360 Bristol
- b. Independent Advisory Group on Race Equity
- c. Joint Chair UHBW and NBT
- d. ICB Seminar on Social and economic development

Jeff Farrar
Chair, BNSSG Integrated Care Board
June 2024

Briefing Paper

ITEM 6

Date: 27th June 2024

Title: Review of the Role of Locality Partnerships in BNSSG – next steps

Author: Steve Rea and Kirstie Corns, Locality Directors, South Gloucestershire

1. Purpose

The purpose of this paper is to update the BNSSG ICP Board on the process to review the role of Locality Partnerships in the BNSSG system and to seek agreement on several aspects relating to the review. The paper seeks ICP Board sign off for the review's Terms of Reference. It also describes a high-level approach as to how the review could be undertaken and proposes the next steps to secure a provider to undertake this. An indicative timeline for carrying out and completing the review is given along with an approximation of the funding required. The ICP Board is asked to comment on the proposals given in this paper and if agreement is reached on the questions posed in section five of this paper then work can continue over the summer to appoint a provider and start the review itself.

Please note that the practical coordination of the review has been assigned to Steve Rea and Kirstie Corns as Locality Directors in the BNSSG system. However the review itself will be undertaken by an external provider who is not embedded in any one of the Locality Partnerships in BNSSG.

2. Background

BNSSG's Locality Partnerships

BNSSG has six Locality Partnerships, three in Bristol, two in North Somerset, and one in South Gloucestershire. These are the 'place' partnerships as described using NHS England nomenclature. Each Locality Partnership is diverse in terms of the population it serves, however we know communities do not just exist in 'place' but within communities brought together as 'communities of interest'. During our Locality Partnership journey, we have grappled with what we could do as one Integrated care system, three times as Local Authorities, or as six Locality Partnerships and 20 neighbourhoods. We want to do as much as possible at the Local level, as we know this is where we have the most traction for real change. The BNSSG ICP Board has committed to undertake a review of the role of Locality Partnership in BNSSG and work has already been undertaken to develop the terms of reference for this.

3. Key Points/Issues of Concern

Terms of Reference

Attached as an appendix to this paper are the proposed final terms of reference for sign off by the ICP Board today. The terms of reference were developed with input from a variety of system partners and was coordinated by Ros Cox before her departure. The Terms of Reference will be used as a core part of the 'service specification' when potential providers are engaged via an expressions of interest process.

The BNSSG ICP Board is asked to approve the terms of reference included with this paper.

Approach to the Review

An independent provider will be sought to undertake the review. It is recommended that a mixed method approach is undertaken that includes both a desktop review of documents available as well as group sessions and engagement via existing system groups (for example the SEG, ICP Board and ICB Board). The review will be focussed on the strategic outcomes we need Locality Partnerships to achieve, and the tangible benefits to residents and patients within our communities. A particular recommendation is that a series of two or three half-day workshops are held in September and early October to bring partners together in-person to consider key aspects that need consideration. However exact details will be developed in discussion with the provider.

There is an opportunity to align this review to Healthier Together 2040 - the project focusing on the implementation of the long term strategy for the system. This review can influence the models of care and enabling workstreams highlighted through Healthier Together 2040. Additionally, Healthier Together 2040 can set the strategic context for the review. An expectation to interface with the project will also be set with the independent provider.

Recognising that a lot of work has been undertaken over the past six years with regards to the role of Locality Partnerships within BNSSG, the review will incorporate this work from the outset. An immediate priority for the appointed provider will be to review and synthesise the key learnings, themes, and opinions from the historic work. This summary will be used as the basis from which discussions about the future role of Locality Partnerships will commence.

Indicative Timeline

Based on approval to proceed being given by the ICP Board on 27th June the indicative timeline of key dates and activities including seeking a provider, undertaking the review and feeding back to the system is as follows.

Key Actions / Milestones	Date
Sign off Terms of Reference and approach to the review at ICP Board meeting.	27 th June 2024
Launch Expressions of Interest (EOI) process to seek a provider for the review	Start of July 2024

Key Actions / Milestones	Date
Establish LP Review Working Group to review EOIs and oversee the work of the review	Starting from end of July 2024 meeting fortnightly thereafter
Appoint provider to undertake review	By end of July 2024
Provider develops plan for completing the review and undertakes background work to understand context of the journey of LPs in the system.	Throughout August 2024
Workshops, interviews and engagement sessions held	From start of September to mid-October 2024
Write up of findings and reporting back to small working group to develop recommendations	By end of October 2024
Final report to ICP Board meeting (noting there is no meeting in October 2024)	28 th November 2024

Does the ICP Board support this outline timeline which seeks to have completed this work by the ICP Board meeting on 28th November 2024?

Funding Required

The level of funding required to complete the review is likely to be in the range of between £15k to £20k. As noted below potential providers will be asked to provide a quotation for the work. As Locality Partnerships are a joint endeavour across system partners a recommendation is given that the system's commissioners (BNSSG ICB and the three Local Authorities) are asked to share the cost of the review between four.

Option 1 - Equal contribution from the four partners

<u>Partner name</u>	<u>Estimated contribution £</u>	<u>Contribution %</u>
<u>BNSSG Integrated Care Board</u>	<u>£3.8k - £5k</u>	<u>25%</u>
<u>Bristol City Council</u>	<u>£3.8k - £5k</u>	<u>25%</u>
<u>North Somerset Council</u>	<u>£3.8k - £5k</u>	<u>25%</u>
<u>South Gloucestershire Council</u>	<u>£3.8k - £5k</u>	<u>25%</u>

Option 2 – Population based, proportionate contribution from the four partners

<u>Partner name</u>	<u>Estimated contribution £</u>	<u>Contribution %</u>
<u>BNSSG Integrated Care Board</u>	<u>£7.5k - £10k</u>	<u>50%</u>
<u>Bristol City Council</u>	<u>£3.8k - £5k</u>	<u>25%</u>
<u>North Somerset Council</u>	<u>£1.9k - £2.5k</u>	<u>12.5%</u>
<u>South Gloucestershire Council</u>	<u>£1.9k - £2.5k</u>	<u>12.5%</u>

Option 3 - split the cost across the wider Partnership including VCSE

Does the ICP Board (and executive members from the ICB and its Local Authorities) agree to support this review? Which is the preferred funding option?

Expressions of Interest Process

In order to meet the ICB's standing financial instructions (for work totalling less than £50k) and ensure transparency in the appointment of a provider for this work, an expressions of interest (request for quotation) process will be undertaken whereby at least three potential providers will be engaged and invited to quote for this work. Quotations will be evaluated on the basis of the Most Economically Advantageous Tender.

The Terms of Reference will act as the main specification for the work to be undertaken and a set of questions will be posed that can then be scored using the criteria noted below.

Suggested questions for potential providers to respond to:

1. Please describe, through an outline plan, how you would structure the BNSSG LP Review for our system. E.g. approach to developing the plan jointly with the LP Review Working Group, frequency and format of events/activities, outcomes to be achieved and products delivered by the end of the review period.
2. Please describe your approach to ensure stakeholders from across the system are equally engaged, whether those closely engaged in Locality Partnership already or those who have little knowledge.
3. How, through this review, would you help us to develop a culture of integration across BNSSG?
4. Finance – please provide a quote to cover the proposed activities.

Format: we will ask for responses to be kept concise and to a maximum of two sides of A4 paper. The intention is for the detailed programme to be developed in conjunction with the LP Review Working Group once a preferred provider has been identified. This will include a defined list of products that will be required from the provider during and at the conclusion of the review (e.g. engaging and highly visual end of review report including clear, actionable recommendations; delivery / action plan and a road map, with timescales, setting out a 1, 3 and 5 year plan for BNSSG Locality Partnerships).

Quality Aspects

Assessment	Interpretation	Score
Deficient	Unanswered or unacceptable response.	0
Limited	A limited response that does not meet the stated requirement in one or more areas, or one that provides little detail or evidence.	1
Acceptable	An acceptable response meeting the stated requirements with a sufficient level of detail and evidence.	2

Assessment	Interpretation	Score
Good	A good response, or providing a more detailed response, with strong evidence.	3
Excellent	An excellent response, or exceptionally detailed and/or innovative, with particularly strong evidence.	4

Financial Aspects

Assessment	Interpretation	Score
Deficient	The response provides no assurance concerning the value for money that the Commissioner will receive upon contracting with the Bidder.	0
Limited	There is limited assurance as to the level of value for money that the Commissioner will receive upon contracting with the Bidder	1
Acceptable	The response provides sufficient assurance concerning the level of value for money that the Commissioner will receive upon contracting with the Bidder.	2
Good	The response provides a high level of assurance concerning the level of value for money that the Commissioner will receive upon contracting with the Bidder.	3
Excellent	The response provides an excellent level of assurance to the Commissioner regarding the level of value for money that the Commissioner will receive upon contracting with the Bidder.	4

Scoring weightings

Questions will be split into sections with specified weightings, as below:

Section	Section Weighting
Quality	70%
Financial	30%
Total	100%

Subgroup of the ICP Board to Oversee the Work

As noted in the terms of reference a small working group will be established made up of ICP Board members to maintain oversight of the process to find a provider. This will be called the LP Review Working Group and will meet fortnightly as a minimum.

It is proposed that the group incorporates learning and adopts principles from the collaborative process recently used to develop the BNSSG ICS Strategy. This would include membership and ways of working. An example is provided below:

- Membership reflects the three domains of system leadership: Local Authority, Health and Voluntary Community & Social Enterprise.
- The group is no larger than 12 members (plus the facilitator).
- Aligned to the principle of equitable representation, four members of the group will be made up of VCSE colleagues and / or advocates for people with lived experience.
- Members personally commit to regular attendance and involvement.
- Members commit to in-person workshops and meetings for the duration of the review (likely to be hosted by BNSSG ICB's central Bristol office).
- Members commit to presenting the outcome of the review to ICP Board and key system stakeholders.

Example membership

Nº	Leadership domain	Member organisation / body	Subject matter expertise
1	VSCE	Integrated Care Partnership Board	BNSSG ICS Strategy
2	VCSE	VCSE Alliance	Third sector
3	VCSE	tbc	Lived experience / community advocate
4	VCSE	tbc	Lived experience / community advocate
5	Local Authority	tbc	Public Health
6	Local Authority	tbc	Adult Social Care
7	Local Authority	tbc	Children & Young People
8	Local Authority	tbc	Communities
9	Health	GP Collaborative Board / One Care	General Practice
10	Health	Locality Partnership Collaborative	Locality Partnerships
11	Health	Acute Provider Collaborative	Secondary Care
12	Health	Sirona	Community services / Integrated Network Teams

ICP Board members are asked to:

- Consider what an effective working group would look like
- Advise on how they would like to participate in this
- Advise on how they would like to be updated on the progress of the review

4. Risk and Mitigations

Key risks around the review of Locality Partnerships are considered as follows:

Theme	Risk	Mitigations
Finding a Provider	As a result of the need to go to market and seek quotations from at least three providers there is a risk that providers are not forthcoming resulting in a delay to the review being completed	Several providers are known to the system whose skills align with those required to undertake such a review.
Timelines	As a result of the summer leave and pressure within the system and on people's diaries there is a risk that the review is unable to be undertaken in the timelines stated above resulting in a delay reaching recommendations and possibly impacting the budget required for this.	An indicative timeline has been set out above which will guide the work. The LP Review Working Group will monitor timelines and act or escalate (as required) if these are slipping. ICP Board members are asked to ensure colleagues involved can prioritise this work.
Funding	As a result of financial pressures on partner organisations there is a risk that partners will not be able to support the funding of this work resulting in a cost pressure that will need mitigating.	This paper seeks agreement on the preferred option for funding. As part of the EOI process the value for money will be considered and a budget set within which the work will need to be carried out.
Scope	As a result of the work of Locality Partnership spanning many areas there is a risk that the boundaries of the review become blurred or the scope grows so great which could mean a set of clear, final recommendations are hard to reach.	The scope and programme plan will be developed with the successful provider and the terms of reference will be used to ensure the work stays focused.

5. Summary and Recommendations

To summarise the questions posed in this paper:

- Does the BNSSG ICP Board approve the terms of reference included with this paper?
- Does the ICP Board support this outline timeline which seeks to have completed this work by the ICP Board meeting on 28th November 2024?
- Does the ICP Board (and executive members from the ICB and its Local Authorities) agree to support this review? Which is the preferred funding option?
- Please can ICP Board members interested in joining the LP Review Working Group please let Steve Rea and Kirstie Corns know?

Healthier Together

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



Bristol, North Somerset, and South Gloucestershire

Locality Partnership Review

Terms of Reference

June 2024

Introduction

The purpose of this document is to outline the scope, objectives, and responsibilities of the BNSSG Locality Partnerships Review.

Locality Partnerships play a crucial role in improving health and wellbeing at the local level, and whilst BNSSG are committed to the Locality Partnerships being the vehicle for integrated care delivery, we need to understand how this might be achieved across the system. We intend that the review will build on what is working well, and guide system partners in planning for the future.

Background

BNSSG has six Locality Partnerships, three in Bristol, two in North Somerset, and one in South Gloucestershire. Each Locality Partnership is diverse in terms of the population it serves, and we are committed to sustaining the geographical boundaries for this reason. However, we know communities do not just exist in 'place' but within communities brought together as 'communities of interest'.

During our Locality Partnership journey, we have grappled with what we could do as one Integrated care system, three Local Authorities, six Locality Partnerships and 20 neighbourhoods. We want to do as much as possible at the Local level, as we know this is where we have the most traction for real

change. Understanding this context and working up some principles in this area will need to be one of the enablers to the review.

All six Locality Partnerships have been successful in bringing partners together to build positive relationships and align on key areas such as Community Mental Health and Ageing Well and have focussed on addressing inequalities within their communities. Each Locality Partnership has a Chair and a Locality Partnership Board who make decisions and work together for the needs of their population.

Documents to inform the review.

The review should build on all the work that has previously taken place. The following documents (appendix 1) should be read in conjunction with this TOR to provide context and background on our Locality Partnership journey so far.

- Integrated Care Partnerships (ICP) Oversight group Terms of reference. August 2020
- What can we learn from how others have integrated services? Sept 2020
- BNSSG ICP Discovery program end stage report June 2021
- PA Consulting LP review and place development program July 2022
- Final NECS Locality emerging priorities report November 2022
- Locality partnerships commonality, purpose, operating model and governance 2023
- SEG presentation which includes “what’s working well and not well” 2024

Principals

- The Locality Partnerships pride themselves on the relationships and trust that have been established across organisations. The culture encourages us to work together on what could be possible, rather than needing to know all the answers.
- Equity is central to all we do; we need to take positive action to address inequalities in our future model.
- Stakeholder co-production and engagement should involve all ICS partners alongside people and communities. Focus should be given to seldom heard individual and community voices.

- BNSSG is committed to the Locality Partnerships being the vehicle for integrated care delivery.
- We would like to see devolved responsibilities to Locality Partnerships at a local level.
- We favour a flat structure approach where possible, with flexibility to influence up, down and across our existing structures.

Methodology

The review will take the form of an **appreciative inquiry** and will involve the following steps:

1. **Define scope: what is the focus?**

Developing the contents of this TOR

2. **Discovery: what gives it life?**

Gathering information on Locality Partnership activities, outcomes, and challenges with a positive focus on what is working well.

3. **Dream: How might it be ?**

Envision what excellence looks like in relation to the Locality Partnership function

4. **Design: How could it be?**

Co-designing with partners possibilities for how we can work in the future

5. **Destiny: What will it be ?**

Innovating to create the future model.

Responsibilities for BNSSG partners

- **Locality Partnership Leads**

Responsible for providing links to partners relevant data, insights, and feedback.

- **All system partners.**

Organisations to actively promote feedback into the process.

- **The ICP Board members**

The review process will be led and monitored by the BNSSG Integrated Care Partnership. The ICP and Local Health and Wellbeing Boards will ensure alignment with broader ICS goals.

- **The ICB Board members**

The ICB Board members will be consulted with during the review to obtain their views and provide opportunities for system executives to feed into the process.

- **Health and Wellbeing Board (HWBB) members**

HWBB members will be consulted with during the review to obtain their views and provide feedback into the process via ICP board members and HWBB chairs.

- **Establishment of a short-term LP Review Working Group to meet at least fortnightly**

Comprising of representatives from the ICP Board, community members and people with lived expertise, to help to inform and guide the reviewer through the system.

- **Communication and engagement teams:**

To provide support and guidance on overall comms and public engagement.

Scope and objectives of the review

The primary objectives of the review are as follows:

Strategy

- Assess alignment with broader health and care system goals and make recommendations for the Locality Partnerships' role within delivery of the ICS strategy.
- Assess the Locality Partnerships' role in delivery of the Healthier Together 2040 service plan and make recommendations for the future.
- Describe what success should look like in 5 years' time and set out both strategic and operational steps to achieve this.
- Map out opportunities and responsibilities for doing things as one ICS, three Local Authorities, six Locality Partnerships, the VCSE Alliance and 20 neighbourhoods.

Culture

- Review current cultures and ways of working across the six LPs and make recommendations for future best practice.
- Focus on equity of opportunities and positively promote equity throughout the review process and set out recommendations for how this can be developed/improved in the future.
- Explore what opportunities there are in the system structure for Locality Partnerships to influence on behalf of communities and make recommendations for the future.

Resources

- Appraise opportunities to maximise investments from multiple funding streams to support the future model.
- Appraisal of opportunities for future sharing of resources and budgets across the system
- Review current and future resourcing and workforce arrangements in Locality Partnerships and make recommendations for future arrangements.

Management model

- Review the current ways of working and develop options for the future Locality Partnership model.
- Explore common themes across the six Locality Partnerships
- Review achievements to-date and set out recommendations for how outcomes and impact can be measured in the future.
- Review Locality Partnership membership including the roles and responsibilities at various levels (including the role of Locality Partnership Chair/s) and make recommendations for future arrangements.

Governance

- Review existing wider system governance structures and decision-making processes, including links to the Health and Wellbeing boards and make recommendations for future governance arrangements.
- Explore the relationship to Local Authority elected members and make recommendations for future arrangements.

Issues and risks within the review process will be clearly highlighted to the BNSSG ICP Board.

Reporting and Timeline

Reporting

The reviewer will produce a comprehensive report which will include:

- Overview of the findings from the review
- Recommendations based on local findings and learning from other systems.
- Description of options for the future Locality Partnership model
- High level action plan
- Easy read version of the report

The ICP is responsible for arranging who will conduct the review, but the recommendation from partners is that a reviewer, familiar with the system would be preferable.

Timeline

The timeline for the review will be determined based on the complexity of the analysis and the need for thorough communication with all ICS Partners however we would recommend the review takes no longer than two months.

Next steps

Upon completion, the output of the review will be in a report format with a set of recommendations which will need to be presented to the ICP Board.

The ICP Board Members will discuss the report recommendations, take feedback from the organisations they represent, as well as input from the ICB Board. The ICP will make recommendations about further governance and implementation plans accordingly.



Integrated Care Partnership Board

Agenda Item 7		Meeting Date	27 June 2024
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Title	Healthier Together 2040 – Project Delivery Progress Report		
Scope: System-wide or Programme?	Whole system	x	Programme area (Please specify)
Author & role	Gemma Self – Programme Director		
Sponsor / Director	Dave Perry – CEO, South Gloucestershire Council and Chair of Project Steering Group		
Presenter	Sarah Truelove – Deputy CEO and Chief Finance Officer, BNSSG ICB		
Action required:	Decision / Discussion / Information		
Discussion/ decisions at previous committees	<i>Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)</i>		
	<ul style="list-style-type: none"> • Previous ICP Board • Steering Group • System Strategy Network • System Executive Group • ICB Board 		

Purpose:

This presentation aims to provide the Integrated Care Partnership board with assurance of the progress in the delivery of Healthier Together 2040, the project established by the system to take forward the ICS strategy and define the long-term approach to integrated care for the system.

Summary of relevant background:

Healthier Together 2040 is the project established by the system to progress the delivery of the ICS strategy and define the long-term approach to integrated care for the system.

The Board was last updated on this project as its scope and plan was in the initial design stages (April 2024). Momentum has been gaining and progress is being made with some areas of note:

- Assimilation of multiple reports, strategies, data analysis, modelling and plans from across the system to paint a picture of health and care needs for 2040 and pull out the priorities, opportunities and key consideration for future sustainability. Bringing together expert analysts from across the system to test, critique and support process and outputs. Details in the supporting presentation.



- Establishing the underpinning methodology for this project – which includes the use of Three Horizons¹ and Population Health Management²
- Establishment of Steering Group. Membership below:

Name	Role	Organisation	Role
Dave Perry	CEO	South Gloucestershire Council	Chair
Sarah Truelove	Chief Finance Officer	BNSSG ICB	SRO
Dr Jo Medhurst	Chief Medical Officer	BNSSG ICB	
Alex Hearn	Director Economy of Place	Bristol City Council	
Matt Lenny	Director of Public Health	North Somerset Council	Representing all three DPHs
Ruth Hughes	CEO	One Care	Representing Primary Care
Jessica Lee	Director of Strategy	WECA	
Tim Keen	Associate Director of Strategy	NBT	Link into both acutes
Kathryn Bateman	Executive Medical Director	Sirona	
Steve Rea/Kirstie Corns	Locality Partnership Directors	BNSSG ICB	Locality Partnership
Gemma Self	Programme Director – Strategic Projects	BNSSG ICB	Project Delivery
Simon Bailey	Strategy and Planning Coordinator	BNSSG ICB	Project Delivery

- Preparation of a launch event for 9th July. The purpose of the event is to bring together the strategic community of the system with VCSE partners and wider system players to ensure increasing traction of the project, the challenges and opportunities 2040 brings and explore the barriers and considerations for some of the emerging population health challenges
- Engagement with ICB Board to develop scope of ambition around socio-economic development
- Development of approach to involve public throughout the project – will be recruiting to roles in coming weeks

¹ <https://leadersquest.org/three-horizons-introduction/>

² <https://www.nhsconfed.org/articles/population-health-management-introduction>



Next Steps:

- Into the summer there will be a period of engagement a wider group of staff across the system and VCSE organisations in partnership to explore the themes of hopes for the future and further understand barriers and opportunities. This will be undertaken in partnership with those working on the People and Culture programme.
- Then in the Autumn, the project will focus on more and more depth into priority population health challenge areas and go through a process of understanding the needs in greater depth and starting to set out models of care and the enabling infrastructure required to make the radical changes.
- This will all be supported by modelling and alignment of the Joint Forward Plan and Medium Term Financial Plan.

Discussion / decisions required and recommendations:

The Partnership Board is asked to recognise the progress made to date in the delivery of Healthier Together 2040 in service of the ICS Strategy.

Delivering Healthier Together: BNSSG in 2040

ICP Board

27 June 2024

Some emerging messages from analysis phase

1. National modelling (Health Foundation) and policy direction (Chief Medical Officer) clearly demonstrating that people living with multiple health and social needs will be the issue impacting the sustainability of the health and care system in the future
2. Locally expecting population growth aligned to national expectations – local analysis of multiple needs highlights three key cohorts:
 - Younger complex adults
 - Working age adults with increasingly earlier onset of long term health needs
 - Older with multiple complex needs – frailty, multiple conditions and care needs
3. Need to radically rethink how we meet the needs of the next generation both in terms of health, care and wellbeing and as a future workforce – Children and young people as an important fourth cohort
4. Lots of opportunity to capitalise on local strengths and growth. There are some constraints and limitations for example housing growth in more deprived areas where primary care estate and capacity is already under strain

Snapshot of insights from review of national analyses starting to paint a picture of the health needs for 2040

Population Health Challenges

Assumption. In 2040...	Evidence	Modelled mitigations
People living with major illness expected to increase by 37% by 2040	Health Foundation 2040 report	None
Over 50% of people in the most deprived areas could be expected either to be living with major illness or to have died by the age of 70	Health Foundation 2040 Inequalities Report	None
Expected 50-145% increase in emergency department attendances and 20-125% increases in outpatient attendances for children	RCPCH – Paediatrics 2040	Managing chronic condition through integrated care models (out of hospital setting) reduces demand to 2007 levels Significant reduction in child poverty will reduce this by 5%

Assimilation of local strategies and plans define the constraints and opportunities

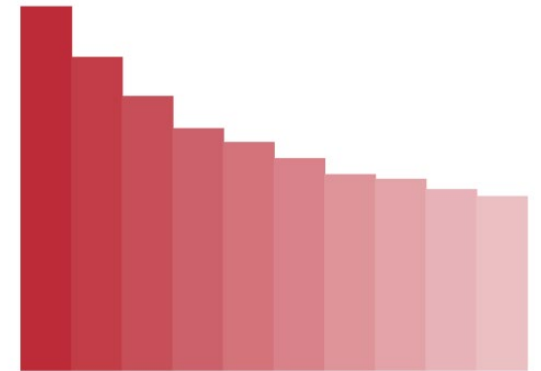
Category	Change expected	Source
Workforce	Working age population projected to grow by only 4% with more people age 30+ living in with long term conditions	Workforce Modelling Health Foundation 2040
Environment	NHS – Net Zero Carbon by 2030	BNSSG Green Plan
Housing	<p>All homes are targeted to have an efficiency rating of C or above by 2030</p> <p>Population growth is expected in line with new housing development, putting addition pressure on local services like primary care. Much of the housing development is in areas where services are already under pressure and assets are poor quality</p>	LA Plans NHS responses to LA plans
Model of Care	Community contacts to increase 53% increase over the next 20 years to deliver the same level of care as we are now	BNSSG Dynamic Population Model

Emerging Trends in Inequalities

- Based on current trends, inequalities in health will persist over the next two decades: people in the 10% most deprived areas can expect to be diagnosed with major illness a decade earlier than people in the 10% least deprived areas.
- A small group of long-term conditions contribute to most of the observed health inequalities, out of which chronic pain, type 2 diabetes and anxiety and depression are projected to increase at a faster rate in the 10% most deprived areas by 2040.
- Inequalities in working-age ill-health is also projected to persist. 80% of the increase in the number of working-age people living with major illness between 2019 and 2040 (from 3 million to 3.7 million) will be concentrated in more deprived areas (deciles 1–5).

REAL Centre Health inequalities in 2040: current and projected patterns of illness by deprivation in England

Insight report • April 2024
Ann Raymond, Toby Watt, Hannah Rose Douglas,
Anna Head, Chris Kyridemos, Laurie Rachet-Jacquet

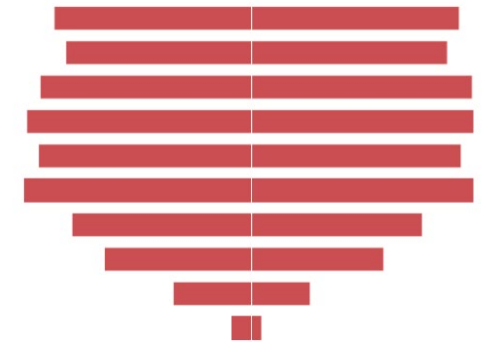


Emerging Trends in Population Need - Multimorbidity

- People living with major illness expected to increase by 37% by 2040
- Working age population projected to grow by 4%
- Increase in 19 of 20 conditions but Coronary Heart Disease decreasing
- Greatest increases are diabetes and chronic pain
- Expected people over 85 will live with 5.7 conditions

REAL Centre Health in 2040: projected patterns of illness in England

Insight report • July 2023
Toby Watt, Ann Raymond, Laurie Rachet-Jacquet,
Anna Head, Chris Kyridemos, Elaine Kelly,
Anita Charlesworth

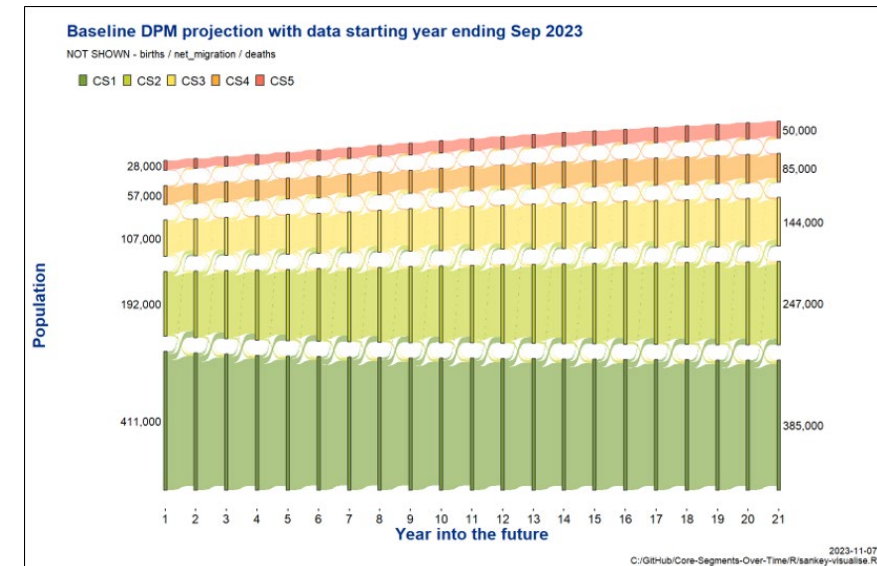


Emerging Trends in Population Need – local analysis of multiple needs

Locally linked data highlights some key population clusters who are experiencing multiple complex needs that will only continue to grow

Key population groups locally

1. Younger complex adults – Mental, physical and social needs. High users of services. No systematic approach to organise services and coordinate care around their needs
2. Working age adults with a combination of Mental Health needs, chronic pain and health needs. May also be carers, have children and working
3. Older with multiple complex needs – frailty, multiple conditions and care needs



Children and Young People

2040 Modelling – Medical focus

For neonates and infants - forecast falls for burden from most major causes of disease by 2030 and 2040

For children 1-9 years, forecast rises in burden due to neonatal disorders i.e. consequences of prematurity, epilepsy and other neurological conditions and ADHD, although most of these rises are relatively small.

Significant declines in more traditional causes of burden including cancer, congenital causes, injuries, asthma and infections.

For adolescents and young adults, we forecast increases in mental health, substance use and neonatal disorders (consequences of prematurity) and falls in burden due to injuries, asthma and most medical causes.

In general:
Birth rate decreasing
but

Current trends expected to continue in:

- Mental Health
- Neurodiversity
- Obesity

With emphasis on the social, educational systems and trauma informed solutions



Thank you

Contact:
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