Healthier Together

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

How will we deliver joint health and care priorities?

Supporting everyone to live a long and healthy life

ICS Strategic Framework

Version 3.0 - 21st December 2022

Foreword

Integrated Care means a joined-up approach that can deliver effective, personalised care to an individual while being efficient at a population level.

When services are integrated, they produce better outcomes. The Integrated Care System (ICS) provides a big opportunity for us to build on the strengths in our partnership, work more closely together and make a lasting impact on the health and wellbeing of people here.

We have made good progress in integrating services in Bristol, North Somerset and South Gloucestershire (BNSSG) and now we have the opportunity to accelerate by aligning behind a single strategic approach.

We are pleased to introduce this Strategy Framework for our ICS.

This is the first step in explaining how we will improve health and wellbeing in BNSSG. It sets out the principles and the approach that we will follow and highlights some of the key opportunities.

Further detail will be developed in the new year. This will be an iterative process that we hope will engage health and care staff, key partners including the voluntary, community and social enterprise sector, and the wider public, in helping us set our priorities.

Councillor Mike Bell

Chair of the Bristol, North Somerset, South Gloucestershire Integrated Care Partnership

Chair of the North Somerset Council Health and Wellbeing Board

Jeff Farrar

Deputy-Chair of the Bristol, North Somerset, South Gloucestershire Integrated Care Partnership

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Councillor Helen Holland

Vice-Chair of the Bristol, North Somerset, South Gloucestershire Integrated Care Partnership

Chair of the Bristol City Council Health and Wellbeing Board

Councillor Ben Stokes

Vice-Chair of the Bristol, North Somerset, South Gloucestershire Integrated Care Partnership

Chair of the South Gloucestershire Council Health and Wellbeing Board

Executive summary

Why is this Strategic Framework important?

From the first day of life to the last, people are entitled to expect their health and care needs are anticipated and effectively served. Health and care organisations across Bristol, North Somerset and South Gloucestershire are part of an 'Integrated Care System' (ICS) working together to support people to live well. This alignment of organisations, strategic objectives and resource will enable us to tackle some of the most complex problems that impact the health and wellbeing of our population.

Our health and care organisations have worked together for more than five years. Now, we are building on our progress and working even more collaboratively to plan ways to achieve joint goals. Bristol, North Somerset and South Gloucestershire Integrated Care Partnership is a statutory committee of the Integrated Care System. The Partnership is made up of local authorities, NHS organisations, voluntary, community and social enterprise groups, independent providers and other partners.

Our vision is:

'Healthier together by working together'

People enjoying healthy and productive lives, supported by a fully integrated health and care system - providing personalised support close to home for everyone who needs it.

We have developed this Strategic Framework to show how our system will plan to deliver our strategic aims to:

1. **improve outcomes** in population health and healthcare
2. **tackle inequalities** in outcomes, experience and access
3. **enhance productivity** and value for money
4. help the NHS support **broader social and economic development**

These are large areas to tackle, with many parts. We cannot do everything at once. Our Strategic Framework sets out how we will decide what to focus on first, and how we will work together to achieve our joint goals. This includes working with our partners, staff and wider public.

What will we focus on?

To develop this Strategic Framework we:

- drew together **evidence about our population and service needs**, challenges and opportunities, including a Strategic Needs Assessment
- reviewed what our System has already done and what the **gaps** are
- gathered **experience and feedback** from members of the public, staff and partner organisations about what they think the priorities are

Some areas of need that have emerged from the analysis:

- **Starting well**: supporting children and young people who are beginning life in economic hardship; live with anxiety or depression or with risk factors for poor mental wellbeing; experiencing trauma, excluded from school, are in care or care leavers; enabling healthy weight
- **Living well**: enabling people to be healthy and well and preventing the onset of illness; supporting people living with long-term mental and physical health and supporting people during important transitional stages of life
- **Ageing well**: enabling all people to age well and be independent; supporting older people living with multiple conditions; and proactively supporting older people admitted to hospital to get home as soon as possible
- **Dying well**: treating people as individuals, with dignity and respect; supporting people to be without pain and other symptoms near the end of life, helping people die where they wish; supporting carers

These are broad areas so the next step is to focus further and agree a small number of system wide strategic priorities.

Figure 1: Why are we prioritising a small number of focus areas?

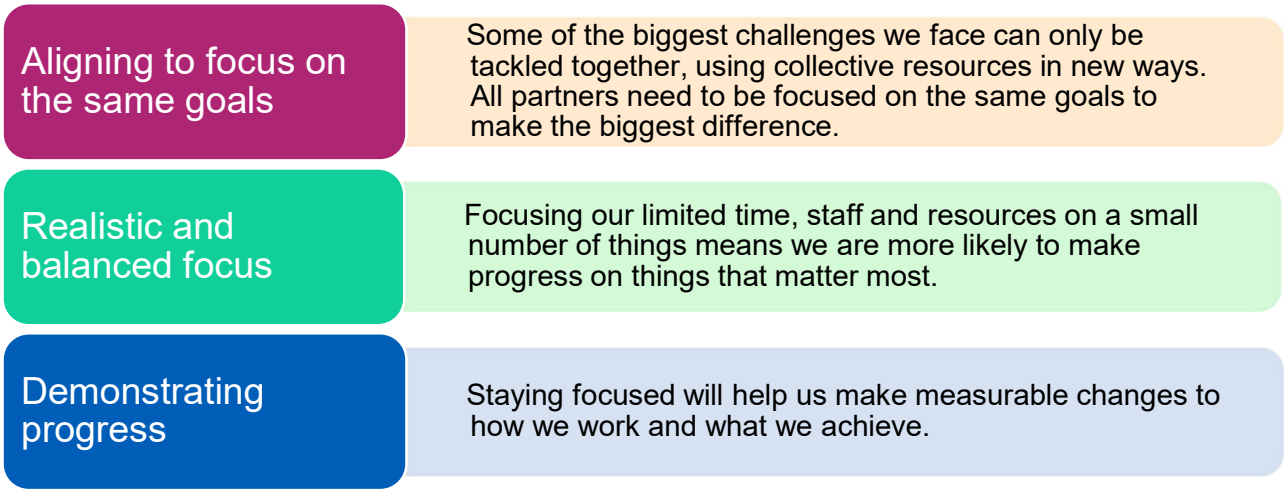


Figure 2: Summary of our Strategic Framework for Integrated Care

How will we work together?

More than 3,000 local people and staff from across 25 organisations have already been involved in planning what the System should focus on and how to work together to integrate health and social care. We will continue to engage our partners, our staff and the public during our next steps.

We have set up a Strategic Network to support next steps. This includes one group made up of senior leaders from all partner organisations and another group to compile information, evidence and intelligence.

We recognise that we need to work together in a different way if we are to meet our aims and work in a more integrated way. To enable this we have begun to define what our new culture needs to look like. We are aiming to build a more open, collaborative and bold system, prepared to take the decisions that need to be taken to meet our aims.

What are the next steps?

Bristol, North Somerset and South Gloucestershire Integrated Care Partnership has developed this Strategic Framework to show our thinking so far about local needs and how to address them.

The next steps are:

- Between December 2022 and January 2023, we are continuing to **engage with organisational partners and local communities** to refine which topics to focus on first and the criteria to judge what to work on
- **In Spring 2023, the Integrated Care System will release a 'Joint Forward Plan'** to show how it plans to achieve the priorities set out in our Strategy over the next five years
- There will be **ongoing review** of our strategy through which we will monitor progress and refresh key priorities

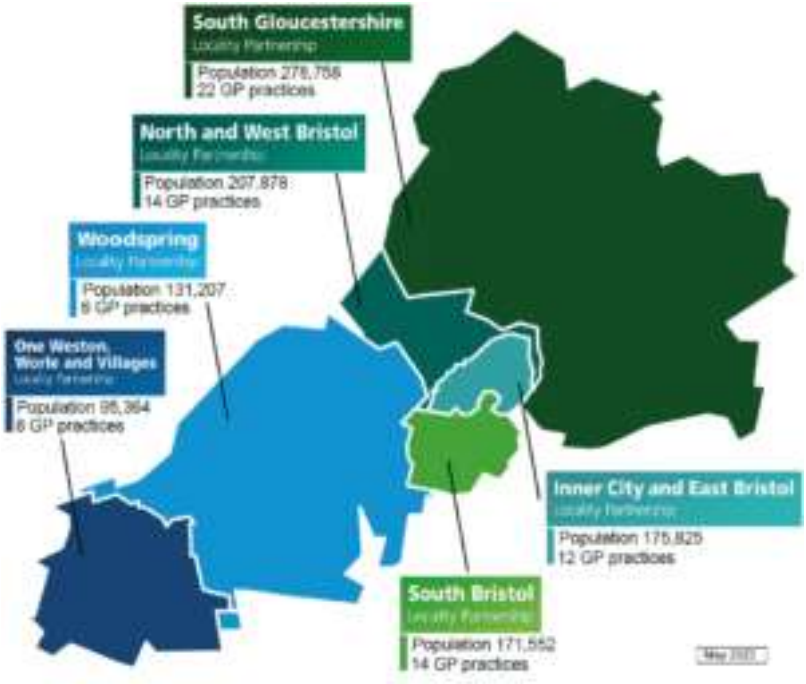
Contents

1. Who are we?

1.1 Our Integrated Care System

Health and social care organisations in Bristol, North Somerset and South Gloucestershire have been working together for many years. We want to empower people to live healthy lives and make sure they can get personalised health and social care close to home when they need it.

Figure 3: BNSSG Integrated Care System



Population of 1 million served by:

- 6 integrated Locality Partnerships
- 3 local authorities and Health and Wellbeing Boards
- 56 children's centres
- 278 care homes
- 1 GP Federation & 1 GP Collaborative with circa 80 general practices and 20 primary care networks
- 1 each of Medical, Dental, Optometry and Pharmacy Committees
- 1 Primary Care 24/7 and 111 service
- 171 pharmacies
- 121 dental practices
- 101 opticians
- 1 community care provider
- 1 Healthwatch
- 1 mental health trust
- 1 ambulance service trust
- 1 Academic Health Science Centre
- 2 acute hospital providers
- Hundreds of voluntary, community and social enterprise organisations
- 1 Integrated Care Board planning NHS services

Bristol, North Somerset and South Gloucestershire Integrated Care Partnership is a **statutory committee of the Integrated Care System**. The Partnership brings together local authorities, NHS services, voluntary, community and social enterprise organisations, primary care and other partners.

The main purpose of the ICP is to assess local health, wellbeing and care needs, then develop a Strategy to address those needs. The Integrated Care System Strategy that this Framework will enable will guide how local authorities and NHS organisations plan and deliver care.

In other words, the Integrated Care Partnership is responsible for setting the strategic direction. Local authorities, providers and the Integrated Care Board are responsible for delivering coordinated care to respond to the needs of the local population.[1]

Further work will be published on our strategic approach to health, care and wellbeing but in the meantime, this Strategic Framework document sets out our thinking so far.

1 Local authorities are responsible for planning and funding most social care services. The System's 'Integrated Care Board' is a statutory organisation responsible for planning and funding most NHS services.

1.2 Why have a Strategic Framework?

Our Strategic Framework sets out how our System will support people to lead more healthy and active lives by taking a more integrated approach to planning and providing health and care. It provides a high-level description of how we will work together to deliver more joined-up, preventive person-centred care for our whole population, across the course of people's lives.

The purpose of this Framework is to define how we will come together to address some of the most complex issues threatening the sustainability of our health and care system.

This Framework sets out our vision for integrating care and the approach we will take to agree the things to **focus on first** as a partnership.

It is important that we take a strategic approach to deciding what to do and how to do it because:

- organisations can **achieve more by considering collective resources and working together** than working alone. Having a shared vision and purpose will help all partners strive for the same future state
- we **cannot do everything at once**. In the past our System has tried to deliver too broad a programme of change. We need to collectively agree which key priorities to focus on at any one time to avoid trying to do too much simultaneously and spreading ourselves thin. We need to be ambitious, but also realistic about what is achievable in the short to mid-term. Our System has many opportunities and challenges, including the legacy of COVID-19, so we are unlikely to be able to create more services. We need to agree other realistic solutions
- we must also **balance** addressing short-term pressures without losing sight of the longer-term actions needed to be sustainable, and addressing local needs alongside national requirements
- we need to make sure that we **focus on things that will make most difference** with measurable improvements in people's health and wellbeing and demand on services. This will help to get best value from our resources and build faith and trust across our partnership. This will be done through existing Programmes, like Medicines Optimisation, but also through the new structures of the ICB and ICS

We will use this Strategic Framework to engage further with partners and communities about potential priority areas, so that we can refine and finalise them into a full Integrated Care System Strategy.

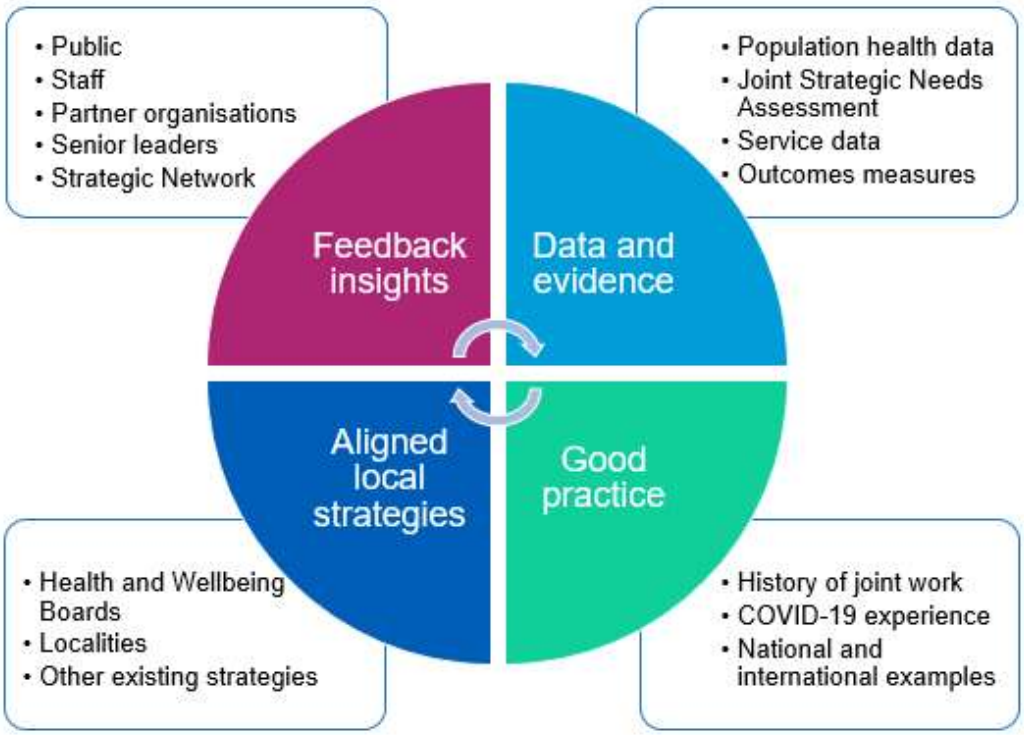
This is important because the strategic priorities, once agreed, will be a unifying guide for all health and care organisations in our System over the next five years.

1.3 How did we build the Strategic Framework?

We developed the Strategic Framework by compiling evidence about our population, health and care needs, service delivery and challenges, and then seeking people's feedback about the top priorities and ways to address those needs. We:

- undertook a **Strategic Needs Assessment** (see Appendix 1)
- compiled **data** related to the health and care workforce, performance and finance
- compiled **existing strategic priority documents** from health and care partners
- searched for examples of national and international good practice
- drew on **experience** of innovative working during the COVID-19 pandemic
- gathered **feedback from three key stakeholder groups**: members of the public / people using services, staff and leaders of partner organisations. We also undertook a large 'Have Your Say' survey where over 3,000 members of the public and staff shared their views (see Appendix 2)
- **met with senior leaders** from health and care organisations, took part in existing governance meetings and set up a Strategic Network

Figure 4: Approach to developing the Framework



2. What do we want to achieve?

2.1 Where do we want to be?

Based on all the engagement, feedback and evidence, we have drafted a vision for Bristol, North Somerset and South Gloucestershire Integrated Care System.

Our vision is:

"Healthier together by working together"

"People enjoying healthy and productive lives, supported by a fully integrated health and care system - providing personalised support close to home for everyone who needs it"

To achieve this vision, the Integrated Care System will work towards four strategic aims. We aim to:

1. **improve outcomes** in population health and healthcare
2. **tackle inequalities** in outcomes, experience and access
3. **enhance productivity** and value for money
4. help the NHS support **broader social and economic development**

We will progress approaches to address those aims through several different lenses:

- **what residents and staff said** about what keeps people healthy, happy and well (as part of the 'Have your say' engagement process)
- **data on population health and needs** that were collected and distilled down into the Strategic Needs Assessment (Our Future Health)
- **goals previously agreed** by partners (as part of the 'Healthier Together' Integrated Care System vision)
- **national legislation** on Integrated Care Systems, national policy frameworks such as Core20PLUS5, and national reviews such as the Fuller Review

We will continue to refine the exact wording of the vision statement and goals as part of an ongoing process of co-design with system partners, members of the public and staff.

2.2 Where are we now?

Bristol, North Somerset and South Gloucestershire Integrated Care System has many strengths including:

- a vibrant and engaged voluntary, community and social enterprise sector
- highly regarded regional specialist hospital centres
- strong partnerships with higher and further education
- excellence in learning and innovation
- 24/7 Primary Care and working towards delegated pharmacy, dental and optometry services
- An award-winning Healthwatch
- an enviable shared dataset

and a strong history of engaging with, listening to, and coproducing alongside local people and staff.

However, we know that there are serious challenges to be addressed. We have developed a Case for Change that summarises the progress and challenges against each of our four overarching goals.

The material is based on:

- work done by Local Authority Health and Wellbeing Boards and Locality Partnerships
- our needs analysis, which highlighted inequalities in our System
- feedback from members of the public, staff and partners
- analysis of evidence and strategic documents

These materials are available as annexes to this document which will give a detailed picture of the System however there are four important messages to emphasise:

1. **There is a big opportunity by focusing on prevention at every stage of life and at every step of the care pathway.**

   This runs from “primordial prevention” (where the building blocks of health are put in place even before birth) through primary and secondary prevention to “tertiary prevention” (which includes rehab and other measures designed to reduce complications in people who already have diseases).

Prevention is much more than a long-term bet. It can have an impact now, in areas like infection prevention, but also on productivity and value given the relative affordability of prevention instead of treatment.

2. We need to reduce the inequalities that exist in our communities and collaborate to mitigate the effects of deprivation and poverty.

People who live in the most deprived areas of BNSSG have 15 years less life lived in good health than people who live in the least deprived areas. There are pockets of deprivation where this is especially acute.

There are challenges around healthy life expectancy for people with learning disabilities, disabled people, people experiencing homelessness, people with drug and alcohol dependency and vulnerable migrants. There are also significant differences in the outcomes that different ethnic groups face. We need to collaborate to mitigate the effects of deprivation and poverty and prevent inequalities as well as experience and access to health and care services. Community development and outreach alongside these communities can make a big difference.

We will need to consider what barriers exist for these groups of people and understand how to improve things. Community development and outreach alongside these communities can make a big difference.

3. We need to design our services and solutions around clustered need.

The wider determinants of health, the ‘building blocks’ for good health, are things like family and community relationships, quality education, good housing, safe environments with space to exercise and clean air. Without strong building blocks, people’s opportunities, habits and ultimately health are affected. These important influences on our health are connected and so it is unsurprising that needs and health conditions cluster around individuals, families and communities.

We have an opportunity, given the multiple organisations that make up our partnership, to actively try and address these multiple needs together, through an integrated approach between health, care and wider services.

4. We need to address the workforce needs in our system.

Workforce is the most essential factor in achieving our goals. There are significant challenges in our system. Following the pandemic, staff across

health and care are reporting feeling burnt out and exhausted. Some services are reporting vacancy rates as high as 20%. There needs to be a maintained focus on improving retention and recruitment.

We need to ensure the strategy responds to the needs of our staff across all our partners. This includes getting them the health and care support they need. At the same time, we need to tackle the staff shortages both by looking to reduce the vacancy rates, and improve productivity and value. This includes supporting our workforce to adopt innovation in developing new roles and in use of technology.

2.3 What will we focus on?

We know the population health needs that we need to address as a partnership and as part of this process have developed a long list of over 200 issues in our system. We believe that we will be most effective by identifying key opportunities where we can have the biggest impact on improving outcomes by working in partnership and by focusing on a smaller number of issues at a time.

We assimilated key population health needs and areas where we could improve outcomes using evidence from our strategic needs assessment and engagement with residents and staff. These are listed below, split down by life stages.

Making progress on population health needs will unite our partnership around a shared purpose to improve the sustainability of our system and contribute to our 4 overarching aims. We will build on the work that our Health and Wellbeing Boards, the constituent organisations and Locality Partnerships are already doing in these areas (see table in Annex 5). This will include embedding a trauma informed approach throughout all stages of life.

Our next step is to engage with partners and the public to have an honest and robust conversation as we coproduce the strategic priority areas.

We have identified some potential priorities with short-term gains and others with longer-term impacts.

Starting well

An overwhelming theme from all sources was the need to focus on children, young people and families to address future health and wellbeing, and reduce the demand on services in the longer term.

Key potential priorities are:

- Supporting children and young people who are beginning life in severe financial hardship
- Supporting children who live with anxiety or depression or with risk factors for poor mental wellbeing
- Enabling families to get to and maintain a healthy weight
- Supporting children and young people experiencing trauma, excluded from school, in care or care leavers

Our needs analysis found that needs clustered in communities, so these issues will be considered within the context of families and communities. We will work closely with the Children and Young People Framework team to ensure the work is aligned.

Living well

We will help people to live well and stay healthy and independent. Key potential priorities are:

- Preventing ill health
    - Reducing the harm from tobacco, alcohol and drugs
    - Managing high blood pressure
    - Tackling stress, anxiety, depression and loneliness
    - Supporting people with money, poverty and job concerns
    - Screening for cancer
    - Supporting staff across our partner organisations to stay well
    - Keeping well whilst living with illnesses and preventing decline in health
- Reducing the impact of long-term conditions
    - Supporting people living with serious mental illness
    - Supporting people living with a learning disability
    - Addressing barriers to care, especially those experienced by disabled people
    - Supporting people living in pain
    - Supporting communities
    - Addressing air and housing quality, particularly in deprived areas
    - Access to exercise and green space
    - Attracting people to work and stay working in health and care

    - Supporting people who might feel excluded from communities and/or are experiencing poorer health outcomes including those who are homeless, gypsy travellers, migrants and sex workers
- Support during important stages of life
    - Starting families and maternity care
    - Carers

Ageing well

We will prioritise helping two groups of people: those who are generally well but are at increasing risk of poor health as they age and those who have multiple health and care needs who might need minor or more significant assistance as they get older. We mean 'ageing' to cover people who are in their 50s and older.

Key potential priorities are:

- Supporting people with heart conditions, diabetes or stroke to keep healthy
- Supporting people with multiple conditions they are struggling to manage
- Supporting people living with, or at risk of, dementia
- Supporting people at high risk of having a fall
- Supporting people who are often in crisis and using urgent care, and thus at higher risk of experiencing ambulance handover delays

Dying well

We will prioritise supporting people of any age in their last year of life. The focus is on helping people to die with dignity, in comfort and in the place of their choosing.

Key potential priorities are:

- Supporting people to make an informed choice about the most appropriate place for their death
- Preventing people who can reasonably be assumed to be approaching the end of their life 'defaulting' to 999 calls and emergency hospital admissions due to a lack of care planning

3. How will we achieve our joint vision?

3.1 How will we decide what to do next?

Our strategic priority areas described in the previous section are still broad. Within those there are many opportunities for interventions. Once we have identified the population health needs we will try to address first, we will then use further analysis and focus on delivering a few high-impact interventions.

We are developing a list of criteria to decide together which high-impact interventions to focus on first as a System (see Box 1).

We will use a staged process to apply the criteria and decide between different possible interventions. We will regularly review our priorities using the same criteria.

Box 1: Principles underpinning criteria to decide which interventions to focus on

- **Evidence:** We will use qualitative and quantitative evidence to identify which opportunities have an evidence base that demonstrates they will achieve our four System-wide goals
- **Impact:** We will focus on interventions that have a high potential to impact at a population level and have a strategic (rather than operational) solution
- **Equity:** We conduct a robust equality impact assessment before putting forward a solution so that we can be confident that we are narrowing the health inequalities gap
- **Prevention and treatment:** We will balance priorities that address the causes of premature mortality (e.g. cancer and heart disease) with those which reduce quality of life (e.g. anxiety/ depression and chronic pain)
- **Outcomes focus:** We will make sure that the impact of any intervention will be measurable
- **Affordability:** We will prioritise costed and affordable / resource releasing interventions
- **Time-bound:** We will be clear about the timeline for delivery and balance interventions that are likely to have an impact in the short, medium and long term

3.2 How will we turn words into action?

Approach

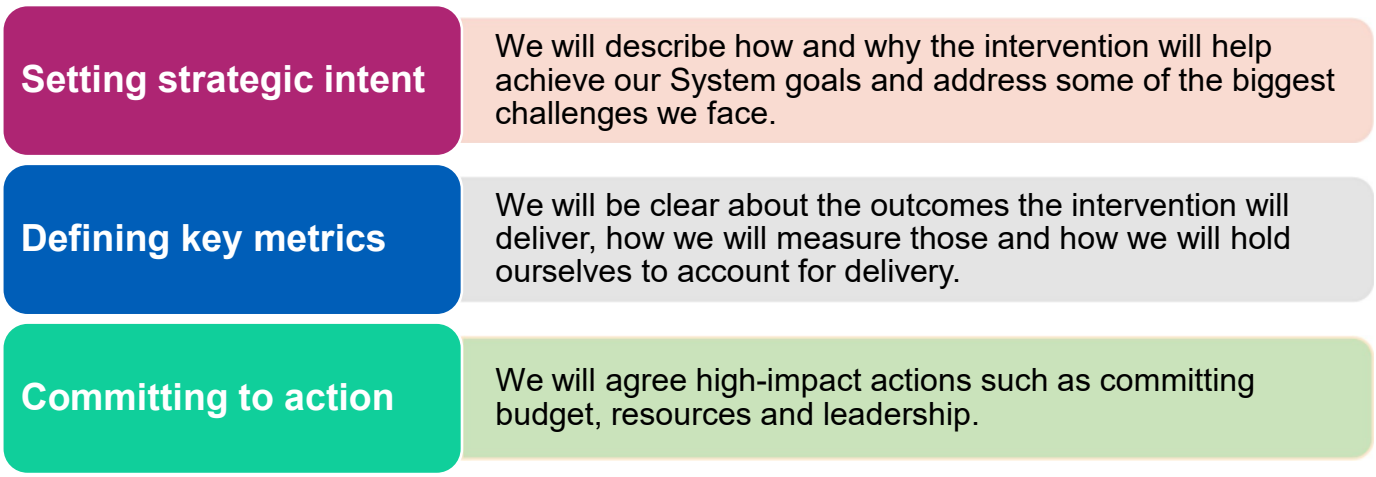
We have already made good progress working together as a System and there is much to build on. We will build on the work of the Health and Wellbeing Boards and the Locality Partnerships. We are not starting from scratch.

Our approach to achieving our System vision needs to change if we want to get different results than in the past. This section highlights what will be different in our approach and how we work, compared to previous ways of working.

As a System, we will approach our strategic priorities in a new way, in both action and behaviour.

Once we have jointly agreed to focus on a priority we will set out what we will do and why. We will be clear about the expected outcomes and set out metrics that we can measure from the outset. We will agree actions to implement the intervention, such as committing staff, time and resources.

Figure 6: System-wide approach to implementing joint strategic priorities



Behaviours

As well as making day-to-day incremental improvements to existing ways of working System partners will work together differently, strengthening our collaborative and integrated culture. This will respond to our clear case for change.

We are aiming to build a more open, collaborative and bold system, prepared to take the decisions that need to be taken to meet our aims. We are also aiming for improved transparency so that we can hold ourselves and each other to account as well as being answerable to the public and the wide system.

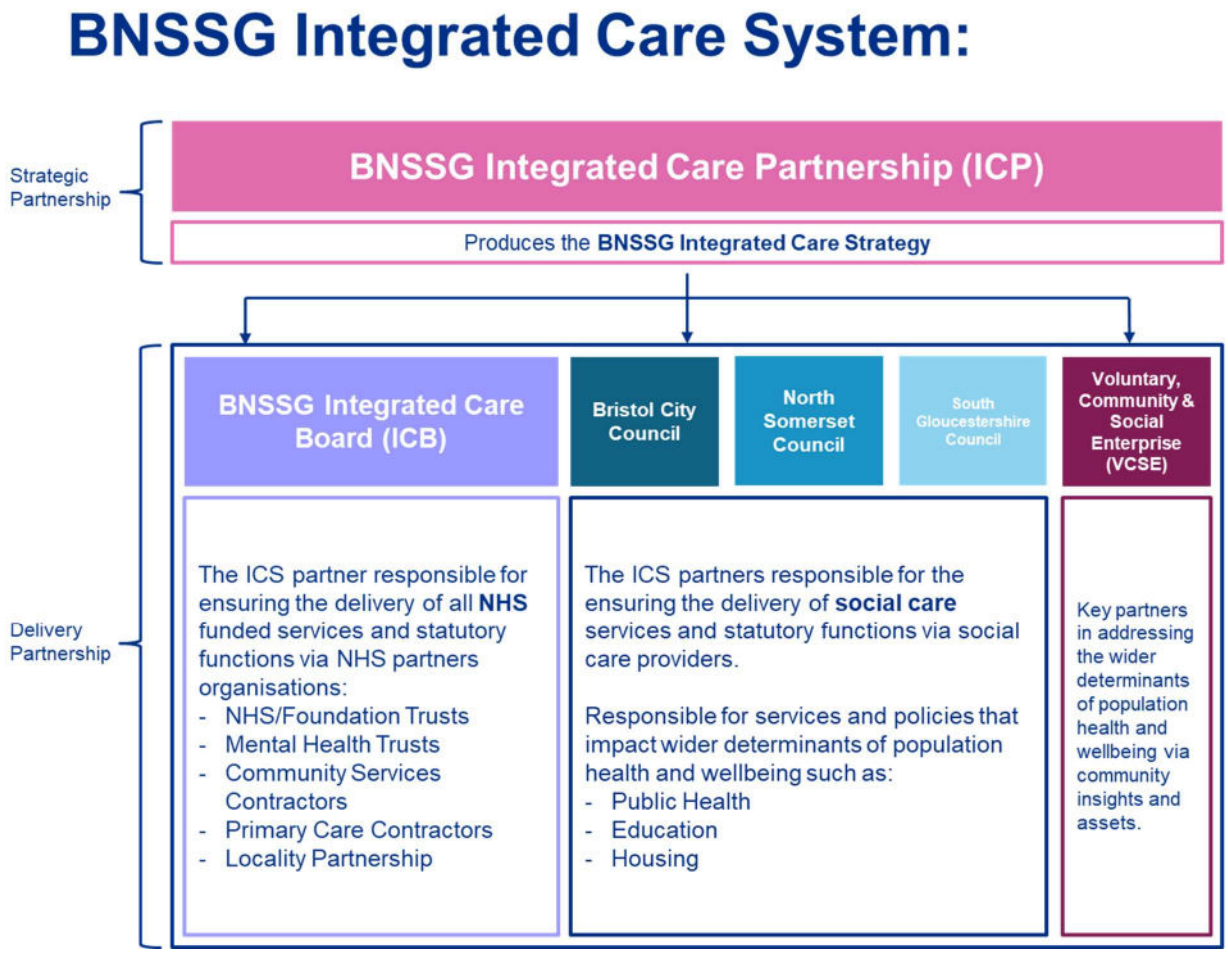
Organisational structures

Once agreed, we will deliver the Integrated Care System Strategy via improvement groups. These are still to be finalised, but there are 4 groups planned to cover:

1. Improving the lives of people in our community
2. Improving the lives of people with mental health, learning disabilities & autism
3. Improving the lives of our children
4. Improving our acute healthcare services

These will be supported by a set of system-enabling functions, including a System Strategy and Knowledge Network.

Figure 7: Our System



We will use the following elements as part of our strategic approach:

- We will **build on the work of Health and Wellbeing Boards and Locality Partnerships**, including drawing on strategic priorities these groups have focused on. This will be enhanced by a close relationship with Bristol Health Partners to give an evidence base informed by research and innovation

- We will **support the development of community led movements**. We want this to be a 'bottom-up' approach that brings people along with it, as collaborators
- We will develop the role of the **voluntary, community and social enterprise sector organisations as equal partners within the ICS**. This will build on the 10 Principles that NHSE have set out.[2]
- We will **establish a new relationship with primary care**. This will be facilitated in two ways – firstly through the GP Collaborative Board, which brings together all the GP stakeholders, and secondly, through the Primary Care Collaborative Board, which will also include representatives from pharmacy, dentistry and optometry
- We will need to be **brave and innovative**. The issues that we are grappling with are long-term and long-standing. We need to be open to innovative solutions and brave enough to test and try things. This will include emerging fields like genomics and new medicines
- Continue to maintain our focus on **delivering a more environmentally sustainable system**. All partners have ambitions around Net Zero and we should support those through continued support for the Green Plan (Annex 4)
- We will design interventions in a way that is **led by the clinician or practitioner and the service user and/or carer together**. This will help us consider benefits and risks from the point of view of people, families and communities, not our own organisations
- We will **see the whole person or issue**, not just focus on fixing a specific disease. We need to use the opportunities we have to address multiple issues at once and perhaps avoid things escalating
- We will be come a **trauma informed system**, ensuring that our organisations are trauma informed and that trauma informed approaches and processes are embedded throughout all services and stages of life.
- We will use our power to **support local community development through an asset-based approach**. The NHS, Local Councils and our other partners are 'anchor-institutions'[3] and need to be conscious in the way we purchase things and employ people that we can have a big impact on local communities

3.3 How will we know if we are succeeding?

Since 2021, Bristol, North Somerset and South Gloucestershire has used a System Outcomes Framework with indicators designed to monitor population health (see Table 2). We will reset the Outcomes Framework to monitor the impact of our Integrated Care Strategy, once agreed.

[2] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf
[3] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/our-approach-to-reducing-healthcare-inequalities/anchors-and-social-value/

Table 2: System Outcomes Framework

Domain	Code	Outcome
The healthy life expectancy of **POPULATION**	**POP1**	We will increase population healthy life expectancy across BNSSG and narrow the gap between different population groups
The health and wellbeing of our **POPULATION**	**POP2**	We will reduce early deaths from preventable causes in the communities which currently have the poorest outcomes
	POP3	We will lower the burden of infectious disease in all population groups
	POP4	We will reduce the proportion of people in BNSSG who smoke
	POP5	We will improve everyone's mental wellbeing
	POP6	We will give the next generation the best opportunity to be healthy and well
The health of our **SERVICES**	**SER7**	We will increase the proportion of people who report that they are able to find information about health and care services easily
	SER8	We will increase the proportion of people who report that they are able to access the services they need, when they need them
	SER9	We will increase the proportion of people who report that their health and care is delivered through joined up services
The health and wellbeing of our **STAFF**	**STA10**	We will increase the proportion of our health and care staff who report being able to deliver high value care
	STA11	We will reduce sickness absence rates across all our *Healthier Together* partner organisations
	STA12	We will improve self-reported health and wellbeing amongst our staff
	STA13	We will improve Equality and Diversity workforce measures in all *Healthier Together* Partner organisations
The health and wellbeing of our **COMMUNITIES**	**COM14**	We will reduce the number and proportion of people living in fuel poverty
	COM15	We will reduce the number of people living in poor housing conditions
	COM16	People will grow up and live in homes and communities where they are safe from harm
	COM17	We will reduce levels and impact of child poverty
	COM18	We will increase the number of people who describe their community as a healthy and positive place to live
The health and wellbeing of our **ENVIRONMENT**	**ENV19**	<u>Improve the environment:</u> We will improve the overall environmental impact and sustainability of our services, especially the damaging local impacts of air pollution
	ENV20	<u>Specifically target carbon:</u> We particularly recognise the pressing urgency to address our carbon footprint and will reduce the impact of our services on the environment by achieving net zero carbon across all emissions scopes by 2030
	ENV21	<u>Generate a BNSSG-wide movement:</u> Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity, and the quality of the natural environment

4. What happens next?

4.1 What are the next steps?

This Strategic Framework is the first stage in developing a System-wide Integrated Care Strategy for Bristol, North Somerset and South Gloucestershire. It is based on a compelling case for change and identifies focus areas for improvement.

The success of our Integrated Care System Strategy will be in aligning the decisions and actions that we take, individually and collectively, to improve outcomes. We will measure progress through the Outcomes Framework and publish results annually.

To support this, we expect to see clear alignment of strategic priorities and outcome measures across the ICP and our three Health and Wellbeing Boards. For example, our three Health and Wellbeing Strategies will be reviewed to ensure alignment with this Strategic Framework, as required under statutory guidance.

We also commit to ensuring alignment of priorities and outcome measures through the work of the ICB and constituent organisations and we will demonstrate this through our Joint Forward Plan and in the strategies and plans of our provider collaboratives and Locality Partnerships from 2023 onwards.

In the next phase of this work, we will begin to prioritise opportunities for improving outcomes based on where we can have the biggest impact by working in partnership. We expect to do this through iterative processes to:

- Identify the biggest problems we need to solve
- Define the outcomes that will address those problems
- Determine the feasibility of delivering change to achieve those outcomes
- Commit to delivering change where we believe we can have the biggest impact by working in partnership

The immediate next steps in this process are described below:

- Between December 2022 and January 2023, we are continuing to **engage with organisational partners and local communities** to refine which topics to focus on first and the criteria to judge what to work on. Citizen and staff voices will continue to be at the heart of all our decision-making, through listening, discussion and collaborating in ways that work for our population. We hope that this will be part of a cultural shift whereby collaborative working will become the norm across our partner organisations. The Strategy Network will oversee this work. Table 3 summarises the planned approach

- **In Spring 2023, the Integrated Care System will release a 'Joint Forward Plan'** to show how it plans to achieve the priorities set out in our Strategy over the next five years
- At all stages, **the Equalities Impact Assessment,** which is available on request, will be kept up to date and the impacts considered.

Table 3: Planned next steps to develop Integrated Care Strategy

Timelines to be confirmed

Steps	Outputs	Engagement, co-design	Sign-off approval
1: Finalise system vision, objectives, and strategy development plan for 2023	• Updated vision statement • Agreement of strategic objectives • Agreement on priority outcomes under each life stages segment	• Dec 2022: Test through Strategy Framework engagement • Jan/Feb 2023: Workshop to finalise vision and strategic objectives	• Jan/Feb 2023: Strategy Network • Feb/March 2023: Partnership approval
2: Shortlist key areas of focus for improving outcomes	• Agreement on prioritisation approach • Agreement of focus areas for improving outcomes	• Jan 2023: Workshops Jan-Feb: Wider stakeholder testing	• Jan/Feb 2023: Strategy Network • Feb/March 2023: Partnership approval
3: Development of outcomes framework and embedding in ICB infrastructure to monitor delivery	• Development plan for outcomes framework • Outcomes Dataset	• Jan 2023: Development plan for outcomes framework • Mar 2022: Outputs tested with delivery groups	• Feb 2023: Strategy Network • Mar 2023: Partnership approval

Steps	Outputs	Engagement, co-design	Sign-off approval
4: Delivery of Joint Forward Plan	• Publish Joint Forward Plan	• Jan-Feb: Development of draft plans • Feb-March: Testing draft proposals with Health and Wellbeing Boards	• Feb 2023: Strategy Network • Mar 2023: Partnership approval

Supporting documents

Annex 1 – Our Future Health

Annex 2 – Have Your Say output document

Annex 3 – Summary of Integrated Locality Partnership Priorities

Annex 4 – ICS Green Plan

Annex 5 – Strategy Alignment Analysis