

# BNSSG ICB Board Meeting

**Date: 5 September 2024**

**Time: 15:30 – 17:00**

**Location: Bristol Citadel Community Church and Family Centre, 6 Ashley Road, St Paul's, Bristol BS6 5NL**

<b>Agenda Number:</b>	6.1	
<b>Title:</b>	Update from Bristol, North Somerset and South Gloucestershire ICB Annual Assessment Letter 2023/24 For update	
<b>Confidential Papers</b>	<b>Commercially Sensitive</b>	No
	<b>Legally Sensitive</b>	No
	<b>Contains Patient Identifiable data</b>	No
	<b>Financially Sensitive</b>	No
	<b>Time Sensitive – not for public release at this time</b>	No
	<b>Other (Please state)</b>	Yes/No
<b>Purpose: For Information</b>		
<b>Key Points for Discussion:</b>		
<p>Assessment Overview</p> <ul style="list-style-type: none"> <li>The letter is a formal performance assessment for the Bristol, North Somerset, and South Gloucestershire (BNSSG) Integrated Care Board (ICB) for the 2023/24 financial year.</li> <li>Assessment is based on statutory duties, objectives set by NHS England and the Secretary of State, and the ICB's wider role within the Integrated Care System (ICS).</li> </ul>		

## Summary of Key Findings

### System Leadership and Management

- BNSSG ICB effectively led during challenges, including industrial action and cost reduction.
- Strong collaborative working with local authorities, NHS, and voluntary sector partners.
- The Integrated Care Strategy and Joint Forward Plan (JFP) showed good engagement with system groups and partners.

### Improving Population Health and Healthcare

- Achievements in Urgent and Emergency Care noted, but challenges remain in areas such as cancer, elective procedures, mental health, and finance.
- Quality management systems are in place, focusing on continuous improvement and patient safety.

### Tackling Unequal Outcomes

- The ICB is working to reduce health inequalities, demonstrated by various initiatives in maternity care, cardiovascular health, respiratory programs, and dental services.
- A specific health inequalities budget was allocated, funding local projects addressing community needs.

### Enhancing Productivity and Value for Money

- Financial performance showed a break even position.
- BNSSG ICB led high-quality research, contributing significant funding and advancing several health initiatives.

### Supporting Social and Economic Development

- The ICB engaged in "adding social value" through sustainability efforts, inclusive recruitment, and support for disadvantaged groups.
- Workforce inequalities are being addressed, with efforts to support disadvantaged youth and carers entering the workforce.

### Key Focus Areas Moving Forward

- The ICB needs to address the system's financial position, working towards a financial recovery plan over the next two to three years.
- Continued leadership is expected in improving performance.

<b>Recommendations:</b>	To discuss and note the annual assessment
<b>Author(s):</b>	Shane Devlin
<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Shane Devlin

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

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

31<sup>st</sup> July 2024

Dear Shane,

**Bristol, North Somerset, and South Gloucestershire Integrated Care Board Annual Assessment for 2023/24**

Thank you for attending the ICB Annual Assessment meeting with regional colleagues on the 14<sup>th</sup> June 2024.

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as "*The Act*"), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System (ICS). In making my assessment for the 2023/24 financial year I have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that my team and I have had with you and your colleagues throughout the year.

It is worth noting that this formal assessment process, as required by the Act, does not require NHS England to provide you with a specific segmentation rating for levels of support and intervention as that is dealt with separately under the NHS Oversight Framework.

This letter sets out my assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your ICS across the 2023/24 financial year.

I have structured my assessment to consider your role in providing leadership and good governance within your ICS, as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of my assessment, I have summarised those areas in which I believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. I have also included any areas in which I feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

In making my assessment I have also taken into account how the ICB has delivered against local strategic ambitions, as detailed in your Joint Forward Plan (JFP), which you have reviewed and rebaselined. A key element of the success of each ICS will be the ability to balance national and local priorities together and I have aimed to highlight where I feel you have achieved this.

I thank you and your team for all your work over this financial year in what remain challenging times for the health and care sector, and I look forward to continuing to work with you in the year ahead.

Yours Sincerely,



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

## SECTION 1: SYSTEM LEADERSHIP AND MANAGEMENT

BNSSG ICB has continued to lead the system during a period of unprecedented industrial action, whilst also managing the challenges of delivering a 30% cost reduction. However, it remains evident that BNSSG ICB and system partners have continued to work in collaboration in setting the strategy and planning deliverables for the BNSSG area.

The Integrated Care Strategy, jointly owned by Local Authority, NHS and Voluntary and Community Sector Enterprise (VCSE) partners is a strong example of collaborative working. It is underpinned by an Integrated Care Partnership (ICP) and Decision-Making Framework. There is also evidence of good engagement with system groups, trusts boards and partners including the Health and Wellbeing Boards (HWB) and ICP in the development of the JFP, including development sessions involving the voluntary sector, and Healthwatch.

The South Gloucestershire HWB chair stated that the ICB has continued to be effective in working with wider system partners. Examples include effective leadership and working arrangements for the development of the BNSSG ICS Strategy and JFP, which takes account of South Gloucestershire, Joint Local Health, and Wellbeing Strategy (JLHWS) strategic objectives. Contributions to deep dives into JLHWS strategic objectives at HWB meetings; and South Gloucestershire Locality Partnership leadership and joint working on place-based priorities for South Gloucestershire, including work on prevention, mental health and ageing well.

The Bristol HWB chair stated that the present situation is workable, and ICB CEO and lead executives are committed to a fully collaborative approach, but sometimes (especially under pressure) this can revert to a default hierarchy that is very NHS-led. I should stress that good progress has been made, especially at the level of Locality Partnerships, where good linkages and joint working has been developed. The ICB must strive to maintain support for Locality Partnerships, to grow their influence in the upcoming months.

The JFP is considered to have met the 17 legislative requirements and the effects of the triple aim are understood and featured throughout the development of the plan. All partners and programmes of work including the system enablers considered the triple aim and described the relevant steps to:

- Deliver improvements in population health and wellbeing ambitions.
- Describe quality of services that reflect system intelligence, aiming at reducing inequalities.
- Describe how the system will improve efficiency and sustainability of services.

In year performance management remains in place focusing for example, on Finance, NHS Constitutional Standards, including the delivery against Operational Planning, and quality and outcomes, and is demonstrated through reports and conversations in the region.

The ICB Transformation Hub has direct accountability to the ICB Board to drive innovation and continuous improvement, with achievements including, but again not limited to:

- A 3-year Community Mental Health transformation programme, which has led to locally based, holistic, person-centered services that meet their community's needs.
- Neurodiversity Transformation Programme and working with the Parent Carer Forums: To help ensure children and families can be supported appropriately, with work underway on a transformation programme.
- Working with NHS partners and local stakeholders, a new provider of NHS dental services was secured within the St Paul's area.

Strong Governance is in place, with clinical representation evident on the board and committees. In addition, the ICB established a Health and Care Professionals Executive to provide a health and care professional interface for the BNSSG ICS, for locally generated change proposals and wider regional and national groups as appropriate e.g., Somerset, Wiltshire, Avon & Gloucestershire Cancer Alliance, Getting it Right First Time (GIRFT) etc. This provides system-wide senior health and care professional leadership and advice on strategic health and care professional matters for BNSSG, focusing on improving outcomes and the quality of health and care for its residents.

The ICB's Organisational Development Plan was set up, building on the establishment of the organisation to plan ahead. This is an example of good practice by the ICB in focussing on how it functions and governs effectively.

## **SECTION 2: IMPROVING POPULATION HEALTH AND HEALTHCARE**

Throughout 2023/24 the ICB and system partners have continued to work together to deliver the operating plan trajectories and national targets. Achievements and areas of remaining challenge are clearly understood and are also detailed within the annual report.

Improvements were noted in Urgent and Emergency Care, as measured by 4-hour UEC waits and Cat 2 ambulance response times, within the system.

The 2023/24 Quarter 4 segmentation review saw the ICB remaining in overall segment 3, with improvements required for Cancer (faster diagnosis standard), Elective (78-week waits and 65-week waits), Mental Health (access for children and young people, and perinatal), Learning Disabilities and Autism (inpatients), Community (virtual wards), and Finance (agency spend).

Although both acute trusts remained in Tier 1 for cancer and Tier 2 for Elective, it is positive to note that recovery across many aspects of planned care and cancer care gained momentum throughout 2023/24, despite the impacts of industrial action throughout the year and the additional pressures the NHS faced during winter.

I would ask that you continue to focus on the areas of challenges within the trusts and the ICB in readiness for the 2024/25 Oversight and Assessment review processes. In 2024/25, I hope to see improvements continue and that planned delivery against the 2024/25 operating plan is achieved.

The assessment has shown that the ICB continues to ensure continuous quality of its services in connection with prevention, diagnosis and treatment of illness. A Quality Management System has been established based on the principles of Quality Monitoring, Quality Oversight, Quality Assurance and Quality Improvement with the Outcomes, Performance and Quality Committee providing comprehensive oversight and monitoring of the quality of services.

The System Quality Group strategic forum develops system responses to enable ongoing improvement in the quality of care across the ICS. Patient experience feedback identifies trends or themes for sharing with the Quality Committee and Governing Body to ensure learning is shared and patient experience improved. There are established initiatives to support partners across the system to implement the patient safety incident response framework and the establishing of a system-wide serious incident learning panel.

### SECTION 3: TACKLING UNEQUAL OUTCOMES, ACCESS AND EXPERIENCE

The ICB continues to restore services inclusively to support reduction in health inequalities. This is demonstrated throughout the annual report and detailed in the BNSSG Recovery Plan. There are numerous examples including, but not limited to, partnership work, campaigns, cancer screening activity and the GRAIL pilot for cancer. Good work is being undertaken in Maternity, through ICB involvement in the Race and Health Observatory Learning and Action Network, which is aimed at reducing health inequalities and improve outcomes for Black and Asian mothers and babies, the Cardio-Vascular Disease (CVD) Programme, the Respiratory Programme, and the development of a dental strategy to reduce inequalities in dental provision.

It is also reassuring to see that, in addition to your business-as-usual budgets, the ICB has set up a health inequalities budget, which has been allocated to the Chief Medical Officer, and has been used to deliver:

- Three years of funding to the six Locality Partnerships – each of them decided how to use it to reduce health inequalities, in response to their communities' needs.
- Support the increase in health and care needs of people within your communities who are migrants.
- Delivery of support to GPs and community pharmacies for blood pressure checks focusing deprived areas and people at high risk of heart attack / stroke.
- Health checks for people with severe mental illness – working with Nilaari, a Black led charity to support adults from Black, Asian and minority communities.
- General practice work to support cancer screening uptake including 43 practices developing a bespoke offer for cervical screening based on the needs of their population.
- The Homeless Health Service training events for support workers on trauma informed care and cancer screening.
- Outreach services for cervical screening in settings such as the Spring of Hope Women's Centre, primary and secondary care, and the creation of videos to explain the Urgent Suspected Cancer Referral Pathway in several languages, including British Sign Language.
- Appointment of a new Learning Disabilities Screening Practitioner to support practices, develop resources, and offer training to carers and people with learning disabilities to support them to access screening.

The ICB has formed a Strategic Prevention Oversight Group, recognising that, by focusing on prevention, the system has a big opportunity to improve the health and wellbeing of the population, reduce health inequalities and increase productivity and value of services.

With reference to the November 2023 NHS England Statement on Health Inequalities, the ICB describes in its Annual Report how it has been identifying what information on health inequalities already exists and identifying gaps that will be filled. Of the 22 metrics listed for ICBs to report from NHS England's statement, the ICB has so far been able to produce analysis on 12. The remaining metrics require either further analytical development (3), or access to data that is not currently routinely available (7). The ICB articulates a good understanding of what it needs to do next in relation to this.



## SECTION 4: ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

Both the ICB and system delivered a small financial surplus compared with plans, but the system's capital plans had an overspend of £2.6m, which was agreed with NHS England to utilise other ICS underspends within the region. Running cost duty has also been achieved with a slight underspend, and the cash allocation has been fully utilised. The system under-delivery against efficiency plans, alongside reducing reliance on agency spend, will be a focus for 2024/25.

In respect of research, it is positive to see the existence of the BNSSG Research and Innovation Steering Group, which aligns and integrates academic expertise in population and applied health research with the system's priorities.

Your commitment to research, improvement and innovation is clear, and is supported by the projects and programmes of work that have been progressed in 2023/24, across the BNSSG system, including those that have advanced communications with patients through citizen-facing portals and the use of digital solutions for direct communication and messaging.

There have been pilots and new pathway development and implementation throughout 2023/24 that will further improve cancer pathways and performance. Examples, include a Teledermatology pilot and new gynaecological pathways for women experiencing post-menopausal bleeding.

The ICB has supported 56 high quality research studies to open recruitment in the BNSSG community health and care partner organisations. These projects encompass a breadth of health conditions and topics across many health and care settings, including general practice, local authority, community care, hospice, care homes and VCSE.

Your portfolio of 26 externally funded research grants has contributed £34m into your health economy, and you are right to be proud of this as it is the most of any ICB and is second highest amongst all NHS organisations in England. The research funding has been awarded to BNSSG ICB to utilise, as the lead organisation, in collaboration with multiple universities and health and care organisations, as well as VCSE partners.

The following highlights have been noted:

- Working with VCSE and patient & public contributors, the ICB is supporting community-led initiatives to increase participation in research of under-represented communities. This includes Health Ambassadors who raise awareness of your researchers and advocate for your communities, as well as schemes to improve research design and delivery so that under-heard voices are shaping research projects and driving up standards of research delivery.
- In April 2023 BNSSG ICB was awarded Research Capability Funding of £1.5m and have used the funds to support more than 50 individuals across health, care and local university organisations who are developing research in areas of priority for BNSSG.
- To support your use of evidence, the ICB has partnered with University of Bristol and University West of England to establish an Impact Accelerator Unit dedicated to accelerating the use of evidence in your health and care services, with the ICB actively supporting the evidence from 13 research projects to be embedded into services and positively impact on the health of the population.
- Your use of research to tackle inequalities is admirable with your commitment to engaging and working with people and communities being paramount, as well as co-developing individual research projects and innovative products and services that explore solutions to inequity.

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

The ICB has provided several examples of the ‘adding social values’ work it is undertaking to support broader social economic development across BNSSG and I have noted strong partnership working between the ICB and other partners, including the HWBs.

The system’s Green Plan is in place, and it is positive to see that sustainability has been embedded in decision making, with a sustainability impact assessment and carbon calculator being part of the ICB gateway process. Aspects of work undertaken in this area includes understanding carbon impacts in the supply chain, estate decarbonisation plans, GP energy surveys, a move to low and zero emissions vehicles in fleets, with Sirona Care and Health having already achieved net zero.

The focus of ICS partners, including the ICB, on workforce inequalities is evident, with examples of inclusive recruitment approaches, workshops and toolkits being utilised to improve recruitment across NHS service areas. Other initiatives include working with The Prince’s Trust to support young people from disadvantaged backgrounds into employment within the local health and care system, and the commissioning of Carers Matters to deliver a project to enable people with experience of care to enter the workforce and thrive.

It is noted that all NHS organisations in BNSSG, including the ICB, have signed up to the Defense Employer Recognition Scheme, and that they have achieved Silver Recognition by actively demonstrating fair treatment of service personnel during recruitment and selection processes alongside ensuring that your workforce is aware of positive policies towards defense issues, and that you support mobilisation and training.

## **CONCLUSIONS**

This has been a challenging year in many respects and, in making my assessment of the ICB’s performance, I have sought to fairly balance my evaluation of how successfully you have delivered against the complex operating landscape, in which the ICB is working. I am pleased to confirm that BNSSG ICB is considered to have been working in compliance with its statutory duties and its contribution to the four purposes of an ICS.

This is also the first full year in which the ICB has been operating, as well as the first year of your Joint Forward Plan, so I am keen to see continued progress towards a maturing system of integrated care, structured around placing health and care decisions as close as possible to those people impacted by them.

A particular area of focus expected from the ICB leadership is the BNSSG system’s financial position, where the system has an agreed breakeven financial plan for 2024/25. With an underlying deficit, and utilising non-recurrent measures to support in-year financial balance, the system needs to set out its financial recovery plan to support the delivery of their 2024/25 financial plan including detailed recovery actions and other mitigations. The ICB will need to lead the system in assuring itself and NHS England that there is sufficient capacity and capability to deliver the 2024/25 plan.

The ICB should also lead system work underway on developing a financial recovery plan which sets out how the system will return to recurrent balance within two to three years. Specific items to be included within the financial recovery plan include (a) a ‘cost out’ efficiency of 3% in 2025/26, (b) how the system will reduce its average length of stay back to the 2019/20 levels and quantify the financial impact in the financial recovery plan, and (c) how the system continues to achieve upper decile prescribing performance and upper quartile Continuing Health Care performance.

Another key area identified for ICB leadership is the performance and improvement work relating to North Bristol NHS Trust currently being in NHS Tier 2 for Elective.

I am mindful that during 2024/25 we will transition to a new annual assessment process, which is likely to introduce a different methodology and approach for undertaking ICB annual assessments. My team and I will continue to work alongside you, so together we become familiar with the new process and implications, alongside continuing to support you in making improvements throughout your system.

In the interim, please share my assessment with your ICB leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.