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

Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Partnership Board Meeting

2.00 pm, Thursday 26 September 2024

Meeting room 1, Bradley Stoke Active Lifestyle Centre,

Fiddlers Wood Lane, Bradley Stoke BS32 9BS

Agenda

1. Welcome from the Chair (and to note any apologies)

2. Minutes of previous meeting held on 27 June 2024

To approve the minutes of the previous meeting.

3. Public forum items

None received.

Standing / update items:

4. Health and Wellbeing Board updates (10 mins)

Updates from the respective Chairs on the work of the Health and Wellbeing Boards.

5. ICB update (10 mins)

Update from Jeff Farrar, Chair, Integrated Care System for BNSSG

6. Healthier Together 2040 – project delivery progress report (40 mins)

Update to be presented by Gemma Self, Programme Director - Strategic Projects
& Matt Lenny, Director of Public Health and Regulatory Services
North Somerset Council

7. ICP Board Forward agenda plan (enclosed for information)

Healthier Together
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Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Partnership Board Meeting

27 June 2024

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

Minutes

Attendance list

Partnership Board Leadership Group: Cllr John O'Neill (Chair, BNSSG ICP Board and Chair, South Gloucestershire Health and Wellbeing Board), Cllr Jenna Ho Marris (Chair, North Somerset Health & Wellbeing Board), Jeff Farrar (Chair, BNSSG Integrated Care Board (ICB)), Shane Devlin (Chief Executive BNSSG ICB), Sarah Truelove (Deputy Chief Executive, BNSSG ICB)

Community and VCSE Voices: Aileen Edwards (CEO, Second Step / VSCE Alliance), Mandy Gardner (Voluntary Action, North Somerset), Mark Coates (CEO, Creative Youth Network), David Smallacombe (CEO, Care and Support West), Georgie Bigg (BNSSG Healthwatch), Mark Graham (CEO, For All Healthy Living Centre), Rebecca Mear (CEO Voscur / VCSE Alliance)

Constituent Health and Care Organisations: Clare Shiels, Director of Children's Services, North Somerset Council); Joanne Medhurst (Chief Medical Officer, BNSSG ICB), Hugh Evans (Executive Director: Adult and Communities, Bristol City Council), Ingrid Barker (Chair, UHBW NHS Foundation Trust & NBT NHS Trust), Chris Head, Executive Director, WERN), Sarah Weld (Director of Public Health, South Gloucestershire Council), Matt Lenny (Director of Public Health, North Somerset Council, John Martin (CEO, South Western Ambulance Service NHS Foundation Trust), Raz Akbar (Non Executive Director, South Western Ambulance Service NHS Foundation Trust),

Locality Partnerships: Stephen Beet (South Bristol Locality Partnership), Kirstie Corns (South Gloucestershire Locality Partnership)

Other attendees (including standing invites): Claire Rees (Public Health Principal, South Gloucestershire Council), Sally Hogg (Consultant, Healthy People, Healthy Place, Bristol City Council), Emily Moseley, Public Health Registrar, Bristol City Council

Apologies for absence: Cllr Stephen Williams (Chair, Bristol Health and Wellbeing Board), Charlotte Hitchings (Chair, AWP NHS Trust).

1. Welcome & Introductions

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

2. Minutes of previous ICP Board meeting held on 25 April 2024

The minutes of the meeting of the previous ICP Board meeting held on 25 April 2024 were confirmed as a correct record.

3. Public Forum

It was noted that no public forum items had been received for this meeting.

4. Health and Wellbeing Board updates

a. Bristol Health and Wellbeing Board update:

The written update, as included in the agenda papers for the meeting, was noted.

b. North Somerset Health and Wellbeing Board update:

The written update, as included in the agenda papers for the meeting, was noted.

c. South Gloucestershire Health and Wellbeing Board update:

The written update, as included in the agenda papers for the meeting, was noted.

5. Integrated Care Board (ICB) update

The written update, as included in the agenda papers for the meeting, was noted.

The following points were highlighted:

a. ICB offices: The ICB was in the process of moving its office and all related office operations from 360 Bristol, Marlborough Street to the North Wing, 100 Temple Street, Bristol.

b. Establishment of an Independent Advisory Group on Race Equity: As part of their work, the Group (chaired by Tracie Jolliff) were being encouraged to hold ICB Board members to account in terms of ICB performance and progress on race equity issues.

c. Social and economic development: A seminar had been held recently around the issues faced in taking forward ICB Aim 4, i.e. supporting broader social and economic development. The session had generated positive discussion around the wider impacts from the effective delivery of health and social care, noting the importance also of collaborative working and approaches across partner organisations. An update on outcomes from the seminar would be discussed by the ICB.

d. Joint Chair of UHBW NHS Foundation Trust and North Bristol NHS Trust: Ingrid Barker was welcomed to the meeting as the newly appointed Joint Chair of the Trusts. In updating the Board on her initial work in the role, she stressed the key aims around securing improved access to services and outcomes for residents across the full range of services provided through both trusts, eliminating duplication and tackling health inequalities across the communities they serve. It was noted that an immediate focus had been initiated around cardiology and perinatal services.

e. Operational plan 2024/25: Shane Devlin provided an update – the ICB 2024/25 system-wide operational plan was now in place, focused on further strengthening organisational grip on service performance and finance for the year ahead.

6. Review of the role of Locality Partnerships in BNSSG

The Board considered a report providing an update on the process to review the role of Locality Partnerships in the BNSSG system and seeking agreement on several aspects relating to the review. The report also sought ICP Board sign-off for the review's terms of reference and described a high-level approach for undertaking the review with proposed next steps to secure a provider to undertake this. An indicative timeline for carrying out and completing the review was included together with an approximation of the funding required.

Summary of main points raised / noted:

1. There was general support for the approach outlined in the report, noting that the review would essentially be undertaken from an ICP perspective, with full commitment to partner dialogue and engagement.

2. It was noted that under the proposed approach, it was intended that a provider would be appointed by the end of July to undertake the review.

3. It was noted that although the report suggested that the ICP Board Sub-Group (to be known as the Locality Partnership Review Working Group) should have a maximum membership of 12, there should be a sensible degree of flexibility, i.e. whilst it was important to ensure a reasonably tight membership in terms of the size of the group, it was also critical to ensure the most appropriate cross-sector/partner representation.

4. In terms of the funding options set out in the report, there was general support for the collaborative approach as set out in Option 2, which proposed that funding be split across the ICB and the three local authorities, based on proportional, population-based contributions.

5. It was suggested it would be important to capture and build on the experience and strengths of Locality Partnership working, mindful of the critical importance of working with communities and partners with a key focus on tackling and reducing health inequalities.

6. It was noted that, under the approach, a series of workshops, interviews and engagement sessions would be held across September/October.

At the conclusion of the discussion, the Board agreed:

1. To approve the terms of reference for the review of the role of Locality Partnerships in the BNSSG system as set out in the appendix to the report.

2. To endorse the outline timeline and approach for taking forward this work as set out in the report, on the basis that the concluded work will be signed off at the ICP Board meeting scheduled for 28 November 2024.

3. In terms of the funding options set out in the report, to support Option 2, i.e. population based, proportionate contributions from the four public sector partner organisations as follows:

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

4. That ICP Board members interested in joining the Locality Partnership Review Working Group should let Steve Rea and Kirstie Corns know of this as soon as possible (ideally by 2 July), noting that final membership of the group would seek to ensure the most appropriate cross-sector/partner representation.

7. Healthier Together 2040 - project delivery progress report

The Board considered the latest assurance update on 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 main points raised/noted:

1. It was noted that 4 emerging themes had been identified from the analysis phase:

a. National modelling (Health Foundation) and policy direction (Chief Medical Officer) demonstrating clearly that people living with multiple health and social needs will be the main issue impacting the sustainability of the health and care system in the future.

b. Local expectations around population growth aligned to national expectations - local analysis of multiple needs highlighted three key cohorts in particular:

- Younger adults with complex needs.

- Working age adults with increasingly earlier onset of long-term health needs.

- Older people with multiple complex needs - frailty, multiple conditions and care needs.

c. There will be a need to radically rethink how to meet the needs of the next generation both in terms of health, care and wellbeing and as a future workforce.

d. There are opportunities to capitalise on local strengths and growth, recognising there are some constraints and limitations, for example housing growth in more deprived areas where primary care estate and capacity is already under strain.

2. The steering group that was overseeing this project had now been established and careful preparation was taking place ahead of a launch event on 9 July. The purpose of the event would be 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, and to explore the barriers and considerations around some of the emerging population health challenges.

3. In discussion, there was general consensus around the need to think radically around how to meet both the needs into the future of the expanding older population and also those of the younger generation, and the emerging cohorts as identified through the initial analysis.

The Board agreed to note the update, noting also that further progress updates would continue to be brought to the Board as a standing item of business.

Note:

BNSSG system wide approach to Healthy Weight & Healthy Weight Declaration

A partnership discussion took place in closed session around the planned approach to reduce the prevalence of obesity in the BNSSG area and the development of a Healthy Weight Declaration. Further work will take place through a Steering Group with representatives from ICS partner organisations to co-produce the development of an ICS declaration. Following this further work, a report will be brought back to the Board in late 2024/early 2025.

Next meeting

2.00 pm, Thursday 26 September 2024 (South Gloucestershire venue, to be confirmed).

Healthier Together
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Integrated Care Partnership Board

Agenda item	4a	Meeting date	26 September 2024

UPDATE – BRISTOL HEALTH AND WELLBEING BOARD

1. The most recent in-public meeting of the Bristol Health and Wellbeing Board (HWB) was held on 31 July.

The main issues considered at the 31 July meeting were:

a. The Board approved a proposal to support an aligned Pharmacy Needs Assessment approach across Bristol, North Somerset and South Gloucestershire health and wellbeing boards, rather than independently producing individual PNAs.

b. The Board discussed particular concerns raised with them about the impact of the closure of two community based pharmacies on their local communities, one in Southmead, the other in Hartcliffe. The Chair is writing to NHS England and the Secretary of State for Health to query the methodology by which decisions on pharmacy applications are made.

c. The Board received and welcomed an update on the recently launched Vision for Adult Social Care, noting that the Vision was co-designed with a wide range of people and community groups, starting with people who draw on care and support and carers, over a three-month period between January and March 2024.

d. The Board discussed a report on the BNSSG Healthwatch research report: Investigating local health inequalities using the Core20plus5 approach. The findings are being shared with several primary care fora, the One City boards and the West of England Combined Authority.

e. The Board approved the Better Care Fund plan 2024/25.

f. The Board received an update on progress in relation to the One City Food Equality Action Plan.

2. Other current issues:

The Board is excited to be holding a joint workshop in October with the One City Economy & Skills Board on the new Inclusive Economic Development Strategy

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Integrated Care Partnership Board

Agenda item		Meeting date	26 September 2024

UPDATE – 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 22 July. All the papers can be viewed at:
Agenda for Health & Wellbeing Board on Monday, 22nd July, 2024, 10.00 am - South Gloucestershire Council (southglos.gov.uk)

The main issues considered at the 22 July meeting were:

a. The Board engaged in a deep dive into Joint Health and Wellbeing Strategy 2021-25 Strategic Objective 3 to "Promote and enable good nutrition, physical activity and a healthy weight for all".

As part of this, the Board discussed a report and accompanying presentation covering the key headlines on healthy weight and physical activity and on the plans to adopt a Healthy Weight Declaration across BNSSG and initial proposals to develop an Active Wellbeing Strategy. Points included the plan to move to a whole system approach across the ICS; and evidence that a focus on prevention and adopting a compassionate and trauma-informed approach were key, including a focus on a healthier environment and removing stigma bias.

The Board agreed to commit to supporting and delivering action in-line with a Healthy Weight Declaration in South Gloucestershire and across BNSSG, which it recognised as both a South Gloucestershire Council Plan and ICS Strategy commitment. Members also noted the strategic opportunities for sport and leisure to play an essential part in addressing priorities for the HWB, including health and wellbeing, inequalities, community engagement, climate change and social and economic development. It was noted that healthy weight and physical activity are separate workstreams, but they are intrinsically linked and there is a particular need for the health service to engage with work to address the social factors which support healthy weight and an active lifestyle.

b. The Board discussed an update on activities in relation to implementation of national policy and associated funding to increase smoking cessation. Points included smoking being a leading cause of preventative illness and rates only decrease with some form of action. The Board agreed to endorse and support delivery of the high-level plans for the Smoking Cessation programme including the 'Swap to Stop' scheme and the planned spend of the Smokefree Generation funding for 2024-2029, which included work with Circadian, the voluntary sector, DHI, Age UK, primary care and the prison service.

c. The Board received and discussed the Joint Strategic Needs Assessment (JSNA) and Population Health Intelligence portal annual update. The qualitative content was particularly welcomed and it was confirmed that discussions were ongoing about how Healthwatch information could be included in insights pages. It was also stated that the new Joint Local Health and Wellbeing Strategy 2025-29 would facilitate sharing of updates and information with partners.

d. The Board received a briefing on the BNSSG Healthwatch research report: Investigating local health inequalities using the Core20plus5 approach which was an opportunity to encourage a whole system leadership approach to decision making that reduces health inequalities and adds value to the South Glos population.

e. The Board formally ratified the Better Care Fund Plan 2024-25.

f. The Board received and discussed the Health Protection Assurance Group Annual Report 2023-24 and noted updates on the controls and assurances against identified health protection risks and issues in South Gloucestershire.

g. The Board approved its Annual Report for 2023-24 for onward submission to full Council and wider circulation. The report covered the Board's role, purpose and responsibilities; system and place level plans and strategies; achievements during 2023-24 and looking ahead to 2024-25. The Board's achievements included:

- ensuring a place-based perspective in the BNSSG ICS Strategy and Joint Forward Plan;
- refreshing the South Gloucestershire JSNA and Children and Young People Needs Assessment;
- approval of the Better Care Fund end of year template 2022-23 and final plans for 2023-25;
- two place-based development sessions with the South Gloucestershire Locality Partnership (on the role of the Board in the context of the Integrated Care System and health inequalities);
- ongoing programme of deep dives into the JHWS 2021-25 strategic objectives, which involved Board member organisations leading sessions on what they had achieved. For example, for the deep dive into inequalities and taking a place and community-based approach, North Bristol Trust talked about the work it has done to better understand inequalities data for the populations and communities it serves and its staff; and Sirona gave a presentation on the Maximising Access Team, which focuses on better understanding strengths and issues faced within groups experiencing high levels of inequalities.

h. The Board noted its updated terms of reference, which were approved at full Council in May 2024 and approved the terms of reference of its Senior Officer Group, which provides advice and direction around the Board's activities and forward plan.

2. A joint development session (involving HWB, Locality Partnership and wider partnerships) was held on 23 September to discuss the vision and content of the new Joint Local Health and Wellbeing Strategy for 2025-29. Following the survey, which went out to HWB members and wider partnerships and related organisations, in the early summer, this session was an opportunity to gather further insights and discuss how a new strategy enables us to work differently to deliver positive outcomes for local people; consider what success looks like from the perspective of people living in South Gloucestershire; and how the HWB holds itself to account.

3. Other current issues:

a. Final preparations are being made for the South West HWB Network conference on leadership for health and wellbeing on 4 October in Taunton, which is chaired and co-ordinated by South

Gloucestershire Council. The conference is for all HWB members from across the South West. Keynote speakers include Mark Cooke, MD NHSE South West, David Perry, CEO of South Gloucestershire Council and Debbie Sorkin, National Director of Systems Leadership, The Leadership Centre. There will also be smaller breakout sessions to receive and discuss examples of good work from across the South West. For further information please get in touch.

b. The next HWB meeting is on 7 November 2024.

Councillor John O'Neill
Chair, South Gloucestershire Health and Wellbeing Board
September 2024
John.O'Neill@southglos.gov.uk

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

Integrated Care Partnership Board

Agenda item	4c	Meeting date	26 September 2024

UPDATE – NORTH SOMERSET HEALTH AND WELLBEING BOARD

1. The most recent in-public meeting of the North Somerset Health and Wellbeing Board (HWB) was held on 29 July. All the papers can be viewed at:
Agenda for Health and Wellbeing Board on Monday, 29th July, 2024, 2.00 pm | North Somerset Council (moderngov.co.uk)

What was discussed?

1. The Chair opened the meeting and reminded the Board of our **purpose within our strategy**: For people to be enabled to optimise their health and wellbeing and to lead long, happy and productive lives in thriving communities, building on their strengths in a way that reduces inequalities in health. She asked all Board members to share the outputs of discussion and ensure there are good feedback loops into networks/organisations etc. – please share with the right people to support the actions we have agreed.
2. **A member of the public addressed the meeting** to speak about the current situation facing dairy farmers. She asked for support from the Board to support the ask to the Council to declare a food security emergency. A letter response will be sent from the Chair to reply to the key points/asks raised.
3. Last meeting notes agreed as an accurate record. **Under matters arising/forward plan** – Paula Clarke from UHBW updated on a useful meeting with the Chairs of the Health and Wellbeing Board and Health Overview and Scrutiny Panel, the NSC Chief Executive and the UHBW interim CEO. The meeting helped to identify ways in Anti-Racism can be supported in North Somerset and how all partners can work together to be anti-racist in all that we do.
4. **Better Care Fund**. Retrospective agreement was given for the plan for North Somerset. It's focus is on work to improve patient flow. Comments received included a struggle with this concept of retrospective agreement because of NHSE deadlines. This report also goes to other panels e.g. HOSP. How can we get all the right people in one room and ahead of the decision making ahead of NHSE timetables? Too complex to generalise but noted that our NS performance is better than BNSSG. From Weston Hospital perspective, number of bed days taken up by those fit for discharge, reduced by 18% on previous years. Encouraging impact welcomed by the Board.
5. **Healthy Weight declaration**- noted this was recently presented at ICP Board. Board gave support for NS. When we say system - consider transport, exercise, road safety, employment. Recognise stigma - what people are facing, how the stigma impacts on our health. How can we reframe the work? More compassionate and trauma Informed approach. Board asked for work around wider determinants e.g. new developments with a play area. Use of community

transport - towns and villages, link to get people into activities. The Board asked for more detail on coproduction for the declaration. Who is involved and how? Share more on methodology used to understand views. Local orgs - need to work with our VCSE to reach. Plea is to talk to those who know and trusted by communities. Want genuine coproduction. Need to also think about commercial determinants. What will change – the 'so what' challenge of doing this? What is it that we can do? Licensing, planning etc. What is the connection? Find the links that touch on lives. Looking for an overall framework to enable it. Each bit of work has right connections with policy written in.

6. The process for developing the next version of **the pharmaceutical needs assessment** was set out. This is a statutory requirement and it was noted that the North Somerset approach was used as a benchmark by other locations the last time this work was undertaken so we are working for a good place. 2025-28 production needs to start now. Change around the new Integrated Care Board and Integrated Care System means we are looking to develop a new product working together with our neighbouring local authorities and the ICB for a better coordinated and more efficient approach.
7. **Creative Health** - began from discussion with Chairs of the HAWB and HOSP. How to help a change and promote opportunities for a creative approach for health and wellbeing. Noted there are weekly participatory offers. Drama, creative writing, neurodiversity. Working in South Ward and at Weston Hospital. Creative health and coastal communities is a national programme of work with a focus on Weston super Mare. Creative health can respond well to current needs in the health strategy. It is a building focus in the North Somerset Cultural Strategy. Look at improving connections - how to deliver activity, consider what a hub might look like. Recommendations to be shared here. Actions to take this forward will be linked to the refresh of the strategy.
8. **State of Ageing Report** - VANS produced this. WHO framework for age friendly community. Over 50. Best possible experience of later life. Centre for Ageing Better. No costs to be part of network. New community workers in place. Benefit is that action makes it friendly to all communities e.g. accessibility benefits for all, disability, parents with children etc. State of ageing - how to advocate in other directorates in the Council and wider partners? Recognise the wider determinants of wellbeing and health. How to incorporate their jobs into this. For example, Community Transport - can that come into the scope? Potential for intergenerational activity. Opportunities for groups – for example, visit of children into care homes. Could address any gap of not having grandparents close by. Missing interaction. Three strands - LGBTQ community. Rural, connections. Looking also at people who come here to settle in NS.
9. **Health and Wellbeing Strategy** – An update given on progress in developing the strategy, in particular, learning from a stakeholder event held in early July to agree more of the detail of the focus of the new strategy and how it will be delivered through collaborative working and the importance of learning through a common evaluation approach (Theory of Change work which has been published and shared through national networks). Event also looked at suggested funding possibilities from remaining c.£250K funding left in the pooled NSC/ICB budget. Recognised that there will be outcomes and proxy outcomes e.g. activities delivered to target

cohorts to support changes that matter to them. Some details emerging through existing work e.g. reduction in unhealthy weight but with a focus on those with higher risk, given strong correlation between poverty and weight outcomes in children. Explained that this detail will emerge in greater depth at the Autumn Board meeting given the engagement taking place now and in Sep/Oct to refine focus and get views via established networks and targeted activities e.g. workshops run by VANS to get greater community insight, plus a survey open to all.

Interest from the Board in social prescribing for Young People. Doing things by stealth. How can this be done? Looking at applying key learning from adults model about need for multiple destinations to meet different needs and have easy and effective ways to help people navigate opportunities. Referral routes will be different and key to work with stakeholders like schools and primary care.
GP view - social prescribing for YP. Finding where best practice is, can we model this? YP coming to see GPs - struggling to know what to do. Refer somewhere would be good. Want right foundations. New Govt saying wanting to fund MH, hopefully take what we have done, and can build on it. Agree all things we could grow from. When match fund is there we aim to put our eggs in the same basket, so proposal around a shared investment fund seems sound.
Noted groups not visible in the strategy so far - schools and housing providers? **ACTION - DCS will look at the schools, DASC at housing partners**.

10. **Community Strategy** - Presentation was an overview of the work that will sit under the strategy. Noted the North Somerset Partnership met for the first time for the first time over teams. Outcomes/actions under the Community Strategy will include a focus on tackling health inequalities and addressing the wider determinants of health.

    Can see there is so much evidence about what drives poor and better health. Need to help people have a sense of control, how can we together that drive change? Not just nice to have, but really essential in the way we work. How to get other directorates involved from the Council but also teams across all agencies? Who is working in these areas – we want to work with them. There is interest from the public, for example, the Waste consultation generated a big public response. Right participatory planning tools. e.g. citizen's juries. How best to do this? Make recommendations from this. More guidance on this to follow. Aim to build a new citizen's panel. Want everyone can get the opportunity to contribute and have a consistent approach.

Healthier Together
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Integrated Care Partnership Board

Agenda item	5	Meeting date	26 September 2024

UPDATE – BNSSG INTEGRATED CARE BOARD

1. The most recent meeting of the BNSSG Integrated Care Board was held on 5 September 2024. All the papers can be viewed at:
Integrated Care Board (ICB) Board meeting - 5 September 2024 - NHS BNSSG ICB

2. The main issues considered at the meeting included:

a. An update from the ICB Chief Executive covering:
- Response to the recent riots
- Delivering sustainable system performance standards 2024/25
- Delivering financial sustainability in 2024/25

b. The BNSSG ICB Annual Assessment Letter 2023/24: This letter is the formal performance assessment for the BNSSG Integrated Care Board for the 2023/24 financial year. The 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.

c. An update on the system wide principles and framework for Digital Incident Management, addressing how the ICB intends to respond to any digital incidents impacting its core digital applications.

d. The annual report assessing progress on the ICS Green Plan.

e. A 6 monthly update/overview of the work of the four Health and Care Improvement Groups along with a revised highlight report to simplify reporting and aid clarity.

2. The ICB Annual General Meeting was also held on 5 September. In addition to receiving the ICB annual report and annual accounts, the opportunity was taken to reflect on achievements over the past year. A photo exhibition by local artist Keyane Allman showcased some of the ICB's work and the diverse communities served. A presentation was also received from Black Mothers Matter.

3. Other issues:
a. Update on the ICB Annual Assessment from NHS England.

b. Update on the public service response to the events/street disorder recently experienced.

Healthier Together
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Integrated Care Partnership Board

Agenda item	6	Meeting date	26 September 2024

Title	**Healthier Together 2040**			
Scope: System-wide or Programme?	Whole system	**X**	Programme area (Please specify)	
Author & role	**Gemma Self –** Programme Director, BNSSG ICB			
Sponsor / Director	**Sarah Truelove –** Deputy CEO, BNSSG ICB			
Presenter	**Gemma Self** **Matt Lenny –** Director of Public Health, North Somerset Council and on Steering Group for Healthier Together 2040			
Action required:	Decision			
Discussion/ decisions at previous committees	*Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)*			
	System Executive Group Healthier Together 2040 Steering Group			

Purpose:

This paper and presentation:

- Provides an update on progress to the Healthier Together 2040 Project and outline of planned next steps
- Sets out the recommendation that will be taken to the ICB Board on 3 October with a request for endorsement by the ICP Board
- Provides an opportunity for ICP Board members to ask questions, provide connection points and opportunities

Summary of relevant background:

Healthier Together 2040 has been established to create a long-term strategic plan for the Bristol, North Somerset, and South Gloucestershire (BNSSG) Integrated Care System (ICS). It will provide a local approach and a dynamic process to transform how health and care services are delivered over time in line with current and future population need. This approach will gradually inform decisions on where services, buildings and infrastructure should optimally be located.

Since the last meeting on 27 June:

1. Analysis provides indication of the scale of the issues and opportunities

2. Population cohorts requiring prioritisation with outline scopes developed through Three Horizons approach
3. 84 advocates and counting (event held early July – 30% VCSE)
4. Evidence that Three Horizons methodology is effective at bring multiple groups of people together for complex problems
5. Lots of positive feedback, recognition that this is a valued approach and willing involvement through all stakeholder discussions

Discussion / decisions required and recommendations:

The ICP Board is asked to recognise progress in Healthier Together 2040 and its delivery of the ICS Strategy.

It is asked to endorse the approach being recommended to the ICB Board as set out in the paper

Background

Healthier Together 2040 has been established to create a long-term strategic plan for the Bristol, North Somerset, and South Gloucestershire (BNSSG) Integrated Care System (ICS). Building on the system strategy published in 2023, it intends to be more than a written blueprint for the future, represent a local approach and a dynamic process to shape health and care services and how they will adapt to current and future needs over time.

The plan outlines how the ICS will work toward a sustainable, equitable future for the health system while improving the overall health and wellbeing of the BNSSG population. By focusing on redesigning services for current population health issues, the project seeks to deliver medium term improvements in integrated services, whilst also seeking prevention opportunities to avoid future generations facing similar health challenges in the longer term.

Why is Healthier Together 2040 needed?

Healthier Together 2040 will provide a clearer vision of the future of health and care locally, designed to address evolving needs and ensure the system is equipped for the challenges ahead. Following the recent general election, a national focus on health being central to the new government's priorities[1] and with growing stability within the ICS infrastructure, the timing has become ideal to focus on the long-term future.

The recent publication of the Independent Investigation of the NHS in England by Lord Darzi (Sept 2024) reinforces the need for significant local redesign of the NHS. It recognises that the deterioration in the health of the public has contributed to the NHS's current state with still too great a proportion of NHS money spent in hospitals as well as many other areas of improvement. Healthier Together 2040 completely aligns to this national agenda and the subsequent national 10-year plan for the NHS will be a strategic context for this work and locally. Given progress so far, there is hope to influence the national agenda as the 10-year plan is developed.

Healthier Together 2040 is an evolving approach to work as a partnership to organise services around population cohorts needs with a focus on preventing people living in poor health for extended periods of time. This approach will gradually inform decisions on where services, buildings, and infrastructure should be optimally located within the system.

[1] https://www.health.org.uk/publications/health-at-the-heart-of-government

The initial phase of Healthier Together 2040 has reviewed national and local trends to shape what the BNSSG health and care system needs to address by 2040. Key insights from the national and local modelling highlight several important considerations for the next 15 years:

- People will likely live for longer in poor health, experiencing multiple health conditions from a younger age. Nationally, people living with major illness is expected to increase by 37% in 2040 (Health Foundation, 2023), this is corroborated by population modelling using local data.
- Individuals in more deprived areas will face these health challenges at a higher rate and at younger age, driven by unresolved inequalities and a collision of health and social factors. 80% of the increase in the number of working-age people living with major illness will be from more deprived areas (Health Foundation, 2024).
- The working-age population is growing my slowly (4%) than the older population groups, presenting workforce and economic challenges (Health Foundation 2023).
- Many existing buildings, particularly in primary care, are no longer fit for purpose. With 95,000 new houses projected to be built, the population increase will drive further demand, particularly in more deprived areas of South Bristol and Weston area (HT2040 Analysis).
- Currently there is a concentration of health and care services in urban areas, where older people disproportionately live in more rural communities (CMO Report, 2023)
- A strong focus on general mental wellbeing is needed, especially for young people, working-age adults, and healthcare staff (Options 2040, 2024).
- New technologies including AI, treatments and digital health solutions, along with climate change, political and economic instability and future pandemics present opportunities and threats. All require the health and care system to be more resilient, efficient and connected (Options 2040, 2024).

This analysis makes clear that the current health and care system must change to meet both current and future needs. A central design principle is that solutions to these

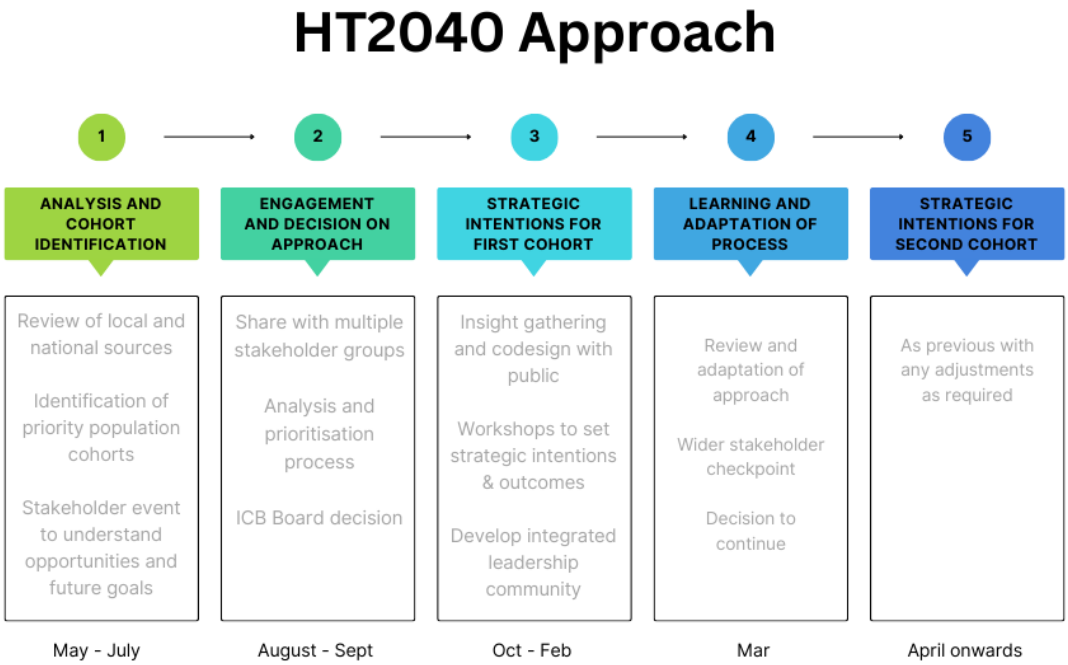
interconnected issues revolve around people, their communities, the choices they make, and how the health and care system can best operate at the local level.

Delivery Plan

To date, Healthier Together 2040 has been focused on building momentum through discussions with stakeholders, analysing existing data, and identifying population groups that may require increasing levels of health and care in the future. Embedded in the design approach is the concept that the project will sequentially focus on defined cohorts of the population to ensure in-depth codesign, enabling proof-of-concept to embed prevention at all levels, and use resources most effectively. By focusing on groups of people and all the health, wellbeing and social needs surrounding them, we can bring organisations together to organise and deliver health and care differently. This will fundamentally move to new care models wrapped around people in their communities and shifting resource to tackle the key drivers influencing current and future health needs.

In the next phase, the project will go in depth into a single population cohort, developing a phased medium- and long-term plan based on linked health and care data, population insights, and expert knowledge.

The outline approach is set out below:



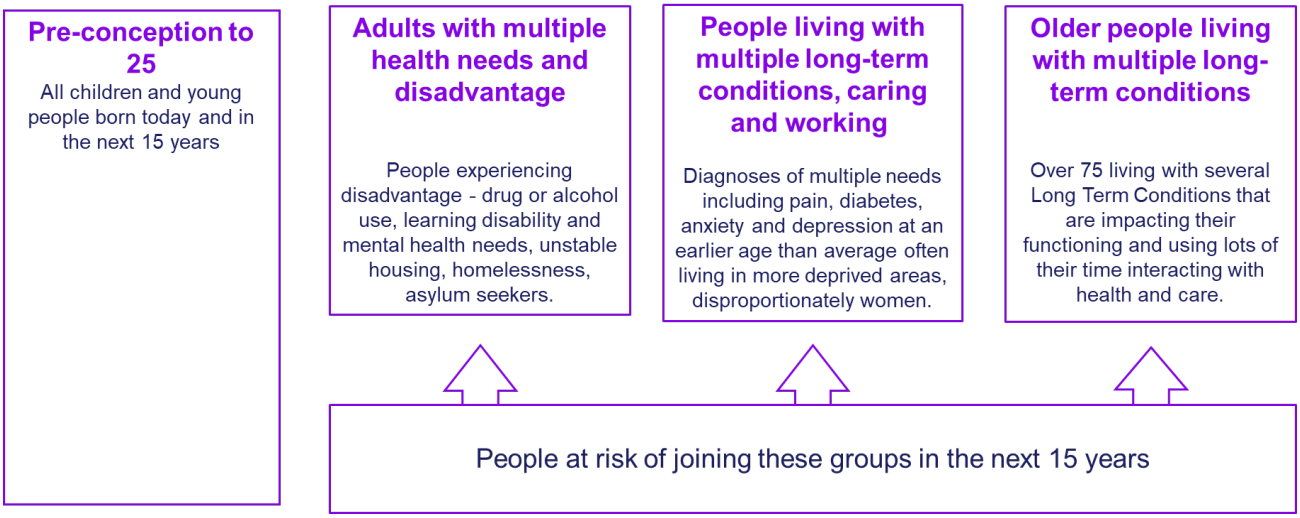
Population Cohorts Analysis

Central to the Healthier Together 2040 approach is the principle that a core purpose of the health and care system is to prevent the deterioration of health where it is possible and ethical to do so. There is an established tiered approach to prevention as set out in the table below.

	Who	Goal	Examples of General Actions
Tertiary Prevention	People living with established disease and complications of that disease	Minimise the impact of chronic disease	Specialist involvement to focus on preventable deterioration in health and maximise people's ability to live their lives how they wish.
Secondary Prevention	People living with disease	Minimise severity of clinical events, reduce likelihood of repeated events	Early diagnosis and supported self-management, peer support, mental health support, prompt care, prevention of onset of other associated conditions
Primary Prevention	People with health or social risk factors predisposing them to illness	Prevention of the onset of poor health	Smoking cessation, healthy weight management, health checks, peer support, immunisation
Primordial Prevention	Whole population	Reduce or eliminate risk factors for whole population	Housing, green space, transport, access to high quality food, education, mental wellbeing, physical activity, immunisation

The initial analysis phase sought to identify cohorts of the population who are currently experiencing poor outcomes, high users of multiple types of services, where there is an opportunity to prevent further deterioration of health and understand the risk factors to prevent future waves of people entering that cohort.

Health Foundation reports[2] [3] demonstrate that for adults, an ageing population with increased multimorbidity or multiple conditions along with deprivation and social complexity is a critical health and social issue looking to 2040. Of all the evidence reviewed this was the clearest indication of impact on the sustainability of the health and care system. When analysing the local linked data for people living with multiple health needs, experiencing poor outcomes, three key adult groups of the population emerged clearly, these are set out below. The fourth cohort focuses on Children and Young People currently in the broadest possible definition as it is logical to include them in long term planning.



Further detail about each of these cohorts is currently being written up into a document that will be published in November. A summary of the key characteristics is set out in the table below.

[2] https://www.health.org.uk/publications/health-in-2040

[3] https://www.health.org.uk/publications/health-inequalities-in-2040

Population cohort key demographics				
	Preconception to 25	**Adults with multiple health needs and disadvantage**	**People living with multiple long-term conditions, caring and working**	**Older people living with multiple long-term conditions**
Demographics	*Further segmentation will be necessary before any targeted population cohort work can be undertaken.* Data for 0-17yrs: 200,000, which is 21% of the whole BNSSG population. Ethnicity: mostly white (61%) but more varied composition compared with whole BNSSG - 72.5% white. Most CYP (90%) are in the healthiest segment of our population. National rate of referrals has increased by 11.7 per cent a year from around 40,000 a month in 2016 to almost 120,000 a month in 2024	Majority (94%) aged between 40-69yrs. 6% aged 20-39. Almost half in the 50-59 age group. 90% of cohort ethnicity is White, with other ethnicities evenly distributed. (BNSSG average 72.5% White) 93.6% of cohort have a current mental need on their on primary care record	80% are 50-69, very few under 40. More Female (57%) than male (43%) – sub cohort of women who are female, mothers and carers. Largest clustering of conditions is pain, anxiety/depression, T2 Diabetes & Hypertension Having chronic pain and anxiety/depression along with other conditions leads to conditions being less well managed (National) At the start of 2024, 2.8m people were economically inactive due to long-term sickness. 800,000 increase on pre-pandemic levels with most of the rise accounted for by mental health conditions Given demographic, high chance that these people	All over 70 with skew towards being female 3% of the BNSSG population overall Significant growth (from other cohorts and wider population) expected over time

			work in service/care/health roles	
Locations	Deprivation - mostly maps to BNSSG deprivation spread	Higher numbers in NS (+7%) and Bristol (+3%) and lower in South Glos (-10%) vs BNSSG Disproportionately living in more deprived areas with population concentrations in Weston, South Bristol and Lawrence Weston 38% this cohort live in areas classified as IMD 1 (most deprived) With a 23% in IMD 2. 61% total IMD 1&2		Widespread but with hotspots in deprived areas of South Bristol and Weston.
Outcomes are particularly poor and are expected to worsen	Disadvantage such as experienced by Children in Care and through ACEs. School absence rates increasing. Homelessness and poverty have increased locally especially in Bristol.	No expected improvement in health inequalities for working-age adults between 2019 and 2040	Having chronic pain and anxiety/depression along with other LTCs leads to conditions being less well managed Poor diabetes and worsening CVD outcomes Person with diabetes seen in primary care 30 times on average before a foot procedure.	6-month readmission rate between 35-45% 48% inpatient stays don't have an intervention Poor outcomes in the whole hospital care pathway through UEC, to admission and then discharge Significant health gap emerged in older people between those in IMD quintile 1 and IMD quintile 5.
Population scale	200,000 (0-17s)	3000 (although many unregistered/transient)	5200	35,000

Costs (currently only have NHS costs)	£81 million total £403,000 per 1000 population	£16.7 million total £5.5 million per 1000 population	£13.1 million total £2.5 million per 1000 population	£143.6 million total £4.1 million per 1000 population
Any current pressure in the system	Neurodiversity diagnosis demand and ongoing support CAHMS referrals	High users of all kinds of services (primary care, 999, urgent care, outpatients etc) High rates of cancelled and DNA outpatients – mostly mental health and crisis This cohort is 0.3% of BNSSG population and represents 4.5% of all high intensity users.	High use of primary care, secondary *and* community health Very high risk of future inpatient, ambulance and social care requirement	Major driver of ambulance conveyances Wait the longest to get off ambulances and for decision to admit Wait longest to get out of hospital

Recommendation

Throughout August and early September, further analysis and engagement with multiple stakeholder groups has led to the prioritisation of one cohort to start as the area of focus for the next phase of work. The Steering Group is recommending **focusing upon the population cohort of people of working age living with multiple long-term conditions.**

The rationale for this recommendation is:

1. It provides a large enough cohort to enable development of a place level approach to multiple health needs which also spans the whole system so provides opportunities for action on wider determinant to prevent future waves
2. Multiple health, care and VCSE organisations involved, so opportunities to establish real integration and shift in resources and embedding primary and secondary prevention within communities.
3. Currently this population cohort are real drivers of demand in multiple elements of the health sector and without focused attention are likely to, over the course of the next 15 years, be living in increasingly poorer health and require increased specialist and urgent interventions
4. Currently predominantly managed as individual disease pathways and limited targeted integrated services with people's health needs mostly being held in primary care - opportunity to test person focused approached to living with multiple conditions
5. Sitting as a cohort at working age, there is learning to help design primary prevention and then secondary prevention to slow ongoing deterioration of health considering workplaces and wider economy, childcare and families and women's health agenda – making some traction in this cohort will set a real tone for how the system could operate in the future.

Considering the other population cohorts, the rationale for not recommending them as the first cohort are:

1. **Complex older people** – there are multiple existing services and transformation activities, so although there are key pressures for this population there are multiple short-term initiatives for this population

2. **Adults with multiple health needs and disadvantage** – Although being high cost and a sufficiently small group to test a concept with, much of their care coordination is held outside within specialist mental health, VCSE and local authorities. Starting to shift resource around the system by considering a cohort which is predominantly using primary and community services whilst aiming to shift preventable demand out of the acute sector will build confidence and test decision making.
3. **Children and young people** – currently without sub-segmentation of the population this cohort is too large to take forward this targeted approach beyond primordial and primary prevention. A segmentation methodology is already in development and this project will support that approach so that it can be focused upon next. There has already been some work to set out a strategic approach for this cohort with opportunity to support that and use similar methodologies.

Intended impact of focusing on this cohort:

The whole approach for Healthier Together 2040 is collaborative, adaptive, taking a step, testing some radical redesign and learning. There are significant challenges to navigate, the first being a need to direct increasing resource into a focus on redesigning how our system responds for this population cohort over the coming months, potentially redirected by slowing or pausing other workstreams. Through conversations to date there is appetite to do this, however this will be a key conversation at ICB Board and require further commitment.

Working on a longer time horizon, enables the project to direct attention to three to 15 years into the future, whilst identifying how to jigsaw into existing plans set out in the Joint Forward Plan. There are lots of uncertainties to navigate, however there are limited alternatives, with all analysis pointing us in the direction that integrated redesign around population cohorts is the best approach to redesigning services for people multiple health and social needs.

ICP Board are asked to **endorse** this recommendation

What happens next

Upon support of this recommendation by the ICB Board it will trigger a series of next steps

1. Working with VCSE organisations to identify and gather insight from people in communities who are in cohort or have risk factors
2. Full evidence review to identify evidence-based solutions and prevention opportunities including development of theory of change for the cohort
3. In depth financial and contractual analysis – assessment of opportunities to shift resources upstream and slow growth of this cohort in the future
4. Place based analysis of impact and opportunities on infrastructure
5. Run a series of in-depth workshops to:
    - Set out what the future could look like and define goals and outcome measures to track impact
    - Identify what can be done at place level and system level
    - Identify key milestones for 3, 5, 10 and 15 years
    - Create an integrated leadership team around the cohort which will take it forward into a delivery phase in the next financial year.
6. All culminating in a set of strategic intentions to be shared with the ICP Board in approximately March 2025

Conclusion

This paper provides a summary of the principles and ways of working of Healthier Together 2040, with work to date culminating in a recommendation for a population cohort to focus upon for the next stages of work.

Going forward, the project will be going through a semi-structured process to identify the key opportunities and initiatives for this cohort and to slow the next waves of the population entering this cohort.

Healthier Together 2040 is delivering the system strategy in a staged approach and with the ICP Board accountable for setting the strategy, this paper demonstrates the progress made to date and intended next steps.

BNSSG INTEGRATED CARE PARTNERSHIP BOARD **Item 7**
FORWARD AGENDA PLAN 2024/25

2.00 pm, 28 November 2024
Standing items:
- Update from Health and Wellbeing Board Chairs x3
- Update from Integrated Care Board Chair
- VCSE alliance update
- Healthier Together 2040 – project delivery progress report (1 hour)
- Review of the role of Locality Partnerships in BNSSG
- Smokefree BNSSG progress update - TBC

2.00 pm, 27 February 2025
Standing items:
- Update from Health and Wellbeing Board Chairs x3
- Update from Integrated Care Board Chair
- Healthier Together 2040 – project delivery progress report
- BNSSG ICS Healthy Weight Declaration
- Progress update: Integrated Care System All Age Mental Health Strategy

2.00 pm, 24 April 2025
Standing items:
- Update from Health and Wellbeing Board Chairs x3
- Update from Integrated Care Board Chair
- Healthier Together 2040 – project delivery progress report
- Other items tbc