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

1.30 - 2.45 pm, Thursday 28 November 2024

The Loft @ The Stable, 3-6 Wadham Street, Weston-super-Mare, North Somerset BS23 1JY

Agenda

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

2. Minutes of previous meeting held on 26 September 2024

To approve the minutes of the previous meeting.

3. Public forum items

Any received will be circulated with the agenda.

Standing / update items:

4. Health and Wellbeing Board updates (1.35 - 1.45 pm)

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

5. ICB update (1.45 - 1.55 pm)

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

6. VCSE developments and integration update (1.55 - 2.20 pm)

Update to be presented by Mark Hubbard, VCSE Lead, BNSSG ICB and Ellie Oriel, VCSE Alliance Director

7. Healthier Together 2040 – project delivery progress report (2.20 - 2.30 pm)

Update to be presented by Sarah Truelove, Deputy Chief Executive, BNSSG ICB / Gemma Self, Programme Director - Strategic Projects

8. Update on the Darzi report (independent investigation of the NHS in England)

(2.30 - 2.45 pm)

Update to be presented by Shane Devlin, Chief Executive, BNSSB ICB

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

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

26 September 2024

Meeting room 1, Bradley Stoke Active Lifestyle Centre, Fiddlers Wood Lane, Bradley Stoke BS32 9BS

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 and Wellbeing Board), Cllr Stephen Williams (Chair, Bristol Health and Wellbeing Board), Jeff Farrar (Chair, BNSSG Integrated Care Board (ICB)), Shane Devlin (Chief Executive BNSSG ICB)

Community and VCSE Voices: Aileen Edwards (CEO, Second Step/VCSE Alliance), Mandy Gardner (Voluntary Action, North Somerset), Mark Coates (CEO, Creative Youth Network), Rebecca Mear (CEO Voscur/VCSE Alliance), Fiona Mackintosh (ACFA advice network),

Constituent Health and Care Organisations: Sarah Weld (Director of Public Health, South Gloucestershire Council), Matt Lenny (Director of Public Health, North Somerset Council), Barbara Brown, Chair, Sirona Care & Health,

Locality Partnerships: Stephen Beet (Chair, South Bristol Locality Partnership), Kirstie Corns (South Gloucestershire Locality Partnership), Sharron Norman (Chair, North & West Bristol Locality Partnership), Tharsa Sivayokan (Chair, South Gloucestershire Locality Partnership), Huda Hajinur (Chair, Inner City & East Locality Partnership), Mark Flower, Chief Executive, Age UK South Gloucestershire (for VCSE Alliance representative working with older adults)

Other attendees (including standing invites): Gemma Self (Programme Director, Strategic Projects, BNSSG ICB), (Claire Rees (Public Health Principal, South Gloucestershire Council)

Apologies for absence: Sarah Truelove (Deputy Chief Executive, BNSSG ICB), David Smallacombe (CEO, Care and Support West), Clare Shiels, Director of Children's Services, North Somerset Council); Alun Davies (Voices in the Community representative); Ingrid Barker (Chair, UHBW NHS Foundation Trust & NBT NHS Trust), Maria Kane, Joint ChiefMark Graham (CEO, For All Healthy Living Centre), Hugh Evans (Executive Director: Adult and Communities, Bristol City Council), Kay Libby (Chief Executive, Age UK Bristol, VCSE Alliance representative working with older adults)

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 27 June 2024

The minutes of the meeting of the previous ICP Board meeting held on 27 June 2024 were confirmed as a correct record.

Following discussion, on the suggestion of the Chair, it was agreed that an invitation should be sent to the Avon and Somerset Police & Crime Commissioner to attend future meetings.

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.

Cllr Stephen Williams, Chair of the Bristol Health and Wellbeing Board, highlighted the following points:

1. The Board had held a development session on 25 September. This had mainly been focused on discussing a refresh of Health and Wellbeing Board plans, including an improved grouping of items in terms of a Health and Wellbeing Board 'Plan on a Page' and discussion on the alignment/interface with Integrated Care System plans. Agreement had been reached also on an increased focus on improved health pathways and outcomes for children and young people, especially within deprived/disadvantaged communities.

2. Following on from discussion at the Board's July meeting, he had written to the Secretary of State for Health and Social Care suggesting the need for a review of the regional criteria/methodology that determines the geographical distribution of pharmacies, given the difficulties faced by many residents in Bristol in accessing a local pharmacy.

b. North Somerset Health and Wellbeing Board update:

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

In addition to the points highlighted in the update, Cllr Jenna Ho Marris drew attention to the very significant budget challenges faced by North Somerset Council, due mainly to the impact of growing service demands and increased costs around adult and children's social care; it was currently estimated that the Council faced a budget gap of £24m for the current financial year end. In discussion, it was noted that all authorities and partners faced ongoing financial issues, demonstrating the need to maximise the effectiveness of partnership working and the importance of working together proactively to tackle the challenges ahead.

c. South Gloucestershire Health and Wellbeing Board update:

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

The Chair (in his capacity as Chair of the South Gloucestershire Health and Wellbeing Board) drew attention to a well-attended joint development session held earlier that week on taking forward the development of the new Joint Local Health and Wellbeing Strategy, involving the Heath and Wellbeing Board members, the Locality Partnership and wider partners.

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 by Jeff Farrar, Chair of the ICB, and Shane Devlin, ICB Chief Executive:

1. Following the disorder and riots experienced in Bristol (and elsewhere) over the summer, the ICB Executive Team had reflected on its response in the context of the responses of other public authorities to these events. In September, the ICB had determined a clear commitment to drive forward the ICB as an antiracist organisation as a key next step. Further papers would be brought to the Board in the coming months on taking forward this work; the Independent Advisory Group on Race Equity (chaired by Tracie Jolliff) would have a pivotal role in holding ICB Board members to account in terms of taking forward this commitment and monitoring/challenging performance and progress more generally on race equity issues.

2. The ICB annual assessment had been positive. Ongoing feedback from ICP Board members would be welcomed, particularly around how the two Boards can best work in tandem to improve population health outcomes.

3. A update would be given in the near future to each of the Bristol, North Somerset and South Gloucestershire Health Overview & Scrutiny committees on the financial position of the ICB and NHS partner organisations (Avon and Wiltshire Mental Health Partnership NHS Trust, University Hospitals Bristol & Weston NHS Foundation Trust, North Bristol NHS Trust). This would include assurance that supportive and corrective action was being undertaken in partnership and that a system wide recovery plan was being developed to tackle the in-year budget deficit.

4. NHS England's winter letter had been published on16 September setting out expectations of all Integrated Care Boards and NHS providers: https://www.england.nhs.uk/long-read/winter-and-h2-priorities/ The local winter plan would be subject to regular reporting and review by the ICB. Public and stakeholder engagement would be undertaken in relation to specific areas of work as appropriate and in accordance with the NHS duty to involve.

6. Healthier Together 2040 update

The Board considered a report providing an update on progress on the Healthier Together 2040 Project and an outline of planned next steps. The report also set out a specific recommendation (for endorsement) to take to the ICB for approval on 3 October.

Summary of main points raised/noted:

1. It was noted that throughout August and early September, further analysis and engagement with multiple stakeholder groups had led to a proposal to prioritise one cohort as the key area of focus for the next phase of work. The Steering Group was accordingly recommending that this first area of focus should be on the population cohort of people of working age living with multiple long-term conditions.

2. It was noted that the rationale for this recommendation included:

a. This approach would provide a large enough cohort to enable development of a place level approach to multiple health needs which also spanned the whole system.

b. The approach would see multiple health, care and VCSE organisations' involvement, with opportunities to establish real integration and a shift in resources and to embed primary and secondary prevention within communities.

c. Currently, this population cohort were real drivers of demand across multiple elements of the health sector; without focused attention, people within this cohort were likely, over the course of the next 15 years, to experience increasingly poorer health and require increased specialist and urgent health interventions.

d. As a cohort of people at working age, there was an opportunity for learning to help design primary prevention and then secondary prevention to slow ongoing deterioration of health; making some traction within this cohort would set a real tone for how the system could operate in the future.

3. It was suggested that through this approach, there would be an opportunity to understand and learn from the lived experiences of people whilst also seeking earlier and preventative health interventions so that people within this cohort could potentially experience more years of relatively good health.

4. It was suggested that it would be important to capture insight from the work of VCSE organisations.

5. It was agreed that the opportunity should be taken to build on and take full account of successful work already happening within localities and to encourage the co-production of initiatives. It would be useful to map out relevant work taking place across localities.

6. It was suggested that it would be important to tap into all relevant data sources in planning interventions and to consider working with/gaining insight from programmes such as Changing Futures.

At the conclusion of the discussion, the Board agreed:

To support the recommended approach, i.e. the first population cohort to focus on will be people living with multiple long-term conditions, caring and working.

7. ICP Board forward agenda plan

The Board noted the latest update of the forward agenda plan.

It was suggested and agreed that an update on the Darzi report (independent investigation of the NHS in England) should be added to the agenda for the Board's next meeting on 28 November.

Next meeting

1.30 - 4.00 pm, Thursday 28 November 2024

Note:

Locality Partnership review

After the meeting, a partnership workshop discussion took place on progressing the Locality Partnership review.

Through the workshop, the following questions were discussed:
1. What do you want the functions of the Locality Partnerships to be?
2. What are the implications for the functions of the ICP? When implementing a national clinical strategy, what questions would the ICP and Locality Partnerships answer?
3. What do the rules of engagement need to be between the ICP and the LPs to ensure you have high trust relationships between all the parties?

A report on the outcomes of and recommendations from the review will be brought to the Board at its next meeting on 28 November.

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Integrated Care Partnership Board

Agenda item	4a	Meeting date	28 November 2024

UPDATE – BRISTOL HEALTH AND WELLBEING BOARD (HWB)

1. The Bristol HWB held a development session on 25 September. This was focused on two issues:

a. Health and Wellbeing Board plans refresh, involving:
• Refreshing understanding of statutory duties and roles within Bristol City Council, One City and the Integrated Care System.
• Grouping items on a 'Plan on a Page' and aligning these with Integrated Care System plans.
• Discussion on indicators for the Performance Framework.
• Initial thinking and discussion about a new HWB strategy 2025-30.

b. Update on the Care Quality Commission assurance process and timeline for local authority inspections.

2. A very productive joint workshop was held on 24 October with the One City Economy & Skills Board on the new inclusive Economic Development Strategy for the city.

The workshop involved an update on the development of the strategy and prompted a wide ranging discussion, including consideration of the following issues:

- How can the strategy promote standards of 'good work' and encourage wide labour market participation?

- How can Bristol provide services that meet people's health and economic needs together?

- How can the strategy support and grow the power of places and communities to tackle inequity?

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Integrated Care Partnership Board

Agenda item	4b	Meeting date	28 November 2024

UPDATE – NORTH SOMERSET HEALTH AND WELLBEING BOARD

1. The last North Somerset Health and Wellbeing Board was held on 30 October. All the papers can be viewed at:
Agenda for Health and Wellbeing Board on Wednesday, 30th October, 2024, 2.00 pm | North Somerset Council

The main issues considered at the 30 October meeting were:

a. We heard from Matt Lenny, Director of Public Health presenting for Mel Watts, Head of Finance briefly stating **the council's challenging financial position**. In September 2024, the forecast overspend in 2024/25 was forecast to be almost £24m. This was mainly due to increased cost and demand for Adults and Childrens social care. Hayley Verrico and Claire Shiels spoke about the impact this was having on their Directorates' work. **Next?** Invitation to take part in the council's budget consultation by 4 Dec, and try out NSC's budget balancing simulator.

b. Jo Hopkins, Principal Occupational Therapist explained the aims and process for the council's upcoming **Care Quality Commission Review in Adult Social Care**. A huge amount of prep has already been done with the team submitting more than 400 documents and carrying out internal reviews and a self assessment, in the spirit of being Open and Fair this is publicly available in full or 'easy read' form. CQC on-site interviews with mainly NSC front line officers as well as key partners will take place week of 2 Dec but the result will not be known until at least 6 months after. We discussed frustrations that HWB, VANS' State of Ageing in NS, and other research tell us that eg **technology and public transport are barriers/opportunities for health and wellbeing**, but how do we make the changes needed. **Next?** Prepare for Dec interviews.

c. The next item was Georgie MacArthur, Consultant in Public Health presenting investment proposals for the **Health and Wellbeing Strategy 2024-28** which we agreed would focus on **mental health and wellbeing, healthy eating and oral health, and children and young people across both**. We had a very engaged full-room discussion, members were keen to emphasise the importance of prevention in particular the cost/benefit of investing in maternal/ antenatal care to 'give each child the best start in life'. Members endorsed the approach and guiding principles. **Next?** Could HWB **publish its own anti-racist statement? Also-** Members' interest in systems level training and developing resilience outside of HWB.

d. Matt Lenny then led us through **Place based approach to tackling inequalities**. A key target would be increasing life expectancy by 1 year for residents of WSM South and Central Wards by 2030. There are 4 main focus areas, the top-line being 'warm, healthy, secure and resilient homes', this was a result of research/engagement over 10+ years, talking to the ward

councillors and residents. A whole council and HWB partners approach would make sense eg we (HWB) could direct our Procurement Power, Social Value towards '1 good year gained by 2030', through brokerage system. NS Partnership 'owns' the Community Strategy but HWB was keen to 'own' Tackling (Health) Inequalities. **Next?** Matt will develop, members will consider how they wanted to take part (Lead/Partner/Contribute/Advocate) and bring it back to HWB. **Also-** Can we invite **Housing Providers and Primary Care** (GPs).

Forward Plan: Joint Strategic Needs Assessment (JSNA); Local Plan; Better Care Fund.
Working Groups: HWB currently has no working groups.
Next meeting: 14 February 2025, 2pm (Weds)

2. Other current issues:
Speakers at public participation asked about **inadequate disabled access to health services including toilets** such as Weston General Hospital and GPs; and how HWB/ the council can **protect and promote local farming and access to nutritious food**.

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Integrated Care Partnership Board

Agenda item	4c	Meeting date	28 November 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 7 November. All the papers can be viewed at:
Agenda for Health & Wellbeing Board on Thursday, 7th November, 2024, 10.00 am - South Gloucestershire Council

The main topics considered at the 7 November meeting were:

a. **Draft South Gloucestershire Joint Local Health and Wellbeing Strategy (JLHWS) 2025-29.** The HWB received a summary of the work to date and the purpose of the new strategy, to describe a shared vision for the HWB over the next 5 years; detail how the HWB will work to lead and advocate for health and wellbeing for South Gloucestershire residents; and set out a shared commitment to developing the ways of collective working to deliver that vision.

b. It was explained that key elements will include setting out the core HWB "must-dos"; identifying HWB commitments and annual areas of focus that drive action; and strengthening delivery of the existing commitments made within the system, rather than adding a new set of priorities.

c. In response to stakeholder engagement to date, proposed commitments to develop the HWB's ways of collective working are:
   - Community involvement
   - Data, insights and accountability
   - Place-based working
   - Prevention
   - Reducing inequalities

d. To ensure the strategy drives tangible action against these commitments, it is also proposed that the HWB selects some annual focus areas. Initial, draft criteria for selecting focus areas include those that:
   - Target local need (identified in the JSNA)
   - Offer opportunity for the HWB to deliver on its five commitments
   - Are existing local or system priorities where HWB support will help drive progress
   - Are focused and achievable within a 12-month period

e. The proposed new strategy was received very positively by the Board, and it was agreed that all members would share the update and draft proposals within their organisations and with relevant partners and provide further feedback by the end of November.

f. **Joint Health and Wellbeing Strategy 2020-25 Strategic Objective 4 "Maximise the potential of our built and natural environment to enable healthy lifestyles and prevent disease" Deep**

Dive. This item included a review and discussion about the three identified action areas within this strategic objective:

- Action area 1: Actions to support the increased provision of, equality of access to, and benefits of the natural environment in enabling and maintaining healthy lifestyles.
- Action area 2: Actions to maximise the contribution of the existing built environment to promoting public health objectives.
- Action area 3: Actions to support the development of new communities and healthy places.

g. The HWB noted the key updates from the deep dive and considered how the Board and member organisations could commit to ensure healthy places in South Gloucestershire; and thinking ahead to the new JLHWS 2025-29, what specific area of built and natural environment could be taken forward as an 'area of focus'. Discussion included:

- Suggestion for national health impact assessment criteria being reviewed so that they are applicable to developments of less than 200 dwellings.
- Importance of supporting the most vulnerable in terms of cold and heat. The HWB committed to developing Warmth on Prescription, which included updating the cost of living support information in primary care and the ICB being asked to further explore what could be done across the system.
- Green space and indoor activity space (e.g. swimming) – highly valued in community survey feedback and mental health team reports and needs to be prioritised to ensure it is promoted and is accessible to all.

h. **Proposal for revision of South Gloucestershire Pharmaceutical Needs Assessment (PNA) as part of a wider BNSSG refresh in 2025.** The HWB was informed of the proposed process for revising the PNA as part of a wider BNSSG refresh. It was agreed that responsibility for leading the development of the new PNA on behalf of South Gloucestershire would be delegated to the DPH, and in line with statutory requirements, the final PNA would be presented to the HWB for final approval before 1 October 2025.

i. **Annual Reports of the South Gloucestershire Safeguarding Adults Board and South Gloucestershire Children's Partnership.** The two reports were presented to the HWB and the contents were noted.

j. **South Gloucestershire Drugs and Alcohol Partnership Progress Report.** The HWB received an annual update on the Drugs and Alcohol Partnership, including an update on what has been accomplished with the funding to date, and on potential additional funding. Healthwatch shared details of ongoing research around substance misuse and there was agreement to consider how this and community conversations work is reflected in the developing JSNA and new JLHWS 2025-29. There were also comments about the importance of joining up alcohol, tobacco, drug dependency and healthy weight pathways and agreement for NBT to be invited to join the Partnership.

k. **Learning Difficulties Partnership Board Annual Report**. The HWB noted the valuable work of the Partnership as set out in its latest annual report. It was confirmed that the Partnership Chair would attend a meeting in 2025 to give a presentation.

2. Other current issues:

a. I had the pleasure of chairing the South West Health and Wellbeing Board Network's annual conference at the beginning of October, which was focused on leadership for health and wellbeing.

b. Setting the scene around policy and legislation were Nicole North and Kay Burkett, Senior Advisers at the Local Government Association; Mark Cooke, Managing Director of NHS England South West and David Perry South Gloucestershire Council's Chief Executive gave an engaging presentation on collaboration and how local government, NHS leaders and wider partners can work together more effectively; and Debbie Sorkin, National Director of Systems Leadership at The Leadership Centre talked eloquently about effective leadership in a complex and adapting system.

c. There were also smaller breakout sessions to showcase innovation from across the South West, as follows:

Breakout topic:	**Leads:**
How we work collectively to support children and young people	Cornwall and the Isles of Scilly Council Office for Health Improvement & Disparities NHS England South West
Enabling better options for leading healthier lives – how can Health and Wellbeing Boards influence trends in childhood obesity	Torbay Council
How to influence health and wellbeing and ensure a focus on prevention?	North Somerset Council South Gloucestershire Council
Work and Health	Office for Health Improvement & Disparities NHS Cornwall and Isles of Scilly WorkWell
Creating healthy and sustainable places – how can Health and Wellbeing Boards contribute to this agenda?	Bath and North East Somerset Council Bristol City Council
Leading a public health/prevention approach for an ageing population – Chief Medical Officer Annual Report	NHS England South West South Gloucestershire Council

d. We are currently analysing feedback from the day with a view to planning a further event in 2025-26. If anyone would like further information on the subjects covered, please get in touch.

Cllr John O'Neill
Chair, South Gloucestershire Health and Wellbeing Board

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

Integrated Care Partnership Board

Agenda item	5	Meeting date	28 November 2024

UPDATE – BNSSG INTEGRATED CARE BOARD

1. The most recent meeting of the BNSSG Integrated Care Board was held on 3 October 2024. All the papers can be viewed at:
Integrated Care Board (ICB) Board meeting - 3 October 2024 - NHS BNSSG ICB

2. The main issues considered at the meeting included:

a. An update from the ICB Chief Executive Officer covering:

- Lord Darzi's report on the independent investigation of the NHS in England.

- Winter planning and priorities.

- The NHS IMPACT Clinical and Operational Excellence Programme: Learning and improvement networks and improvement analytics and working guides.

b. An update on the Healthier Together 2040 project, including a recommendation (as discussed at the last ICP Board) to approve progressing onto the next phase of work to develop strategic intentions for the working age population with multiple long term health conditions.

c. A digital strategy update including the detail of a 'deep dive' into the uptake and usage of the NHS App across the BNSSG area and the development of next steps across the system to increase the uptake of the App as a key part of the ambition to allow citizens to access their health data and communicate with NHS organisations.

Healthier Together
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Integrated Care Partnership Board

Agenda item	6.	Meeting date	28/11/24

Title	**VCSE Developments and Integration – update**			
Scope: System-wide or Programme?	Whole system	✓	Programme area (Please specify)	
Author & role	Mark Hubbard – VCSE Lead, ICB. Ellie Oriel – VCSE Alliance Director.			
Sponsor / Director	Sarah Truelove, Deputy Chief Executive and Chief Finance Officer, ICB			
Presenter	Mark Hubbard – VCSE Lead, ICB. Ellie Oriel – VCSE Alliance Director.			
Action required:	~~Decision /~~ Discussion / Information			
Discussion/ decisions at previous committees	*Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)*			
	• Co-design: New Model task-and-finish group comprising VCSE, LAs, Sirona, ICB – Jan-Mar24; then Check & Challenge Group – April24 to date • Support for recommendations: ICB Execs, 24/6/24; ICB Board, 4/7/24 • Discussion about implementation: System Execs Group, 17/10/24.			

Purpose:

Good progress has been made on VCSE integration into Healthier Together, with support from many system partners and ICB investment. This paper includes background, the VCSE contribution to Healthier Together and updates on progress with the VCSE Alliance, VCSE Brokerage Framework and VCSE outcomes.

In addition, some VCSE Integration Principles are being used to support diverse VCSE involvement across the ICS. The co-design process for the new Healthier Together VCSE Integration Strategy will lead us to further define our collective vision, ambition and priorities for integration. Alongside the development of Healthier Together 2040, it will help us to articulate our ambition for VCSE integration into different models of integrated care.

This presentation aims to:

- **Update the Integrated Care Partnership Board on progress to date.**
- **Seek ICPB support for the new Healthier Together VCSE Integration Strategy.**
- **Ask the ICPB to discuss ambitions and vision for VCSE sector in Healthier Together.**

Summary of relevant background:
This paper includes key parts of the **background** story (section 1) – why integrate VCSE, the VCSE sector in BNSSG and the VCSE's significant contribution to Healthier Together. After the known national and local challenges to VCSE integration (section 2), a report on **progress** (section 3) covers the VCSE Alliance, the emerging VCSE Brokerage Framework (a new structure to enable ICS partners' investment in community activities by smaller VCSE organisations by providing a standard, robust, inclusive process for assessing the very best proposals for community activities) and VCSE outcomes. Section 4 describes **new VCSE Integration Principles** that have recently been approved by the ICB Board. These, along with other emerging principles, are enabling our collaboration with the VCSE sector. Our collaborative work so far builds on the foundations for the effective integration of VCSE into the ICS and our work has revealed the need for further changes as well as a coordinated, system-wide approach. The **new Healthier Together VCSE Integration Strategy** (section 5), aligned to the Healthier Together 2040 work to co-design different models of integrated care, will define VCSE integration over the coming years. Section 6 asks the Integrated Care Partnership Board to support the co-design and collaboration to develop the **new Healthier Together VCSE Integration Strategy and discuss vision and ambitions for the VCSE sector in Healthier Together.**
Discussion / decisions required and recommendations:
The Integrated Care Partnership Board is asked to: 1. **Note the progress with VCSE developments to date.** 2. **Support the co-design and collaboration to develop the new Healthier Together VCSE Integration Strategy.** 3. **Discuss ambitions and vision for VCSE sector in Healthier Together.**

1. Background

This section includes key parts of the background story: why integrate VCSE, the VCSE sector in BNSSG and the VCSE's significant contributions to the ICS.

1.1. NHS England requirements

The VCSE sector is a fundamental part of our ICS. The *NHS England Integrated Care Systems: design framework* describes VCSE integration as follows.

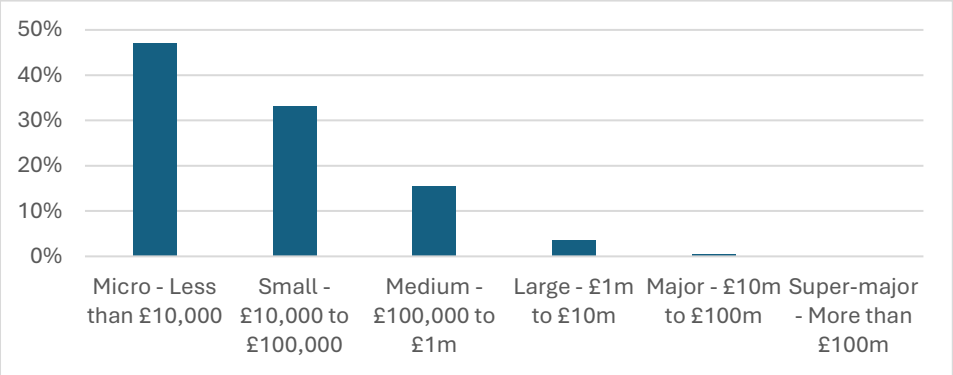
"The VCSE sector is a vital cornerstone of a progressive health and care system. ICSs should ensure their governance and decision-making arrangements support close working with the sector as a strategic partner in ***shaping, improving and delivering services and developing and delivering plans to tackle the wider determinants of health****. VCSE partnership should be* ***embedded as an essential part of how the system operates at all levels.*** *This will include involving the sector in* ***governance structures and system workforce, population health management and service redesign work, leadership and organisational development plans.****"*

1.2. VCSE in BNSSG

1.2.1. What is the VCSE?

There are an estimated 8,000 VCSE organisations across BNSSG. The VCSE sector comprises a wide and diverse range of organisations: from small grassroots groups run entirely by volunteers to large national charities that employ many people; social enterprises that run cafes in the community; campaigning organisations that advocate for and seek to meet the needs of defined and often marginalised groups; organisations supporting people in crisis; and much more.

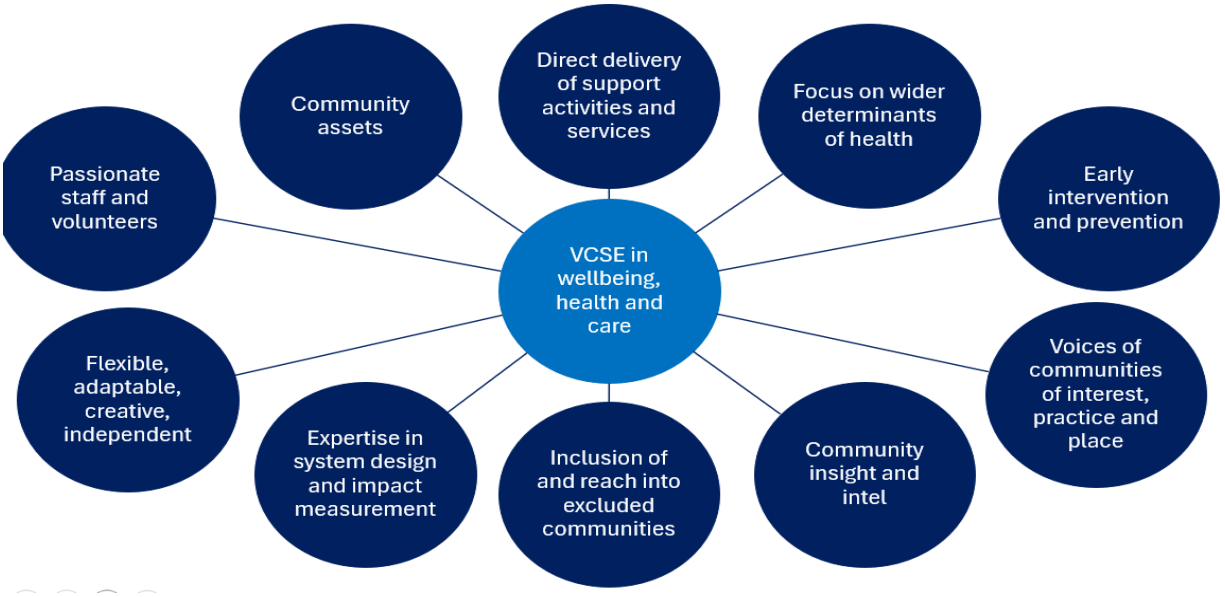
Most VCSE organisations are micro and small[1]: 80% with annual turnover up to £100,000, employing up to 5 people.



1.2.2. What could the VCSE sector contribute to the ICS?

The VCSE sector brings diversity, connection and reach into communities, local knowledge and specialisms – these both support and complement the work of the public sector. VCSE sector strengths and contributions to wellbeing, health and care include the following.

[1] NCVO 2020/21



Additional benefits of collaboration with diverse VCSE organisations are described by Claire Dove CBE, the VCSE Crown Representative[2]:

> *"VCSEs contribute to economic growth, making the economy more innovative, resilient and productive. They can open up opportunities for people to engage with their community, foster belonging and enrich lives. Therefore the VCSE sector's unique role in public services is vital, more now than ever."*

As well as addressing the wider determinants of health in communities, the VCSE sector contributes significantly to the sub-region's socio-economic development and inward investment. We are currently researching the VCSE economic impact in BNSSG. Based on a Durham University study[3] of the VCSE's contribution to West Yorkshire Combined Authority area, we estimate the VCSE contribution to BNSSG includes:

- 46,000 staff – 75m staff hours
- 180,000 volunteers – 14m volunteer hours
- £7bn to local economy.

2. Challenges to VCSE integration

There are, however, several known and significant challenges to VCSE integration. Whilst local authorities have worked with the VCSE sector for many years, the NHS has less developed practice. Some of these are common across all ICS's; others are specific to BNSSG. In all cases, the challenges can be overcome and there is a lot of interest in Healthier Together to work more effectively with the VCSE sector.

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[2] Source: *'The role of Voluntary, Community, and Social Enterprise (VCSE) organisations in public procurement'*, Department for Culture, Media & Sport, August 2022.

[3] Source: *'The structure, dynamics and impact of the voluntary, community and social enterprise sector: a study of West Yorkshire Combined Authority, West Yorkshire and Harrogate Health and Care Partnership, and Humber, Coast and Vale Health and Care Partnership areas'*, Durham University, September 2021.

2.1. Nationally

Across England, there are three common areas where barriers and challenges[4] have an impact on partnership working between the VCSE and statutory sectors:

- Commissioning, service design and delivery
- Sharing data, intelligence and insight
- Funding and sustainable investment.

The VCSE Crown Representative highlights significant barriers for smaller VCSE organisations to providing public services relating to public procurement:

- *"The ability and willingness of VCSE organisations to participate in procurement can be impacted by a range of factors such as size and alignment of their purpose with procurement criteria."*
- *"The size of the charity is a major determinant for the level of engagement with procurement. In the most recent year (2020), two-thirds of income (£6.2bn) from government contracts was secured by charities earning in excess of £10m despite these charities only representing a group of just over 500 providers (6% of VCSEs currently engage with procurement)."*

2.2. BNSSG

In our ICS, there are specific challenges[5] to VCSE integration which include:

- **Communications, language and culture** - different approaches, such as medical and social models; sector-based jargon.
- **Shared strategic and system leadership** - joint development of strategic / system approaches; engaging with programmes and governance structures; different scales of operation and responsibility.
- **Knowledge of services** - joint understanding of services offered; understanding of integrated services in a wider system.
- **Diversity and single point of access** - desire for easy access to multiple and complex community services; diversity of providers (micro, small, medium, large) with different clients, legal structures, resources and histories.
- **Locality-based working and specific communities** - the tension between geographic provision and inclusion of organisations that serve communities of interest and practice.

3. Progress

There are some great BNSSG examples of effective and impactful collaborations between VCSE organisations and ICS system partners, despite the challenges. These include:

- Green social prescribing
- Social prescribing link worker service
- Discharge to assess (hospital discharge)

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[4] Source: *'Actions to support partnership: Addressing barriers to working with the VCSE sector in integrated care systems'*, The Kings Fund, April 2023.

[5] Source: Healthier in Partnership – VCSE sector and the STP working together – discussion paper, Sept 2019.

- Mass vaccination volunteer programme
- Covid-19 community action

To build on those achievements, the ICB is investing in and collaborating with the VCSE sector to develop infrastructure and processes that address the challenges and barriers – so that the VCSE sector can be integrated into the system, working in communities to improve wellbeing and support people to stay healthier longer.

3.1. Investment in the new BNSSG VCSE Alliance

The ICB is investing and collaborating on the establishment of a new BNSSG VCSE Alliance. As a new part of ICS infrastructure, the VCSE Alliance builds on VCSE engagement structures at locality and local authority levels, and creates a new system-wide structure to engage with the VCSE sector.

Launched in January 2024, the VCSE Alliance aims to:

- Encourage and enable the VCSE sector to work in a coordinated way to **inform policy, strategy and decision making**.
- Provide the NHS, health, and social care colleagues with a **simple route of contact**, engagement, and links to community.
- Better position the VCSE sector to contribute to the **design and delivery of integrated care**.

To date, there are more than 265 VCSE organisations involved in the VCSE Alliance, with 100+ organisations regularly participating in Alliance events and 450 on the mailing list. Of the organisations involved, 79% and 27% are organisations that serve dispersed communities of practice and identity, respectively. For organisations of dispersed communities, participation in the system-wide VCSE Alliance is particularly important, as they have not fully engaged with place-based structures, such as locality partnerships, to date.

One of the offers from the VCSE Alliance is to participate in strategy, policy and practice. This is enabled by the network of VCSE Alliance Ambassadors that bring diversity of thought from diverse, community-embedded VCSE organisations. To date, **83 VCSE Alliance Ambassadors** have been recruited and are being deployed across the ICS, for example, in these strategic and operational groups:

- BNSSG Strategy Network
- Community Collaborative Delivery Group
- Discharge 2 Assess Board
- Health Inclusion Steering Group (Sirona)
- Healthier Together 2040 steering group
- ICB Board
- Integrated Care @ Home Board.

3.2. VCSE Brokerage Framework

In response to feedback about the challenges of VCSE integration, the ICB collaborated with the VCSE Alliance on a series of engagement workshops. Entitled *'Co-designing for Improved Health, Social Care and Wellbeing'*, these Nov/Dec 2023 workshops involved more than 150

participants from across the ICS. We learned that the challenges described above are still current and, more importantly, there was a strong desire for greater collaboration with many positive suggestions and offers.

We then established an inclusive group of people from the VCSE sector, local authorities, ICB and health partners – to oversee a collaborative co-design of a new way of working with the VCSE sector. This group, with input from many system partners, is working on the new VCSE Brokerage Framework, with ICB grant-funding.

The VCSE Brokerage Framework will enable large statutory organisations (ICS partners) to invest in community activities provided by diverse VCSE organisations by providing a standard, robust, inclusive process for inviting the very best proposals for community activities. It is:

- A **new route to a diverse VCSE** market co-designed to enable **micro / small, equalities-led and hyper-local** VCSE organisations to deliver wellbeing and health improvements in communities.
- **Co-designed** to include VCSE organisations that are not linked in already as a positive action **to address systemic inequalities**, as well as larger VCSE organisations.
- **Enables collaboration** with Locality Partnerships, local authorities and ICS partners **to build on existing processes and relationships**.

The VCSE Brokerage Framework offers to the ICS the following benefits.

For people and communities	• Range of wellbeing and health activities / support designed to meet the diversity of the population. • Activities delivered by peers and organisations of the community. • Trusted relationships with local and connected VCSE organisations.
For diverse VCSE organisations	• Positive action to include micro/small, equalities-led and hyper-local organisations, alongside including larger organisations. • Proportionate, transparent, standard process to access health / ICS investment. • Clear links to system outcomes and impact – to increase visibility and scope of VCSE contributions; to inform system developments.
For programme directors and ICS partners	• Reach to diverse, quality assured VCSE organisations that are place-, identity- and practice-based. • Ready to go, robust, inclusive process. • Support to design asks of VCSE. • Programme and system outcomes. • Oversight of evaluation process and panels. • Ready-made grant / contract templates.

The VCSE Brokerage Framework will accelerate the shift to invest upstream in prevention and early intervention activities in communities.

Since late July, when the framework invited VCSE organisations to join, 140+ diverse organisations have applied and are being quality assured. Initial analysis shows strong engagement with diverse VCSE organisations: 27% are micro (turnover up to £100k) and 17% are small (£100k-250k) – indicating inclusion of those that do not usually engage.

During Autumn 2024, the Brokerage Framework will enable several ICS health programmes to invest £1.3m in VCSE activities, as follows.

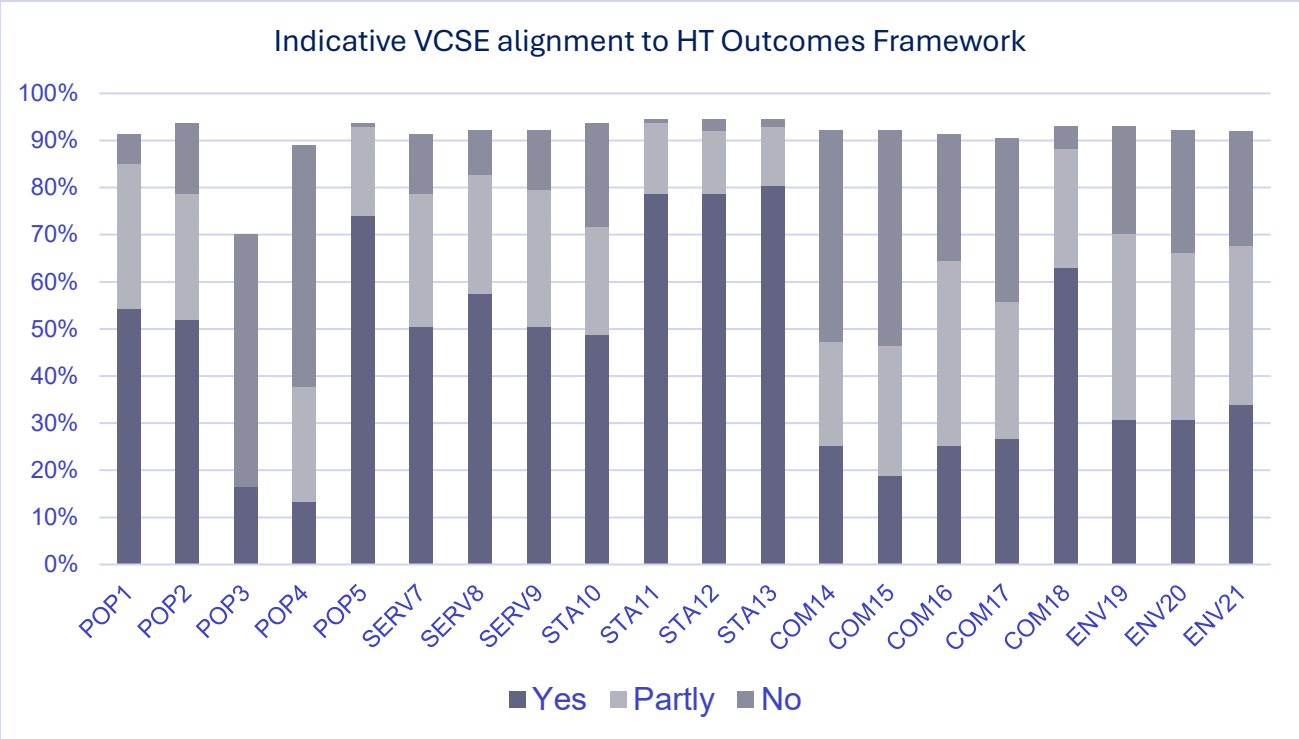
Communities Against Cancer	**Children's Wellbeing**	**Falls Prevention**	**Work Well West**
This programme aims to engage communities and support the earlier diagnosis of cancers to improve outcomes and survival. Subject to community engagement, it will focus on communities with health inequalities and activities will be delivered by VCSE organisations with targeted communities. **Source: SWAG Cancer Alliance, ICB** **£250,000**, 2 years	This programme will focus on children's wellbeing, mental health and healthy weight in North Somerset. Co-funded by Sirona, North Somerset Council and the Locality Partnerships, activities will build a coordinated wellbeing offer for children in North Somerset both for targeted referrals and self-referrals. **Source: North Somerset Council, Sirona, ICB NS localities** **£250,000**, 3 years	The prevention of falls and prolonged lying on the floor after falling has a large impact on people's health. This programme will build on established, proven activities (for example, strength and balance classes) and coordination across BNSSG (through the Falls Collaboratives) to ensure effective and inclusive delivery in targeted communities. **Source: Proactive Care Fund, ICB** **£718,000**, 3 years	The BNSSG WorkWell programme is an integrated approach focused on supporting disabled people and people with health conditions to start, stay and thrive in work. It aims to tackle health, social and employment barriers that can lead to people leaving work, or being unable to return after sickness. **Source: DWP Work Well Vanguard, ICB, WECA** **£180,000**, 2 years

There is a clear link between VCSE activity, social value and the ICS aim for the NHS to support broader social and economic development. In particular, social enterprises are an effective route out of poverty for some communities that experience exclusion and inequalities. The next stage of VCSE Brokerage Framework development will include this consideration.

3.3. VCSE data and impact – direct link to Healthier Together Outcomes Framework

To date, VCSE organisations' impact, outcomes and intelligence has not been integrated into systems processes and is, therefore, largely invisible to the ICS. The co-design of the VCSE Brokerage Framework presents a perfect opportunity to integrate system outcomes so that we can better understand VCSE impact and, crucially, inform system strategies, plans and practice with VCSE 'ears to the ground' intel and insights.

Our initial engagement with VCSE sector about the potential integration of VCSE approaches with system outcomes is very encouraging. As part of the VCSE Brokerage Framework application process, we asked organisations to indicate potential links between their work and the system outcomes.



Of the Healthier Together Outcomes, VCSE organisations indicated strongest links to:

- 80.3% said yes to **STA13** - Our workforce will reflect the communities we serve and we will support and value the difference diverse staff bring
- 78.7% said yes to **STA11** - We will have a resilient workforce
- 78.7% said yes to **STA12** - We will improve health and wellbeing of our staff
- 74.0% said yes to **POP5** - We will improve everyone's mental wellbeing
- 63.0% said yes to **COM18** - We will increase the number of people describing their community as a healthy and positive place to live

Impact and outcomes data and intel generated by VCSE activities, as enabled by the VCSE Brokerage Framework, will present new opportunities for learning and shaping our system approach to tackling health inequalities in communities [Health Inequalities Priority 4].

3.4. ICS partners' feedback about our collaborative approach

In adopting this co-design approach, there are high levels of engagement and participation of VCSE organisations and ICS partners. Much positive feedback has been received, for example:

- *"Such a great initiative to unlock the power of VCSE to support wider health outcomes – thanks for pushing this forward."*
- *"Just wanted to say what a great session you held today. In our group there seemed to be a wide welcome for the ideas, and a recognition that BNSSG were ahead of many other areas on this plan."*
- *"Forward thinking. All regions should follow this approach. More partnership approach is good and enabling collaboration. Haven't seen this forward thinking elsewhere."*
- *"It's really good to see such a refreshing and innovative approach towards inclusivity in the health sector."*
- *"So refreshing, looking forward to getting involved."*

- *"This is all super exciting!"*
- *"Really like it – potentially game-changing… especially to increase VCSE involvement in wider determinants of health – need to see this intention/investment in the long-term ICS Strategy."*

4. VCSE integration – enabling principles and longer-term VCSE Integration Strategy

We are making good progress towards VCSE integration – in improving relationships with VCSE organisations, by investing in the VCSE Alliance, by co-designing the new VCSE Brokerage Framework and by collaborating with ICS partners.

Our collaborative work so far is building the foundations for the effective integration of VCSE into the ICS. Our work has revealed the need for some near-term steps towards VCSE integration and the need for a VCSE Integration Strategy, enabling VCSE to be central as the system co-designs different models of integrated care through the Healthier Together 2040 project. These proposals were approved by the ICB Board (4/7/24).

4.1. Enabling principles

These new enabling principles were approved so that we can think and do differently to transform our collaboration with the VCSE sector.

New VCSE Integration Principle	Why?	What it means
Invest in VCSE activities as a positive action to address systemic and health inequalities	• Our processes, policies, strategies have contributed to systemic inequalities and have not resulted in VCSE integration. • Most VCSE organisations originate from excluded communities taking action. • Processes that exclude most of the VCSE sector reinforce systemic inequalities and health inequalities.	• Positive action frames our intentions to address inequalities through investments in VCSE activities – this will enable partners to specifically invest in VCSE activities. • More ICS funds will be allocated to VCSE activities, through VCSE Brokerage Framework. • Changes to financial instructions to support investments through VCSE-enabling processes, such as the VCSE Brokerage Framework.
Design for smaller to enable micro and hyper-local VCSE activities	• Most public sector programmes are large, made by large organisations > large contracts > large providers. • 80% of VCSE sector (micro/small) is procedurally excluded. • 2/3 of VCSE sector income from government contracts goes to 6% of sector (the larger/nationals).	• Co-design with and for micro/small VCSE orgs will expand ICS reach into and collaborations with excluded communities. • ICB and ICS guidance for engaging with smaller VCSE organisations activities. • Proactively and intentionally co-designing with grass-roots VCSE organisations.
Grant first to enable appropriate investment in micro	• Most of VCSE is unfamiliar with contracts and deterred from procurement.	• Will reduce sectoral cynicism and enable space for the best, creative solutions for complex communities.

and hyper-local VCSE activities	• Most of smaller VCSE is familiar with grants. • Grants are within NHS/public sector powers but contracts are the norm. • Contracts involve a 'VAT penalty' for many organisations – leading to 20% loss in funds.	• Will embed our intention to listen to experts by asking specialist VCSE organisations how to best meet communities' needs. • Will enable flexible responses to emerging/changing needs.

4.2. Emerging principles and developing a system-wide VCSE Integration Strategy

Our collaboration and work so far has revealed some emerging principles that will help us to further integrate diverse VCSE into the ICS.

Emerging principles	Challenge / issue this addresses
Take managed risks and learn	VCSE sector potential is not fully integrated. VCSE sector/community expertise is not fully recognised.
Nothing about us without us	VCSE feels that some relationships are unequal and 'top down'.
Remove procedural barriers	VCSE organisations feel excluded from delivering some public services/activities.
Collaborate to enhance partners' strengths	VCSE organisations bring additional resources to support diverse communities not fully served by public sector.
Collaborate not competition	Collaboration between VCSE partners is not fully recognised or enabled by system processes.
VCSE expertise, insight, intel and data are valuable	VCSE expertise, impact and innovation is not fully recognised or used to inform system strategies, processes or developments.
VCSE sustainability is important to the ICS	VCSE sector development is VCSE sector responsibility. Full-cost recovery is uncommon. Short-term arrangements do not allow development or maximum impact.
VCSE workforce (staff and volunteers) are important	Differences between sectoral pay structures and practices exacerbate inequalities.
VCSE organisations are important for socio-economic development	VCSE socio-economic contribution is unknown – for local economy and for creating routes out of poverty for excluded communities.

These emerging principles are being discussed and tested in our collaborative approach with the VCSE sector, and will be included in the process of developing our strategic approach.

5. A new Healthier Together VCSE Integration Strategy

Collaboration with the VCSE sector takes place across the ICS and people and communities have benefited. It is also clear, however, that there is no standard approach to working with the VCSE sector. Developments such as Sirona's VCSE Framework, the VCSE Alliance and the VCSE Brokerage Framework are important building blocks towards VCSE integration.

Alongside the new VCSE Integration Principles, ICB Board (4/7/24) also decided to **co-design and collaborate to develop a new Healthier Together VCSE Integration Strategy.**

The co-design of a new strategy and action plan will serve to consolidate our collaboration with the VCSE sector and build on momentum to enable diverse participation. The new strategy will define our collective vision, ambition and priorities for integration. Working alongside the development of Healthier Together 2040, it will help us to articulate our ambition for VCSE integration into different models of integrated care.

We may choose to express our intentions in a similar way to other ICS's – for example, the Cambridgeshire & Peterborough ICS:

Our vision is of a vibrant and thriving VCSE sector, embedded within the ICS, that drives health and wellbeing in our communities in a way that is inclusive and empowering.	
What this means in practice is that we need a new shared culture that enables a rebalancing of power and changes to the way decisions are made in health and care. We want to move away from seeing statutory and VCSE sectors as completely separate groups that do not overlap, and talk instead about how 'we' are 'all' the ICS with common goals and ambition.	
Goal	***What this means in practice - examples***
1. Support and enable a vibrant and thriving VCSE sector to play its part	• *There is investment in the VCSE sector to create resilience and capacity to meet our increased demand.* • *VCSE partnership models enable access from the sector, in the way that is appropriate for different parts of the sector.*
2. Embed the VCSE sector as a respected and equal partner in the ICS	• *The VCSE sector is proportionately embedded in governance and decision making across the whole ICS – at system, place and neighbourhood level and different thematic priorities - so it can play its part and drive health and wellbeing.* • *VCSE sector is looked to within the system to help spread understanding about what is happening on the ground … and vice versa, sharing data, insight, intelligence and responsibility for communicating about the new system.*
3. Drive change and create tangible impact on people and communities and tackle health inequalities	• *Together we focus on shared priorities, including early intervention and prevention alongside the treatment of ill health, and targeting of health (and other) inequalities.* • *Co-production and learning culture embedded throughout.* • *We work together to identify and achieve shared outcomes and see who is best placed to solve an issue.*

4. Build strong, inclusive and empowering relationships	• *Learning and experience shows us that effective partnerships are built on strong relationships.* • *Relationships do not develop on their own, it requires consistent and constant effort. There is commitment from all partners to go beyond organisational boundaries, being open to learning and understanding from different perspectives.*

6. Asks of the Integrated Care Partnership Board

The vision, goals and future state for VCSE integration into Healthier Together have not been set. Our collective work over the last year indicates a direction of travel, some emerging principles and great potential for VCSE integration.

To achieve the potential integration of 8,000 VCSE organisations into Healthier Together, we will co-design and collaborate on a new Healthier Together VCSE Integration Strategy. Our work together will also serve to consolidate existing achievements and practices, while intentionally doing things differently to include smaller VCSE organisations in delivering health inequalities and preventative activities in communities.

Asks:

1. ***To note the progress with VCSE developments to date.***
2. ***To support the co design and collaboration to develop the new Healthier Together VCSE Integration Strategy.***
3. ***To discuss ambitions and vision for VCSE sector in Healthier Together.***

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

Integrated Care Partnership Board

Agenda item	7	Meeting date	28 November 2024

Title	**Healthier Together 2040 – Progress Report**			
Scope: System-wide or Programme?	Whole system	**x**	Programme area (Please specify)	
Author & role	**Gemma Self – Programme Director**			
Sponsor / Director	**Dave Perry – Chair of HT2040 Steering Group** **Sarah Truelove – Exec Lead for HT2040**			
Presenter	**Sarah Truelove**			
Action required:	Decision / **Discussion** / Information			
Discussion/ decisions at previous committees	*Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)*			
	Approved at ICB Board – 3rd October			

Purpose:

This presentation aims to:

- Provide an update on the delivery plan for HT2040 following the Board's endorsement to focus on the Working Age Population with Long Term Conditions
- Highlight the interdependencies with the locality partnership review

Summary of relevant background:

At the September Board, the ICP endorsed the work undertaken to date and the recommended next step to focus on the Working Age population with multiple Long Term Conditions.

Since then, the following actions have taken place:

1. The ICB Board approved the approach and the focus on this population cohort
2. Cycle of communication and engagement to share this information and build wider stakeholder group
3. Development of workstreams to take the work forward into the next stages
4. Purposeful alignment with the Locality Partnership review
5. Review of the emerging information from the national ten-year plan development

Discussion / decisions required and recommendations:

This item provides a short summary of the work programme going forward.

The ICP Board is asked to note the work programme and particularly consider it in context of the item focused upon the Locality Partnership Review

1. Background

For a reminder of work to date, please see the paper submitted to the ICP Board in September. The paper for the ICB Board in early October can be found here.

2. Delivery Plan

Set out below is the draft delivery plan. The development of a set of strategic intentions is the intended output; the detail of the delivery plan is still in development, so it is subject to change. This is necessary in the next few months to ensure flexibility and responsiveness to local developments eg output from the Locality Partnership Review and national, the development of the ten-year plan.

Healthier Together 2040 has two key goals for the next 6-8 months

1. Develop a set of strategic intentions to unite our system around shared missions (for the population cohort of Working Age Adults with Long Term Conditions)
2. Test the approach, learn and embed the shift towards a population cohort approach of organising how we do change as a system

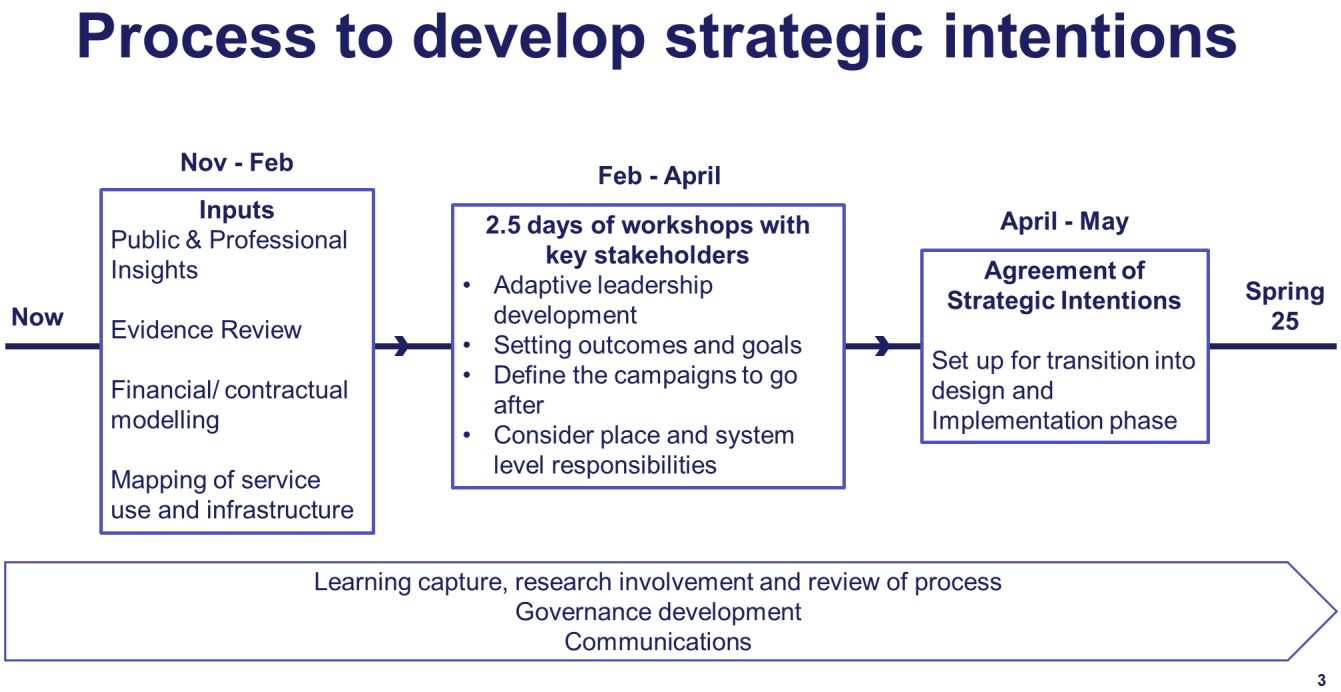
Strategic Intentions will set out an agreed set of system-uniting missions for the Working Age population with Long Term Conditions including:

1. Key outcomes with goals eg by 2040 we will improve x by y:
    - With supporting measures at a more focused level for local communities or target areas and
    - A clear approach to measuring change over time
2. Description of a resource shift goal – balance of spend on prevention and reaction to urgent preventable complications
3. 10 (or so) campaigns with milestones that will be focused upon to slow the decline in health for this cohort and prevent the next wave of people joining it aligned to the three national shifts:
    - Hospitals to communities
    - Analogue to digital
    - Sickness to prevention
4. Description of what will happen at community/place level and what the system will do to create the conditions for change
5. Describe the community of people (professionals, public) who will be coming together to cocreate and lead the change

The Strategic Intentions will be developed through the development of a community of leaders across health, local government, the VCSE and expert members of the public through an approach which:

- Is informed by evidence, insights gathering from the public and professionals
- Uses a Three Horizons' approach to set a vision for the future, identify current initiatives worth conserving and the innovations required for a viable future

- Focuses on the development of a group of people across the system to take forward strategic intentions to design and delivery phases



3. Alignment to other developments and impact

The outcome of the Locality Partnership Review will be critical to the next phases of Healthier Together 2040 as the form and function of locality partnerships will be integral to the implementation of strategic intentions.

Furthermore, information is gradually being released from Department of Health and Social Care about the 10-year plan for the NHS through November. The overall goals of Healthier Together 2040 align with the three strategic shifts defined as the goals of the national 10-year plan: hospital to community, analogue to digital, treatment to prevention. The main difference is that Healthier Together 2040 has used local data to identify target local population cohorts and has the intention of defining specific next steps by population cohort. The intention is to ensure Healthier Together 2040 increasingly aligns to the national direction as more information emerges.

Both these local and national interdependencies are very likely to delay progress in the next two months to the original plan, as further clarity would be needed before communicating with the wider stakeholder group to avoid confusion.

4. Conclusion

The Integrated Care Partnership Board are asked to note the intended delivery plan and the emerging impact of the Locality Partnership Review and national 10-year plan development. Further information will be provided during the presentation at the meeting should further developments take place between the date of writing this paper and the meeting.

BNSSG ICP Board Meeting

Date: Thursday 28th November 2024

Agenda Number:	8
Title:	Independent investigation of the NHS in England – Lord Darzi report
Purpose: For Information	
Key Points for Discussion:	
The purpose of this paper is to provide the Integrated Care Partnership meeting with an update of key issues highlighted in the Independent investigation of the NHS in England – Lord Darzi report The paper outlines the key themes and a view on what the issues will be moving forward. I have also included an infographic, independently produced by Carnell Farrar, which summarises the complete report on a single page.	
Recommendations:	To discuss and note
Author(s):	Shane Devlin
Sponsoring Director / Clinical Lead / Lay Member:	Shane Devlin

Independent investigation of the NHS in England – Lord Darzi report

On the 12 September 2024, Lord Darzi published his investigation into the health of the NHS. Independent investigation of the NHS in England - GOV.UK (www.gov.uk). It provides a clear diagnosis of the challenges faced by the NHS and gives insight into the way forward.

The context for the review was clear. The NHS is in serious trouble and the health of the nation is getting poorer. Increasing long term conditions and worsening mental health have led to approx. 2.8 million people classified as long term sick. However the context of the review was clear, this is not a reason to question the principles of the NHS but rather to understand how we can move forward.

The document clearly outlined the challenges faced by the population. Despite more patients than ever being seen in primary care, people still struggle to see a GP. Community waiting lists have soared to 1 million, the vast majority of those being children and A&E is in a poor state with long waits contributing to thousands of additional deaths per year. Elective care waits have ballooned with fifteen times more people waiting greater than a year than we had ten years ago. However, the report did note that people do receive high quality care if they access the right service at the right time.

The report also noted that cardiovascular mortality has increased as rapid access has deteriorated, cancer mortality is higher and dementia has a higher mortality rate in the UK than OECD average and only 65% of patients are diagnosed.

The area of productivity was highlighted as a major challenge. Too great a share of funding has been spent through hospitals with expenditure rising from 47% to 58% of the NHS budget since 2006, with 13% of beds occupied by people who could not be discharged. The number of hospital staff have increased dramatically, 17% growth since 2019, yet the patients are not flowing through hospitals in the same way e.g. 7% fewer outpatient appointments per consultant and 18% less activity for each clinician working in the emergency department.

The report suggests that there are four main drivers for this position.

1. Funding

   Between 2010 and 2018 funding grew at 1% compared to a long term average of 3.4%. In respect of capital expenditure there was a £37 billion shortfall of capital investment.

2. Pandemic Lagacy

   The NHS entered the pandemic with higher bed occupancy, fewer clinical staff and capital assets than comparable systems. NHS volumes dropped more sharply than any other comparable health systems.

3. Voice of Staff and Patients

Patients feel less empowered or secure and the priorities of patients have not been addressed. Staff sickness has increased and discretionary effort has fallen.

4. Management Structures

   Structures and systems have been subject to regular change and are confused. The 2012 Health and Social Care Act did not work whilst the 2022 Act brought some coherence but there is still confusion around responsibilities in performance management. The current framework of standards and financial incentives is no longer effective.

Moving Forward

The 10 year health plan will be the vehicle for moving the NHS forward, and the Darzi report provides a comprehensive diagnosis of the problems to kickstart that process. However, it will be important that the report is not the only voice to shape the plan. It will be important that the voice of patients, clients, communities and our staff are also listened to. Harnessing these voices and their buy in to the change will be key.

It is expected that the process for building the plan will be known over the coming weeks, however there are key areas that I would fully expect to be key to the plan.

- The redirection of financial flows with be fundamental. We will need to shift resources towards General Practice, Mental Health and Community Services and in the case of BNSSG this could be based within our locality structures aligned to the multidisciplinary neighbourhood care teams as referenced in the Darzi report.
- From analogue to digital will be a key theme. We will need to drive our digital strategy hard to ensure that systems, especially outside of hospital, deliver improved experience and outcomes for our staff and patients. We will also need to embrace the potential of AI and life sciences.
- From delivery to prevention will also be at the heart of the plan, as it is at the heart of integrated care systems. One area that is currently being discussed by Chief Executives is the extent to which the NHS is driving prevention and where the NHS will land with regards to areas such as primary or secondary prevention. If the NHS is to deliver on the key Health related challenges, then how much prevention should be NHS led?
- Productivity can only be improved if the plan tackles areas such as staffing, operational management and capital investment as a package. Staffing has grown, the buildings and technology have not. Therefore, more people, using the same technology in buildings that do support new ways of working will never be optimal.
- Clarification on roles and accountabilities are needed particularly in the area of NHS England and ICBs. It will be important to balance the management resource with an emphasis on delivery, but avoiding the drawn out pain of organisational restructuring.
- Finally, the NHS has a huge impact on driving national prosperity. As an anchor institution we have unmatched employment and purchasing power which can drive economic growth. We also have a critical role in getting people back to work, and supporting them to stay there.

Darzi Investigation of the NHS in England

The investigation explores the challenges facing the NHS and sets the major themes for the forthcoming 10-year health plan

Context for the Independent Investigation of the National Health Service in England

- **The National Health Service is in serious trouble:** The NHS is a much-treasured public institution embedded into the national psyche but is now in critical condition and experiencing falling public confidence
- **The health of the nation is worse**: increasing long-term conditions and worsening mental health, leading to a spike in 2.8m long-term sick from 2m, while the public health grant reduced by 25% and the public health body has been split into two
- **This is not a reason to question the principles of the NHS or to blame management:** managers have been "keeping the show on the road" and there is a virtuous circle where the NHS can help people back to work and act as an engine for national prosperity

The challenges facing the NHS are interlinked...

Waiting time targets have been missed consistently for nearly a decade and satisfaction is at an all-time low

People struggle to see a GP despite more patients than ever being seen, the relative number of GPs is falling, particularly in deprived areas, leading to record low satisfaction

Community waiting lists have soared to 1million including 50,00+ people who had been waiting >1 year - 80% being children and young people. 345k people are waiting more than a year for **Mental Health** services

A&E is in an awful state and long waits contribute 14,000 additional deaths per year, while **elective waits have ballooned** with 15x more people waiting >1 year

People receive high quality care if they access the right service at the right time, without health deteriorating

- **Cardiovascular** mortality has rolled back as rapid access has deteriorated
- **Cancer** mortality is higher in part due to minimal improvement in detecting cancer at stage I and II
- **Dementia** has a higher mortality rate in the UK than OECD and only 65% of patients are diagnosed

Funding has been misaligned to strategy, with increased expenditure in acute driven by poor productivity

Too great a share of funding is on hospitals, increasing from 47% to 58% of the NHS budget since 2006, with 13% of beds occupied by people who could be discharged

The number of hospital staff has increased sharply, equal to a 17% since 2019, with 35% more working with adults and 75% more working with children

Patients no longer flow through hospitals properly leading to 7% fewer OP appts. per consultant, and 18% less activity for each clinician working in emergency

Four main drivers are identified...

It has been the most austere period in NHS history with revenue prioritised over capital

- 2010-2018 funding grew at 1% compared to long term average of 3.4%
- £4.3bn has been raided from capital budgets between 2014 and 2019
- £37bn shortfall of capital investment has deprived the system of funds for new hospitals, primary care, diagnostics or digital

The pandemic's legacy has been long-lasting on the health of the NHS and population

- The NHS entered the pandemic with higher bed occupancy, fewer clinical staff and capital assets than comparable systems
- NHS volume dropped more sharply than any other comparable health system, e.g. 69% UK drop vs OECD 20% in knee replacements

The voice of staff and patients is not loud enough as a vehicle to drive change

- Patients feel less empowered or secure and compensation claims stand at £3bn per year
- Priorities of patients have not been addressed, notably in maternity reviews
- Staff sickness is equal to one-month a year for each nurse or midwife
- Discretionary effort has fallen up to 15% for nursing staff since 2019

Management structures and systems have been subject to turbulence and are confused

- The 2012 Health and Social Care Act was disastrous
- The 2022 Act brought some coherence but there is a lack of clarity in responsibilities and in performance management
- Regulatory organisations employ 35 staff per trust, doubling in size in the last 20 years
- Framework of standards and financial incentives is no longer effective

Addressing these in the forthcoming 10-year health plan needs to include...

- **Re-engage staff and re-empower patients**, harnessing staff talent to deliver change and enabling patients to control their care
- **Change financial flows** to promote and **sustain the expansion of GP, MH and Community services** at a local level, embracing a **multidisciplinary neighbourhood care team model** that brings these services together
- **Improve productivity** in hospitals through improved **operational management**, **capital investment** and **empowering staff**
- Across the system, **tilt towards technology** through **digital systems**, especially for staff **outside hospitals**, and **embracing the potential of AI** for **care** and **life sciences**
- **Clarify roles and accountabilities** in NHS England and ICBs, **rebalancing management resource** with emphasis on the **capacity to deliver plans**, while **avoiding top-down reorganisation**
- **Direct effort** at aspects that will **drive national prosperity** by supporting people to **get back to work**, and **working with British biopharmaceutical** companies

BNSSG INTEGRATED CARE PARTNERSHIP BOARD
FORWARD AGENDA PLAN 24/25

2.00 pm, 28 November 2024
- Update from Health and Wellbeing Board Chairs x3
- Update from Integrated Care Board Chair
- VCSE developments and integration update
- Healthier Together 2040 – project delivery progress report
- Update on the Darzi report (independent investigation of the NHS in England)

Closed session – further discussion on locality partnership review

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

Main item(s):
- Follow-up to the review of the role of Locality Partnerships
- BNSSG ICS Healthy Weight Declaration
- Progress update: Smokefree BNSSG progress update
- 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

Main item(s):
- TBC