

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

2.00 pm, Thursday 27 February 2025

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

Agenda

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

2. Minutes of previous meeting held on 28 November 2024

To approve the minutes of the previous meeting.

3. Public forum items

Any items received will be circulated.

Standing / update items:

4. Health and Wellbeing Board updates (2.05 - 2.20 pm)

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

5. ICB update (2.20 - 2.30 pm)

Update from Jeff Farrar, Chair, BNSSG Integrated Care Board (ICB) and Shane Devlin, Chief Executive Officer, BNSSG ICB

6. Healthier Together (HT) 2040 – progress update (2.30 - 3.00 pm)

Update and discussion - Sarah Truelove, Deputy Chief Executive, BNSSG ICB / Gemma Self, Programme Director HT 2020, Simon Bailey, Strategy and Planning Coordinator, HT 2040, Charlotte Cadwallader, Public Health Registrar, South Glos Council

7. Why Weight? Pledge for creating Healthier Places Together (3.00 - 3.25 pm)

Update to be presented by Sally Hogg, Consultant in Public Health, Bristol City Council / Emily Moseley, Public Health Registrar, Bristol City Council

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

Bristol, North Somerset and South Gloucestershire (BNSSG)

Integrated Care Partnership Board Meeting

28 November 2024

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

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 Officer, BNSSG ICB), Sarah Truelove (Deputy Chief Executive, BNSSG ICB),

Community and VCSE Voices: Mark Coates (CEO, Creative Youth Network), Rebecca Mear (CEO Voscur/VCSE Alliance), Fiona Mackintosh (ACFA advice network/VCSE Alliance), Mark Flower, Chief Executive, Age UK South Gloucestershire (for VCSE Alliance representative working with older adults), Mark Graham (CEO, For All Healthy Living Centre), David Smallacombe (CEO, Care and Support West)

Council, Constituent Health and Care Organisations: Sarah Weld (Director of Public Health, South Gloucestershire Council), Christina Gray (Director: Communities and Public Health, Bristol City Council), Chris Sivers (Executive Director - People, South Gloucestershire Council), Marc Griffiths (NED, UHBW/NBT)

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), Joe Poole (Head of Locality Development, BNSSG ICB)

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

Apologies for absence: Aileen Edwards (CEO, Second Step/VCSE Alliance), Mandy Gardner (Voluntary Action, North Somerset); Alun Davies (Voices in the Community representative); Ingrid Barker (Chair, UHBW NHS Foundation Trust & NBT NHS Trust), Maria Kane, Joint Chief, Hugh Evans (Executive Director: Adult and Communities, Bristol City Council), Kay Libby (Chief Executive, Age UK Bristol, VCSE Alliance representative working with older adults); Clare Shiels, Director of Children's Services, North Somerset Council)

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 26 September 2024

The minutes of the meeting of the previous ICP Board meeting held on 26 September 2024 were confirmed as a correct record.

3. Public Forum

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

4. Health and Wellbeing Board updates

a. Bristol Health and Wellbeing Board update:

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

Cllr Stephen Williams, Chair of the Bristol Health and Wellbeing Board, also highlighted that the most recent meeting of the Board had been held on 27 November – key issues discussed had included:

- The Keeping Bristol Safe Partnership annual report.
- An update on how North Bristol NHS Trust is approaching its role as an anchor organisation and seeking to explore, with partners across the city, improvements in terms of their positive impact on local communities.
- The Director of Public Health Annual Report 2024 'The City at Night' which covered various health related interventions, determinants or outcomes associated with health and wellbeing at night including work, sleep, mental health, alcohol and other drug use, smoking, Thrive at Night, and safety around the harbourside. The report had outlined key priorities and actions to enhance the council's and wider partners' engagement with this sector and was an important document that would have a positive impact especially on the night time economy.

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 highlighted that a constructive adult social care inquiry day had been held recently, with input from other local authorities and partners.

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 the well-attended South West Health and Wellbeing Board

Network's annual conference at the beginning of October, which was focused on leadership for health and wellbeing.

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. Work being taken forward and further opportunities to work with partners across the system in tackling health inequalities.
2. The recent statement from the Secretary of State for Health on the new 10 year plan for health to be launched in May, and the role of ICBs and Trusts moving forwards, which will be an area of key focus.
3. The ICB had received 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. Whilst acknowledging the need to also take into account the needs of those people who are digitally excluded, the aim was to push strongly to encourage public uptake of the App as this offered the opportunity for individuals to have a simple and secure way to more easily access a range of NHS services.

6. VCSE developments and integration update

The Board considered a report providing an update on VCSE developments and integration.

Summary of main points raised/noted:

1. Rebecca Mears, Mark Hubbard and Mark Graham presented the report, highlighting the following:
 - a. The key aims of the VCSE Alliance were:
 - To encourage and enable the VCSE sector to work in a coordinated way to inform policy, strategy and decision-making.
 - To provide the NHS & health and social care colleagues with a simple route of contact, engagement, and links to the community.
 - Better position the VCSE sector to contribute to the design and delivery of integrated care.
 - b. Good progress had been made. This included the emerging VCSE Brokerage Framework, which was a new structure to help enable ICS partners' investment in community activities by smaller VCSE organisations through providing a standard, robust, inclusive process for assessing the very best proposals for community activities and in relation to VCSE outcomes.
 - c. New VCSE integration principles had recently been approved by the ICB Board. These, along with other emerging principles, are enabling the ICB's collaboration with the VCSE sector.

d. The collaborative work so far had built on the foundations for the effective integration of VCSE into the ICS; the work had also revealed the need for further changes as well as a coordinated, system-wide approach.

2. Following the report presentation, Board members, through small-group discussions, considered the following questions:

- What is your vision for the VCSE sector in our integrated care system (Healthier Together)?
- What are your thoughts about the emerging principles?
- How can VCSE integration support the delivery of Healthier Together 2040?

3. Board members welcomed the significant progress achieved over the last year and were strongly supportive of the co-design and collaboration taking place to develop the new Healthier Together VCSE Integration Strategy. It was noted that this would be rooted in the ambitions around providing properly integrated neighbourhood services and working effectively with BNSSG's communities.

7. Healthier Together 2040 update

The Board considered a report providing an update on progress on the Healthier Together 2040 Project.

The update was noted. Noting that at the last meeting in September, the ICP Board had recommended that the next step should be focused on the working age population with multiple long term conditions, it was confirmed that since then, the following actions had taken place:

1. The ICB Board had approved the approach and the focus on this population cohort.
2. A cycle of communication and engagement was in place to share this information and build a wider stakeholder group.
3. Workstreams were being developed to take the work forward into the next stages.

It was noted that, moving forwards, it would be important to maintain an appropriate level of distinction between this work and the work that would flow from the national NHS 10 year plan.

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

The Board considered a report providing an update on update on the key issues highlighted in the independent investigation of the NHS in England (Lord Darzi report).

It was noted that, as highlighted earlier at the meeting, the new 10 year plan for health to be launched in May would inevitably have implications for the role of ICBs and Trusts, and for the role of ICPs moving forwards. In terms of the ICP Forward Agenda Plan, it was agreed that a discussion on relevant issues in relation to the NHS 10 year plan should be scheduled for late Spring/early Summer 2025

9. ICP Board forward agenda plan

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

As above (item 8), it was agreed that a discussion on relevant issues in relation to the NHS 10 year plan should be scheduled for late Spring/early Summer 2025

Next meeting

2.00 - 4.00 pm, Thursday 27 February 2025

Note:

Locality Partnership review – final report

After the in-public meeting was concluded, an update was provided to the Board on the final report from the Locality Partnership review. Partners were requested to take the final report into their respective organisations for review and discussion and to provide feedback to be submitted to the Locality Partnership Review Core Group. It was noted that a template for capturing the feedback would be circulated.

Integrated Care Partnership Board

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UPDATE – BRISTOL HEALTH AND WELLBEING BOARD (HWB)

1. The most recent in-public meeting of the Bristol Health and Wellbeing Board (HWB) was held on 29 January. All the papers can be viewed at:

[ModernGov - bristol.gov.uk](https://www.bristol.gov.uk/moderngov)

The main issues considered at the 29 January meeting were:

a. Joint Strategic Needs Assessment Annual Report 2023/24:

This report provided a summary of the findings from all the JSNA work carried out throughout the past year and oversight that the findings still support the current priorities.

The Joint Strategic Needs Assessment is used to:

- provide a comprehensive picture of the health and wellbeing needs of Bristol (now and in the future)
- inform decisions about how we design, commission and deliver services, and also about how the urban environment is planned and managed
- improve and protect health and wellbeing outcomes across the city while reducing health inequalities
- provide partner organisations with information on the changing health and wellbeing needs of Bristol, at a local level, to support better service delivery
- be the evidence base for the Joint Health and Wellbeing Strategy

<https://www.bristol.gov.uk/council-and-mayor/policies-plans-and-strategies/social-care-and-health/health-and-wellbeing-strategy>, identifying important health and wellbeing issues for Bristol, and supporting the development of action plans for the 10 priorities named in the strategy. The profile is broken down into 10 themes and currently reports on 85 different subject areas. These sections are kept up-to-date and published as soon after the release of new data as possible.

b. An update on the local approach to engaging on the NHS 10-year plan.

c. An update/feedback on the progress being made to date regarding Healthier Together 2040 and the Joint Forward Plan 2025.

d. An update on the progress in producing the revised Bristol Pharmaceutical Needs Assessment 2025-2028.

e. An update on a toolkit/checklist resource collaboratively developed by the Bristol One City Damp and Mould Working Group (which includes health, care, and housing professionals across the system) to support the identification of concerns related to damp and mould or fuel poverty.

2. Other current issues:

On 26 February, the Board will be engaging in a joint development session with the One City Children and Young People's Board.

Integrated Care Partnership Board

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UPDATE – NORTH SOMERSET HEALTH AND WELLBEING BOARD

1. The most recent in-public meeting of the North Somerset Health and Wellbeing Board (HWB) was held on 12 February. All the papers can be viewed at:

[\(Public Pack\)Agenda Document for Health and Wellbeing Board, 12/02/2025 14:00](#)

The main issues considered at the 12 February meeting were:

a. Joint Health and Wellbeing Strategy 2025-28

In discussion of this item, the Board agreed to:

1. Approve plans for funding as part of phase 2 of the Joint Health and Wellbeing Strategy 2021-2024.
2. Provide comments on the final draft Joint Health and Wellbeing Strategy 2025-2028 and approve for publication.
3. Consider the mechanism for oversight of the new strategy and provide suggestions for any changes to the existing approach.

Debate included discussion on:

- How the new strategy links to and complements other strategies and plans
- A welcome for some new efforts to support the needs of carers but greater clarity asked for around links to existing caring organisations and to have a focus on young carers.
- Ensuring the new EDI Community Development worker is connected to activity in our membership organisations and well supported in their work and ability to use feedback effectively.
- Confirming support for a self-harm pilot based in schools to reduce risk for young people and address the high rates in North Somerset.

The Board also discussed the scope for implementing action regarding two of the key guiding principles across the partnership:

(i) a pro-equity and anti-racist approach – which was supported through a thought-provoking presentation from colleagues at UHBW on the approach they have taken. The areas discussed included:

- Within organisations we can hold lots of data and the tendency can be to rush to action plan, particularly relying too much on people in our staff groups/networks to fix the problems they are experiencing.
- The aim in the UHBW approach was to make this about cultural change and help people to feel safe in work every day, bringing their whole self.
- An important part of this was being honest and not paternalistic in the way things are presented.

- The approach was driven by a high number of conversations which focused on two key questions – What does it mean to you? And What could and should we do about it?
- This was applied across three topics – sexual safety, anti-racism and anti-ableism.
- The responses were analysed using thematic analysis and split into key themes – trauma informed, learning and development, human resources, recruitment and physical estate.
- Findings were carefully shared and reflected upon before anything was actioned to make sure findings were validated by those who took part.
- The key focus for understanding the response has been a trauma informed approach.
- It was agreed that a further online webinar would be offered to run through the methodology used so that colleagues across the Board partnership could consider how to use and adapt the learning effectively.

(ii) increased community involvement and co-production – which was supported by a challenge on perspectives and approaches to improving health and wellbeing from Mark Graham, CEO at the For All Healthy Living Centre. The areas discussed included:

- The importance of being clear on definitions and being clear on what process we are using to work with people with lived experience or interest
- Recognition that it is easier for organisations to ‘come down the mountain’ into communities and see things from that perspective than it is for communities to come up into organisational structures and processes.
- We want to use our ambassadors for change, and we must recognise that for small organisations there are many barriers to participation.
- We need people to shift between perspectives, become better nomads rather than holding only to one view.
- There is a risk that we become over cautious and don’t allow this type of work to reach its natural conclusion. Therefore, we must work carefully on the depth and quality of relationships so that we can trust in each other and the approach we use.
- Our best next steps are probably around applying this approach to specific areas rather than try to change our system in one go. But we can do it well around a particular challenge and go back and tell the story and see what we have learnt.

b. Locality Partnership review: discussion/feedback on the final report and recommendations arising from the review of BNSSG Locality Partnerships’ role.

The item was introduced recognising the work that a range of Health and Wellbeing Board colleagues had put into developing the proposals being put forward. It was noted that the ICP Board would be considering feedback in more detail on 27 February and any final comments needed to be shared that day to support the final papers. Comments in the room included:

- Overall support for the review but a desire to support even more delegation of resources and responsibility to Locality Partnerships as the place to support integrated working around local needs and priorities. Could the review be more ambitious in how this is achieved as a key system ambition?

- We must simplify the system despite the constant change and range of inputs e.g. the 10-year plan, the new neighbourhood teams proposal, our 2040 vision etc. We want to simplify the system not put more layers on.
- What can we do to not make the locality partnerships constrained by the bigger system. Looking for trust and resources to shape things in the way the community need them.
- A general conclusion that the concept of locality partnerships is not important to service users/clients but how services work together to meet needs is.
- A huge benefit of the partnerships has been the way they have brought people together to have conversations and for clinicians and practitioners they feel less isolated. They know who to contact and who can help.
- Need to have needs supported in both parts of North Somerset. Needs may be different but want issues that aren't just deprivation driven to be recognised and addressed.
- The partnerships have given opportunity for others to make connection to benefit health e.g. Avon Fire and Rescue Service wanting to do more around prevention.
- Recommendation that future working opportunities are communicated widely, including to Town and Parish Councils.

c. Place based approach to tackling health inequalities: the Board was asked to note and comment on this update on the tackling health inequalities programme. A summary presentation provided an overview of progress in developing the programme and confirmed key areas of action to which Board members were asked to commit the relevant resources, activities and leadership in order to secure improvements in outcomes.

- Colleagues were keen to know more about how we are or will make this driven by lived experience and community input. It was recognised that so far this has been about agencies trying to share understanding about key challenges and areas for collaboration, but community conversations are planned to test and refine how to focus priorities and learn as we implement changes.
- The need for effective communication channels and feedback loops was emphasised. This has to include ways that are relevant and valued to the citizens who may be most impacted by inequalities.
- It was recognised that the use of the Theory of Change for this programme is beneficial as it will help us to identify blockers and enablers to change and the approach of seeing short, medium and long term outcomes helps us to have a life course view, including the greatest benefit of support the early stages of life to secure lasting benefits.
- When the report comes back to the next Board meeting in the summer it will need to show a clear ambition of our approach to co-design to co-production.

d. Better Care Fund: The Board was asked to confirm the delegated decision to approve the submission of the Quarter 2 Better Care Fund performance report.

- A summary presentation was given outlining the key elements of the BCF by activity and spend.

- Highlights include the benefits of using the disabled facilities grant to transform living arrangements and the expanding and pioneering use of technology enabled care in North Somerset to keep people safe and well in their homes.
- The pressure on care providers around inflationary costs and new burdens for national insurance contributions was also highlighted. Commissioners are working with providers to try to address these concerns and increase funding but the scope to do this is limited.

A discussion on the forward plan identified an initial list of the following items for future meetings of the Board and/or seminars which Board members could take part in:

- A review of the links between strategy at all levels - JFP, HAWBS, LP plans – how do we see and work together on the connections
- New North Somerset Health and Wellbeing survey
- Inequalities Action Plan
- Explore connections around health and place. What are we doing to support the core determinants of our health and wellbeing?
- 2040 system planning - what does it look like and how can the HAWB support those aims?
- Education and education providers are providing role beyond teaching e.g. needs of students around food, substance use etc. How do we work with them? How do we hear from them more effectively and adapt what we do?.

2. Other current issues:

No other specific issues to highlight.

Integrated Care Partnership Board

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UPDATE – SOUTH GLOUCESTERSHIRE HEALTH AND WELLBEING BOARD

1. The most recent in-public meeting of the South Gloucestershire Health and Wellbeing Board (HWB) was held on 22 January. All the papers can be viewed at: [Agenda for Health & Wellbeing Board on Wednesday, 22nd January, 2025, 10.00 am - South Gloucestershire Council](#)
2. The main items considered at the 22 January meeting were:
 - a. **Update on planning for healthcare services** – the Board received a briefing on medium and long-term strategic planning approaches taking place nationally within the NHS and locally within the Integrated Care System and was asked to endorse the local approach to engaging on the NHS 10-year plan.
 - b. In relation to the NHS 10 Year Plan members voiced support for the engagement proposals and welcomed the strong links with South Glos’s Community Conversations work, which was already in place.
 - c. In relation to Healthier Together 2040 and the first population cohort that had been chosen (those living with multiple long term conditions, who are in work, or who care for someone, or both), members noted the key goals by the summer 2025 to develop strategic intentions to unite the system around shared missions, and work with Locality Partnerships, to test, and where satisfactory, quickly embed new approaches. Members comments included:
 - A need for deeper analysis about patients within a cohort as more data became available, as well as the importance of considering insights, e.g. through Community Conversations work.
 - Support for the initial chosen cohort as equalities impact assessments regularly identified this group as being disproportionately impacted.
 - Welcome the approach being taken, however, the challenge would be in the implementation and monitoring.
 - There was commitment from NHS partners. For example, NBT had set out a vision and plan for change. However, there were challenges (ageing population, pressures on the ‘front door’ and the need for new information management systems) which would affect capacity for implementation and required close working to make it happen.
 - Welcomed the investment in the voluntary and community sector to enhance sustainability, but more could be done on how we work with those people who are ‘experts by their experience’ of the NHS and care.
 - d. In relation to the Joint Forward Plan (JFP) members supported the reference to the Joint Local Health & Wellbeing Strategy within the document and it was commented that we need to ensure our population needs were reflected in everything we do, hence the important role of the Joint Strategic Needs Assessment.

- e. **BNSSG review of the role of locality partnerships** – the Board considered the briefing and made the following remarks, which were then formally submitted to the ICP Board for consideration:
 - Concern about how the implementation of the recommendations would be resourced and the need for adequate investment in localities.
 - Reporting into HWBs would provide valuable oversight and further consideration needed to be given to Locality Partnership information being in the public domain, which could be via reports at HWB meetings held in public.
 - There was an opportunity to influence HWB and Locality Partnership work and there was already some alignment between the two bodies, e.g. quarterly joint development sessions and some overlap of membership.
 - In relation to national policy to develop neighbourhood teams and whether these would be led by locality partnerships, it was confirmed that the ICB had not yet determined this as national guidance was pending. Further clarity was needed around the definition of neighbourhoods, e.g. would this equate to the existing Primary Care Networks.
 - Children’s social care reform, to be introduced from 1 April 2025, would involve neighbourhood/locality multidisciplinary teams and a key priority of the HWB was ensuring children have the best start in life, yet there was virtually no mention of children within the review’s recommendations.
 - Localities are very creative spaces and there were concerns about whether making them more formal could hamper this creativity.
 - Important to have clarity around voluntary and community sector representation. Working with the VCSE Alliance alone was not enough as many groups were not part of this.
 - Concerns about strategic alignment – important to bring together disparate parts of the system and have a golden thread (from bottom to top) so that all parts of the system could align and transform.
 - f. **Progress update on the Joint Local Health and Wellbeing Strategy 2025-29** – further to the report to the HWB on 7 November 2024, members received an update on progress and noted that formal 8-week stakeholder engagement would be commencing in February.
 - g. **Update on the Adult Social Care CQC assessment for South Gloucestershire** – the HWB was advised that following the CQC’s assessment of South Glos’s Adult Social Care Services last year the final report was expected imminently.
3. Other current issues:
 - a. A development session is planned for 24 March on the Joint Local Health and Wellbeing Strategy 2025-29.

Integrated Care Partnership Board

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UPDATE – BNSSG INTEGRATED CARE BOARD

1. The most recent meeting of the BNSSG Integrated Care Board was held on 16 January 2025.

All the papers can be viewed at:

[Integrated Care Board \(ICB\) Board meeting – 16 January 2025 - NHS BNSSG ICB](#)

2. The main issues considered at the meeting included:

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

- Reforming Elective Care for Patients:

On 6 January, NHS England issued guidance for the reform of elective care for patients

<https://www.england.nhs.uk/publication/reforming-elective-care-for-patients/>

This plan outlined a comprehensive reform of elective care with the goal of ensuring 92% of patients receive treatment within 18 weeks by March 2029. The key focus areas include empowering patients, improving patient experience, addressing health inequalities, and reforming delivery.

- Developing a New Model for Community Health Services:

At the heart of government's plans to improve the NHS is a commitment to move to a neighbourhood health service, with more care delivered at home or closer to home. The aims are to enable people to live more years of healthy, active and independent life and improve their experience of health and care, whilst connecting together and making optimal use of health and care resource, by enabling the three key shifts:

- From hospital to community: significantly more people to be cared for at home, helping them to maintain their independence for as long as possible, only using hospitals when better for people.
- From treatment to prevention: the shift towards preventative and proactive care, including helping to reduce health deterioration or avoidable exacerbations of ill health.
- From analogue to digital: greater use of digital infrastructure and solutions.

The ICB Board noted that it is expected that as part of the planning processes for 2025 onwards, NHSE will produce guidance to support ICBs to develop and implement new models of care. However, in advance of the guidance, the ICB is developing our thinking in this space. The ICP's commissioned review of localities is key to developing the potential next steps in this journey.

- **Urgent and Emergency Care Pressures:** BNSSG developed a winter plan to support safe and effective care over the winter period. However, as was well publicised, the NHS was under extreme pressure over the Christmas period and BNSSG was in heightened system escalation. On

9 January 2025, the system held a system escalation OPEL4 Gold meeting to address the extreme challenges.

b. Update on the new Integrated Care Board committee – Strategic Health Inequalities, Prevention, and Population Health

The membership of this new committee has been designed with inclusivity and diversity as a priority. This will ensure broad and wide-ranging discussions on any issues which impact on population equality and diversity. Work is underway with the ICB Communications team to develop a plan for the committee's communication and engagement requirements. We will keep the ICP updated on the committee's work. A forward planner for the committee has been developed, setting out the initial areas of priority focus as follows:

- Approving the Joint Forward Plan submissions for the overarching approach to prevention, healthy weight, Smokefree BNSSG, and alcohol and drugs.
- Healthy Weight – Why Weight Declaration and pathway scoping and potential redesign.
- Cardiovascular disease – through an inequalities lens. This will include approving an equality objective focused on cardiovascular disease.
- Developing use of the outcomes framework to track progress with long term conditions, health inequalities and embedding preventative approaches.
- Review of <https://www.england.nhs.uk/long-read/the-insightful-icb-board/> and consideration of how the committee will incorporate this new guidance into ways of working.

2. Other current issues:

a. In late January, the ICB engaged in public 'conversation' events around the 10 year health plan, held at the Vassall Centre (Bristol), The For All Healthy Living Centre (North Somerset) and Thornbury Leisure Centre (South Gloucestershire).

b. At the meeting, Jeff Farrar and Shane Devlin will give an update on Neighbourhood health guidelines 2025/26 as recently issued by NHS England.

Please see:

[NHS England » Neighbourhood health guidelines 2025/26](#)

Integrated Care Partnership Board

Agenda item	6	Meeting date	27 February 2025
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Title	Healthier Together 2040			
Scope: System-wide or Programme?	Whole system		Programme area (Please specify)	
Author & role	Gemma Self – Programme Director HT2040, BNSSG ICB			
Sponsor / Director	Sarah Truelove – Deputy CEO, BNSSG ICB			
Presenter	Gemma Self – Programme Director HT2040 Simon Bailey – Strategy and Planning Coordinator – HT2040 Charlotte Cadwallader – Public Health Registrar – South Glos Council			
Action required:	Discussion			
Discussion/ decisions at previous committees	<i>Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)</i>			
	Steering Groups (12 Feb – most recent) System Executive Group (Jan)			

Purpose:
<p>This item aims to:</p> <ul style="list-style-type: none"> • Provide the ICP Board with an in-depth update of activities and next steps • Focus on the emerging outputs from the evidence review and insights generation • Enable input into the design of the expert events
Summary of relevant background:
<p>Context</p> <p>Healthier Together 2040 (HT2040) is the long-term strategic plan for BNSSG with the aim that by 2040 we will create a sustainable health and care system that improves outcomes for everyone by addressing the needs of populations with declining healthy life expectancy today, and those at risk of experiencing similar challenges in the future.</p> <p>By focusing upon four key population groups that are currently experiencing poor health and care outcomes (see slide 3), HT2040 seeks to gain a deeper understanding of the factors contributing to their challenges.</p> <p>These groups are characterised by their frequent reliance on urgent and emergency health and care services, signalling that their ongoing needs are not being adequately met within the existing system.</p>

Furthermore, our local modelling indicates that the demand for care within these populations is expected to grow over time, driven by factors such as ageing, chronic disease progression, socioeconomic challenges and gaps in preventive and early intervention services. By proactively addressing these issues, HT2040 aims to develop strategic, forward-thinking solutions that not only alleviate immediate pressures on the health and care system but also create more sustainable, person-centred models of care to improve long-term outcomes for these groups.

Between now and September, HT2040 is focusing upon the first population group – a Working Age population with Multiple Long-Term Conditions, approximately 5200 people and the cohort driving the third greatest demand on urgent health services as well as high use of community and primary care, yet experiencing poor outcomes from their 50's. HT2040 is trialling a Population Health approach to deeply investigate the underlying causes of challenges faced by this small but high-need population. By focusing on this group first, we aim to gain a comprehensive understanding of their needs and the broader factors contributing to their health and wellbeing. This approach goes beyond addressing surface-level symptoms; it seeks to uncover systemic issues, social determinants and service gaps that impact this population's outcomes.

With these insights, HT2040 is striving to develop innovative, tailored interventions that not only respond to immediate needs but also drive long-term, sustainable improvements and upstream prevention for the next generations. This involves rethinking and redesigning care delivery, resource allocation, and service models—all within the total available resources across all partners. By leveraging our partnership, data-driven insights and community engagement, HT2040 is aiming to ensure that solutions are holistic, equitable, and scalable, ultimately leading to better outcomes for both the target and broader population.

The scope set out is anticipated to partially deliver the national agendas set out by the NHS 10 year plan (expected June 2025) and the recently published Integrated Neighbourhood Teams.

Current activities

See presentation – with further information in the workshop session

Key next steps

See presentation – with further information in the workshop session

Discussion / decisions required and recommendations:

The attached presentation provides an update on progress so far and during the meeting we will be providing the Board with some more details of the outputs from the Evidence Review, Insights and plan for the workshops to enable comments and feedback.

The ICP Board will be asked to:

- Discuss their confidence in the method set out and the information to be captured along the journey to provide evidence of delivery progress and impact
- Ensure that key people from partner organisations who are experts in the Working Age population living with Long Term Conditions are involved in the next steps.

Healthier Together 2040

Gemma Self

HT2040 Delivery Unit



What this will cover

1. HT2040 purpose, progress and plan
2. Next Phase
3. Definition of a Strategic Intention
4. Alignment to national developments
5. HT2040 going forward



HT2040 – The Long Term Strategic Plan for BNSSG

By 2040, we will create a sustainable health and care system that improves outcomes for everyone by addressing the needs of populations with declining healthy life expectancy today, and those at risk of experiencing similar challenges in the future

Implementing:

- Integrated care in neighbourhoods
- The three shifts
- Innovation through partnerships

And providing alignment and clear shared purpose for all partners

Four target population cohorts:

1. Preconception to 25
2. Adults with multiple health needs and experiencing disadvantage
3. People living with multiple health needs, caring and/or working
4. Older people living with multiple long-term conditions

Progress

October 2024 – Approval to start with Working Age LTCs cohort first

Since then:

- **Evidence review** see spotlight
- **Modelling** This cohort expected to grow 42% over 14 years, compared to the total population growth of 11% in BNSSG
- **Insights generation** eg Question in VCSE survey: “Based on your organisation’s experience, what approaches have been most effective in supporting working age adults in BNSSG with multiple long-term conditions to live healthier and more fulfilling lives whilst, managing their conditions effectively?”

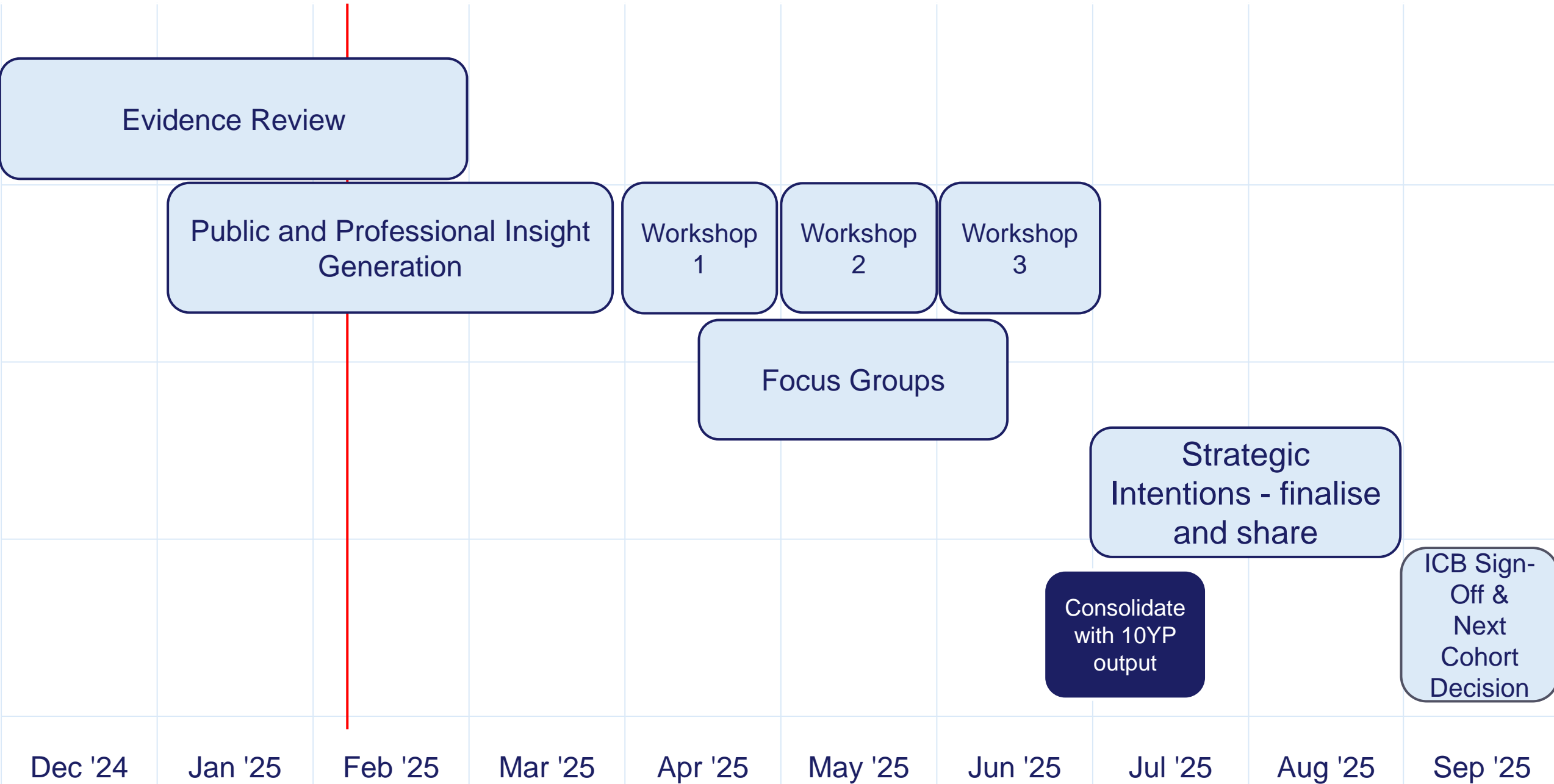
Evidence Review spotlight

Training healthcare professionals, via clinical champions, to provide physical activity brief advice can generate £24 benefit for every £1 spent

*Carnall Farrar/NHS Confed
Pathway to Prevention ROI
analysis*

Timeline aligned to 10YP

5



Current Phase



Evidence Review: Extract from conclusion

“

There is a significant mismatch between the health needs of our population and the way healthcare is delivered.

Our healthcare system is underprepared for tackling the complex health demands of our population with multiple long-term conditions.

These problems are only set to worsen as the cohort increases **in size by 50% in the coming 15 years.**

Without a coordinated plan that involves all elements of our system we will fail to provide meaningful change that improves the lives of this section of the population.

Change for this sector of the population will create ripple effects that will improve access to health and care for every person in BNSSG.

”

Evidence Review: Key Findings

1. Addressing **social determinants**—education, employment, and income—is key to improving health outcomes.
2. **Workplace mental wellbeing initiatives** benefit both individuals and businesses, improving societal wellbeing and productivity.
3. ICBs and funders can tackle health inequalities by implementing **long-term, protected contracts that address social determinants**
4. Mental health challenges hinder access to care. **Interventions should integrate mental health support** to improve overall health outcomes
5. **Weight loss, exercise, and dietary improvements** should be central to health strategies, designed locally for maximum impact

Evidence Review: Key Findings

6. Expanding **community-based clinics** improves access especially for those reliant on public transport.
7. Personalised care is critical but often lacking. Strengthening **VCSE involvement** ensures more tailored support options.
8. ICS financial mechanisms should promote prevention through **joint budgets and financial incentives**
9. Generalist and **multidisciplinary team (MDT) approaches** are best suited for managing multimorbidity.
10. **Embedding VCSE** into care pathways enhances holistic support through community workers, social prescribing, and financial advice within healthcare settings.

Insights: Live surveys and interviews update

- Health & Care Professionals – 46
- VCSE – 7
- System employers – 8
- Employers – 6
- Public - Interviews starting this week



Expert events:

DRAFT &
SUBJECT TO
CHANGE

Date	Early April	23 rd April (TBC)	April/May	20 th May (TBC)	June	2nd July (TBC)
Title	Webinar	Day 1: Adaptive Leadership & Three Horizons		Day 2: Design Thinking & Innovation		Half Day 3: Review & Commitments to Action
Purpose		Build relationships Awareness of adaptive leadership Run three horizons framework	Test and prioritise long H2+/- list Involve wider stakeholders Test ideas for local application	Apply design thinking to work up innovations further Prioritise for strategic intentions Develop more detailed implementation plans	Engage and enthuse to take forward innovations Check in	Develop a transformation compact Foster collective leadership and commitment Agree strategic intentions and commitments to action
Activities				AM HT2040 – check in and intro from public contributor Using design thinking approaches to work up some of the innovations PM Agree which to become strategic intentions		AM HT2040 – check in and intro from public contributor Review and agreement of strategic intentions/innovation plans Application of Transformation Compact Questions Share commitment to action

Attendee Profile

Invitees:

- Innovate Healthier Together Fellows
- Survey responders
- Those working with this population cohort
- Stakeholders developed over HT2040 so far

Participant split aim:

- 1/3 VCSE & public
- 1/3 professionals
- 1/6 employers
- 1/6 decision makers/enablers/funders

Output - A Strategic Intention

Intended purpose: Articulation of long term shared strategic goal for the key population cohorts to drive transformation, future contractual change and integration. Set out as an measurable outcome [*what*] to enable local definition of how it will be achieved.

Proposed definition: To improve [*insert issue*], we will [*insert action*], resulting in [*desired outcome or benefits*], implemented by [*insert date*]

Possible example [provided to illustrate – this would be codesigned through

workshops: **To improve** the proactive management of people who have three LTCs **we will** create a holistic offer for people once a third long term condition is diagnosed, delivered in the community with specialists and social prescribing proactively provided to each person, **resulting in** improved wellbeing, reduction in fragmented use of health and care services, ability of people to work/care **implemented** by April 2027

Output - With supporting delivery “compact”

Deliberately discussing upfront:

1. What are the challenges and risks?
2. What are we held to account for?
3. What is challenging in the present?
4. What is exciting?
5. What are we providing to navigate the process?

HT2040 going forward



Alignment to National Developments

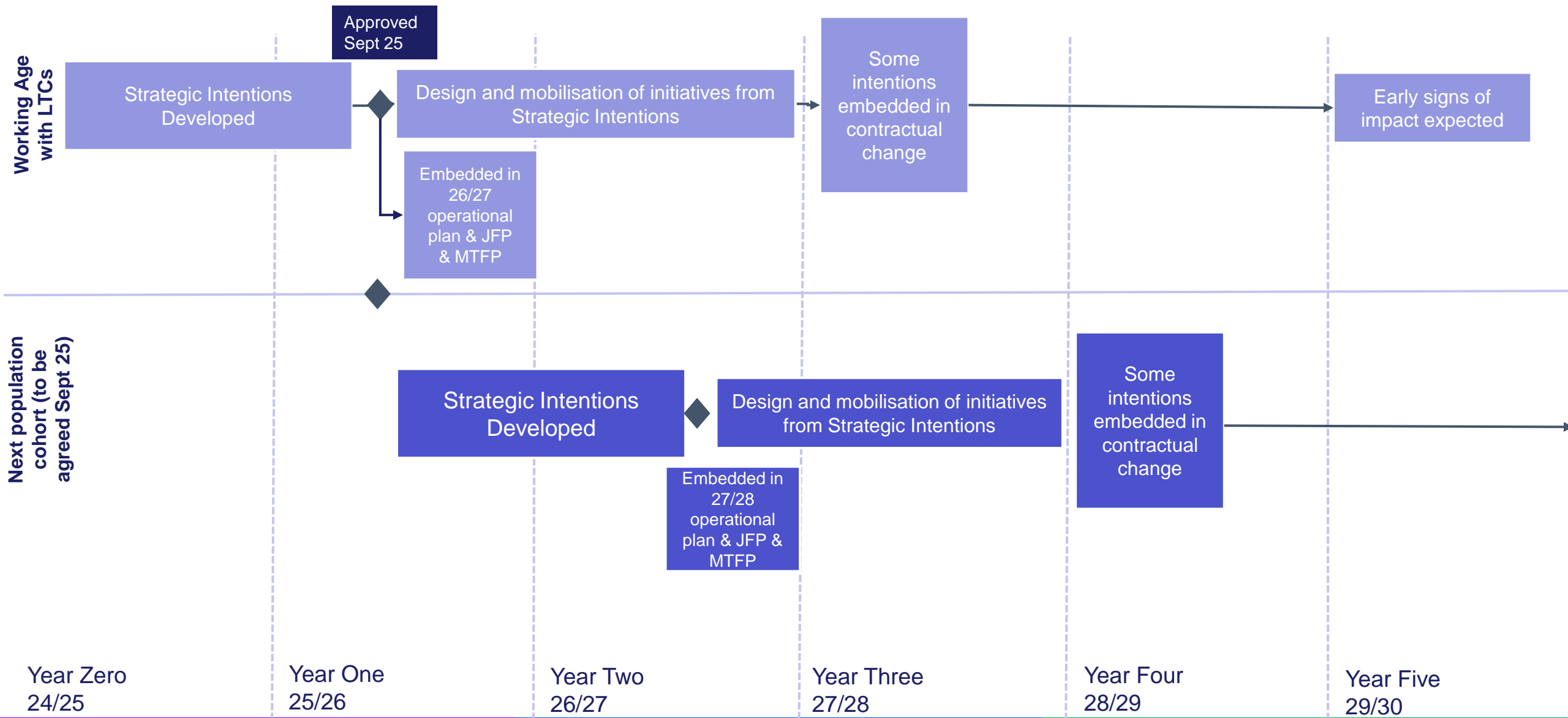
10 Year Plan

- Expecting publication - June 2025
- All HT2040 work will be aligned to 3 shifts
- Have adjusted to deliver next phase later to align to 10YP outputs over summer

Integrated Neighbourhood Teams

- HT2040 part of local vision setting and development of plan
- Population cohorts for HT2040 all derived by high unplanned service usage
- Delivery of plan for community-based model of care at place and system

Embedding HT2040 over the next five years



Integrated Care Partnership Board

Agenda item	7	Meeting date	27 th February 2025
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Title	Why Weight? Pledge for creating Healthier places Together			
Scope: System-wide or Programme?	Whole system		Programme area (Please specify)	
Author & role	Emily Moseley Public Health Registrar, Bristol City Council			
Sponsor / Director	Sponsor: Sarah Weld - Director of Public Health, South Gloucestershire Council Lead Consultant: Sally Hogg – Consultant in Public Health, Bristol City Council			
Presenters	Sarah Weld - Director of Public Health, South Gloucestershire Council Emily Moseley - Public Health Registrar, Bristol City Council			
Action required:	Decision / Discussion / Information			
Discussion/ decisions at previous committees	<i>Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)</i> SHIPPH December 2024 ICP Board May 2024 SPOG March 2024 At all meetings our proposal to develop a unified, whole systems approach was supported.			

Purpose:
<p>The purpose of this agenda item is to set out plans for a system-wide healthy weight pledge.</p> <p>This is an action set out in the BNSSG Joint Forward Plan and an agreed delivery priority for the Strategic Health Inequalities, Prevention, and Population Health Committee of the Integrated Care Board.</p> <p>The ICP Board are asked to provide feedback on the final draft of the pledge - <i>Why Weight? Pledge for creating Healthier places Together</i> and how it can be implemented across our health and care system</p>
Summary of relevant background:

Link to ICS Joint Forward Plan

The *Why Weight? Pledge* has been developed and co-produced by a steering group that was established in September 2024 and has included representation from all statutory ICS partners, as well as VCSE and lived experience. The group also comprised of wider system stakeholders engaged in related work (for example sustainability and trauma informed practice). PPIE has been part of our process, with a workshop held to hear feedback on the commitments and their implementation. SHIPPH have had oversight of our approach and have been updated in March (as SPOG) and December 2024, with full support.

The *Why Weight? Pledge* represents an opportunity for all the organisations who make up our ICS Healthier Together Partnership to make an active commitment to recognise the role they have in creating an environment where everyone has the access and ability to eat well, feel well and be active. The commitments set out in the Pledge are to be considered as a high-level set of principles that all Healthier Together partner organisations across BNSSG will sign.

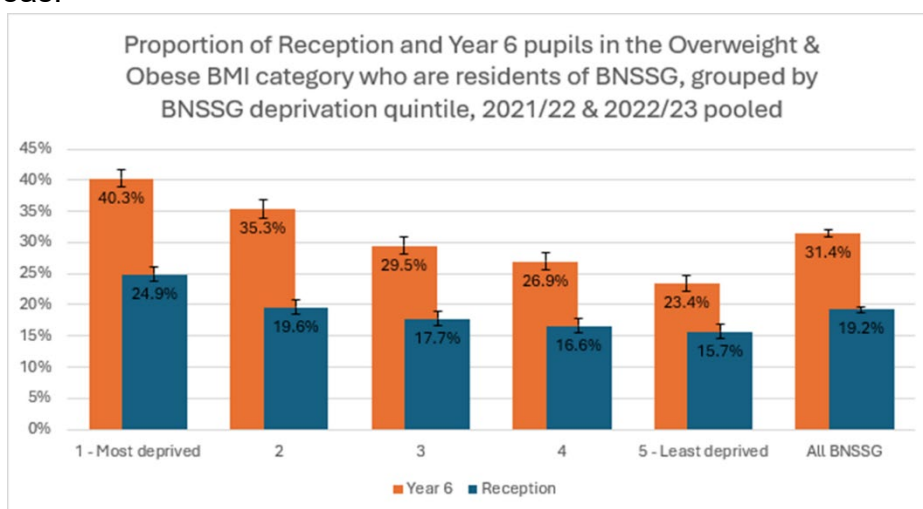
The commitments support action to deliver on the five opportunities identified within our [Bristol, North Somerset and South Gloucestershire ICS System Strategy](#):

- Tackle inequalities
- Strengthen the building blocks of good health and wellbeing
- Prevent illness and treat people earlier
- Work alongside communities to support healthy behaviours
- Manage conditions better once people are ill

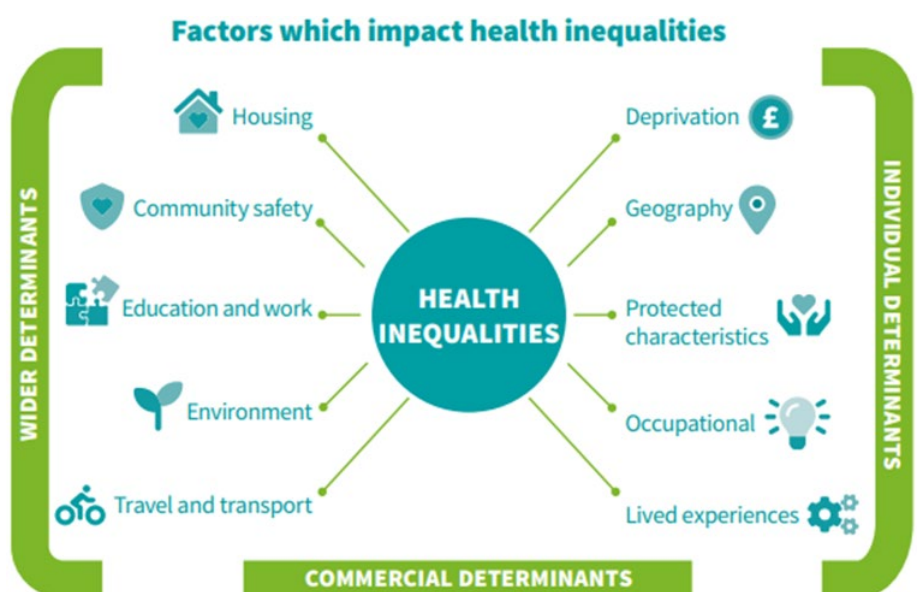
The *Why Weight? Pledge* underpins a whole system approach to healthy weight, and we aim to be one of the first ICS to take this approach. Engaging our partners will act as a system enabler to align strategies and policies that can work together to have a greater impact on prevention and the health and wellbeing of local communities. Small changes on a system level can have a big impact on the health of the population as a whole. This is a complex issue and we need partners within the ICS to be aligned in their thinking and approach.

Background

- Living with Obesity is a significant risk factor for preventable diseases, including heart disease, diabetes, and certain cancers, affecting a large proportion of the BNSSG population. Approximately 57.3% of adults in the region are living with overweight or obesity. Childhood obesity rates are highest, and also increasing, among children living in the most deprived areas.



- People living in our most deprived areas have less access to the conditions needed to enable a healthy life, with ethnic minority groups disproportionately affected. This drives higher rates of obesity and widens health inequalities, so we will prioritise work that addresses these disparities.



¹ Data from the National Child Measurement Programme

² Infographic from Cornwall and Isles of Scilly Health and Wellbeing Strategy - Our vision for 2023

- A whole system approach involves collaboration across health, local authority, and voluntary and community sector partners to an environment where everyone has the access and ability to eat well, feel well and be active. This includes policies that reduce food insecurity, address weight stigma, and promote active lifestyles.
- The *Why Weight? Pledge* acknowledges that there is a need for a sensitive, multi-faceted approach to enabling people to have a healthy weight that encompasses all of the wider social, environmental and economic factors that have the biggest impact on an individual's health.

"We want current and future generations to live in a local environment that promotes a healthier weight and wellbeing as the norm. This makes it easier for everyone, regardless of age, background, circumstance or where they live, to access healthier food, eat healthier diets and live active lifestyles, and ensures support available for people with excess weight. We achieve this through collective action across the system, in partnership with local communities³"

- Changes to national policy can have the biggest impact on the food environment but there is still much that can be led locally to drive change for our local communities⁴.
- Language matters - We will change the narrative around obesity to acknowledge that obesity is not based on will power and personal responsibility, and we need to actively address weight stigma in the approach and language that we use.
- Equalities and inequalities have been taken into account throughout the development of this pledge and this will continue as the pledge is implemented. EQIAA for the pledge is underway. All partner organisations are encouraged to complete an EQIAA as they develop their own implementation plans.

Available resources to support implementation

To support this work there are a series of resources available:

- Support pack to guide implementation including an internal comms toolkit and step by step guide for adoption.
- Monitoring tool to benchmark current work that contributes to this field and identifies gaps for future actions.
- *Why Weight? Changing the Narrative* – eLearning resource to introduce the concept of weight stigma to employees of ICP partner organisations and wider colleagues

³ *What Good Healthy Weight for all ages Looks Like (2019)* Available [here](#)

⁴ [Blueprint - A blueprint to halve obesity in the UK](#)

Monitoring and evaluation

- Outcomes over the first 2-5 years will be focused on attitude changes and culture shift, the evaluation of this will include regular engagement with a PPIE group. It will take 5-10 years to have an impact on key population level indicators, and we are currently working on selecting these and collecting baseline data.
- We have applied to the NIHR Three Schools Prevention Research Programme to evaluate the Pledge, and will learn the outcome of our bid by April 2025.

Discussion / decisions required and recommendations:

Recommendations:

Commit to Whole-System Approach:

- Support the *Why Weight? Pledge* and commit to its implementation across the ICS. In the first phase it is anticipated that implementation will be through the three local authorities, NHS trusts, the ICB, VCSE organisations and general practice providers, with wider partners included in the next phase of implementation.
- Recommend implementation of the *Why Weight? Pledge* be overseen at Board level by a named senior lead within each organisation⁵, and that all partners seek to agree to it by 1 September 2025.

Discussion:

Connect with other organisations: How can we encourage collaboration across sectors to improve access to healthy food, active living spaces, and supportive environments, particularly in deprived communities?

How can the ICS advocate for national changes to the food environment?

National policy changes are needed to create an environment that promotes healthier food choices, improves food access, and ensures that all communities, particularly those in underserved areas, can benefit from improved food systems. How BNSSG ICS can advocate for national policies to improve the food environment?

Champions: How can the ICP Board members Champion the *Why Weight? Pledge* within their own organisations and in the wider health and care system?

Monitoring and accountability: How does the ICP want to be kept updated about implementation across the system?

⁵ For general practice this would be oversight from the GPCB, with implementation at practice level.

The Why Weight? Pledge has been developed and co-produced by members of the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System (ICS) Partnership organisations.

It represents an opportunity for all the organisations who make up our ICS Healthier Together Partnership in BNSSG to make an active commitment to recognise the role they have in creating an environment where everyone has the access and ability to eat well, feel well and be active.

The commitments set out in the Pledge are to be considered as a high-level set of principles that all Healthier Together partnership organisations will sign.

They support action to deliver on the five opportunities identified within our Bristol, North Somerset and South Gloucestershire ICS System Strategy:

- Tackle inequalities
- Strengthen the building blocks of good health and wellbeing
- Prevent illness and treat people earlier
- Work alongside communities to support healthy behaviours
- Manage conditions better once people are ill

As a signatory organisation we commit to implement the Pledge as part of a systems-wide approach to building a healthy weight environment;

We acknowledge that:

- There is a need for a sensitive, multi-faceted approach that encompasses all of the wider social, environmental and economic factors that have a big impact on health.
- Living with obesity is often stigmatised due to oversimplified views that place the responsibility solely on individuals, ignoring the wider factors that shape our lives and impact on health.
- We need to challenge ideas that obesity is solely due to unhealthy eating and inactivity. The causes of obesity are complex and multifaceted, involving a range of factors that cannot be addressed through a single intervention.
- We need to engage children, young people, and their families, adults and older adults and recognise that supportive environments are needed for healthy development.
- People living in our most deprived areas have less access to the conditions needed to lead a healthy life, with ethnic minority groups disproportionately affected. This drives higher rates of obesity and widens health inequalities, so we will prioritise work that addresses these disparities.

Connect and collaborate

1. **Strategic leadership** – Ensure there is strategic leadership to drive the commitments across organisations, identify connections, and integrate actions with other programmes and strategies.
2. **Work in partnership** – Involve workplaces, social enterprises and other organisations in the implementation of action to create an environment where everyone has the access and ability to eat well, feel well and be active.

Considerate communications

3. **Take action against weight stigma** – Recognise and take action to reduce the negative impact of weight stigma on both physical and mental health.
4. **Workforce development** – Support and champion workforce development by enhancing staff knowledge of the links between weight and health, weight stigma, and trauma-informed approaches, including appropriate communication.
5. **Focus on health gains** – Clearly communicate how small changes in improving nutrition and moving more can have significant health gains and a positive impact on physical and mental health and wellbeing.

Create healthier places

6. **Improve food and drink environments** – Support and improve the food and drink environments under our control or influence, ensuring food and drink available is healthy, affordable and sustainable.
7. **Create healthy environments** – Take action to create environments that support and enable people to move more and be more active.

Community led

8. **Access to nutritious, affordable and culturally appropriate food** – Engage and support communities to improve access to nutritious, affordable and culturally appropriate food.
9. **Involve communities** – Involve local communities in designing and implementing programmes that create environments to support good health.

Continue to learn

10. **Share successes and challenges** – Adopt an outcomes-focused approach by agreeing on metrics that are meaningful to our organisations and the people we serve. Monitor and evaluate work, sharing successes and challenges to foster learning and spread best practices throughout the system.



**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 alliance update – TBC - Mark Hubbard (15 mins)
- Healthier Together 2040 – project delivery progress report (Sarah Truelove)
- Update on the Darzi report (independent investigation of the NHS in England)

2.00 pm, 27 February 2025

Standing items:

- Update from Health and Wellbeing Board Chairs x3
- Update from Integrated Care Board Chair
- Healthier Together 2040 – project delivery progress report
- BNSSG ICS Why Weight Declaration (Sarah Weld, Sally Hogg, Emily Moseley)

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
- Progress update: Integrated Care System All Age Mental Health Strategy
- Potential item: update on NHS 10 year plan