

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

1.30 – 3.05 pm, Thursday 11 September 2025

Venue: Council Chamber, 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 10 July 2025

To approve the minutes of the previous meeting.

3. Public forum items

Any items received will be circulated.

4. ICB update (1.35 pm)

- To include latest update on ICB changes, NHS 10 year plan and Winter Planning update

5. Health and Wellbeing Board and Locality Partnership updates (1.45 pm)

- Updates from the respective Chairs of the Health and Wellbeing Boards
- Locality Partnership updates

6. Implementing Corporate Parenting across the BNSSG ICP (2.10 pm)

- Item to be led by Hannah Woodhouse, BCC Executive Director: Children and Education with support from Bristol, SG and NS colleagues)

7. Healthier Together 2040 – Strategic intentions for working age adults with multiple health needs (2.50 pm)

Update to be presented by Gemma Self, Programme Director - Strategic Projects

Meeting close – 3.05 pm

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

1.30 – 4.00 pm, Thursday 10 July 2025

**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))

Community and VCSE Voices:

Mark Graham (CEO, For All Healthy Living Centre)

David Smallacombe (CEO, Care and Support West)

Fiona Mackintosh (ACFA advice network/VCSE Alliance)

Council, Constituent Health and Care Organisations:

Christina Gray (Director of Public Health, Bristol City Council)

Matt Lenny (Director of Public Health, North Somerset Council)

Sarah Weld (Director of Public Health, South Gloucestershire Council)

Hayley Verrico (Director – Adult Social Services & Housing)

Locality Partnerships:

Huda Hajinur (Chair, Inner City & East Locality Partnership)

David Moss (Woodspring & Weston Locality Partnership)

Sharron Norman (Chair, North & West Bristol Locality Partnership)

Other attendees (including standing invites):

Razwan Akbar (SWASFT)

Rosie Shepherd (Chief Nursing Officer, BNSSG ICB)

Gemma Self (Programme Director BNSSG ICP)

Apologies for absence:

Alun Davies (Voices in the Community/Lived Experience representative)

Barbara Brown (Chair, Sirona Care & Health)

Claire Shiels (North Somerset Council)

Chris Sivers (South Gloucestershire Council)

Stephen Beet (South Bristol Locality Partnership)

Mark Coates (Creative Youth Network)

Rebecca Mear (Voscur)

Shane Devlin (NHS BNSSG Healthier Together)

1. Welcome & Introductions

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

2. Minutes of previous ICP Board meeting held on 24th April

The minutes of the previous ICP Board meeting held on 24th April 2025 were confirmed as a correct record.

3. Public Forum

It was noted that no Public Forum items had been received for this meeting.

4. ICB Update

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

Summary of main points raised/noted in discussion of this item:

- The NHS 10-year plan had been announced which highlighted that ICPs would be abolished.
- The BNSSG ICB would merge with Gloucestershire in April 2026. Colleagues highlighted the importance of early engagement to ensure a joined-up approach.
- A Strategic Transition Board would be established which would appoint a new Chief Executive.
- It was noted that ICPs were created by legislation and would require changes in order to abolish, and therefore ICP Boards would still continue to operate until this is updated.

- It was noted that further discussions on the future of the Board would take place in the workshop session following the board meeting.

5. Health and Wellbeing Board and Locality Partnership Updates

The written updates, as included in the agenda papers for the meeting, were noted.

The Board received brief updates from the respective Chairs of the Health and Wellbeing Boards as follows:

- Councillor Stephen Williams - Bristol Health and Wellbeing Board
- Councillor Jenna Ho Morris - North Somerset Health and Wellbeing Board
- Councillor John O'Neill - South Gloucestershire Health and Wellbeing Board

Locality Partnership update:

David Moss, Locality Director, introduced the item and noted that representatives had been invited to the board for a panel Q&A session which highlighted the important work of the key contributors from the North Somerset Falls Collaborative.

Key points were as follows:

- The multi-agency team have established PROFFS digital screening tool to assist with patient falls.
- The new system helps to identify patients at risk of falls before they occur and implement preventative measures and interventions.
- The panel highlighted challenges faced by the team along with positive reflections around collaboration, building relationships and data sharing with a cross sector approach.
- There was a discussion around funding and the challenges around this.
- Noted that work plans for each of the 6 Locality Partnerships had been shared in the meeting papers.

6. Winter planning update

The Board received a verbal update from Rosi Shepherd, ICB Chief Nursing Officer, on winter planning.

Summary of main points raised/noted in discussion of this item:

- Noted that areas of focus included hospital to home transitions, enhancing the community service offer and vaccination uptake.
- Noted that the ICB would retain system leadership for winter planning and the review undertaken last year would inform the approach for future plans.
- There was a discussion around how Local Authorities and VCSEs contribute to winter planning.

- Noted the regional approach to winter planning which would be discussed as a priority across the sector.

7. Healthier Together 2040 – progress update

The Board received a progress update on Healthier Together 2040 from Gemma Self, BNSSG ICB. The written updates, as included in the agenda papers for the meeting, were noted.

Summary of main points raised/noted in discussion of this item:

- Highlighted engagement on the project around the design phase which involved a series of multi-stakeholder events and focus groups with members of the public.
- Outputs and insights from these events would be presented at the next ICP Board in September.
- Highlighted key themes and vision of the approach, particularly around relational wellbeing, neighbourhood infrastructure, social prescribing, and upstream prevention.
- There was a discussion around building relationships and trust with frontline workers.
- It was noted Healthier Together 2040 progress update had been reported at respective Health and Wellbeing Boards.

8. ICP Board forward agenda plan

The ICP Board forward agenda plan was noted.

Meeting finish time – 3pm.

Integrated Care Partnership Board

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UPDATE – BNSSG INTEGRATED CARE BOARD

1. The most recent ICB Board meeting will be held on 4 September 2025. All the papers can be viewed here:

[Integrated Care Board \(ICB\) Board meeting – 4 September 2025 - BNSSG Healthier Together](#)

2. A verbal update will be given at the meeting covering:

- the latest update on ICB changes.

- NHS 10 year plan

- Winter Plan– please see this link to a paper submitted to the 4 September ICB Board

[6.2 - Winter Plan approval - ICB Board September 2025](#)

Integrated Care Partnership Board

Agenda item	5a	Meeting date	11 September 2025
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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 23 July 2025. All the papers can be viewed at: [ModernGov - bristol.gov.uk](https://moderngov.com/bristol.gov.uk)

2. The main issues considered at the 23 July meeting were:

a. An update on Healthier Together 2040: briefing and discussion on the progress of the Healthier Together 2040 approach to date; specifically, the process taken, the outputs identified and the next steps in the journey. The opportunity was also taken to share emerging thoughts about the future of neighbourhood health and care and how the Healthier Together 2040 approach might support the development of population needs based models of care.

b. An update on Bristol's Multiple Disadvantage (MD) Strategy and the Changing Futures Programme: The MD Strategy, approved in February 2024, addresses the needs of individuals facing three or more overlapping challenges such as homelessness, substance use, mental ill-health, criminal justice involvement, and domestic abuse. It promotes a trauma-informed, person-centred approach and builds on the success of Changing Futures, which concludes in March 2026.

c. The Preventing Suicide in Bristol Annual Report: The annual report outlined the confirmed or suspected suicides in Bristol, providing information regarding demographics, locations and methods used by those losing their lives in this tragic way. The information helps the authority to identify current activity in this field, emerging trends and risks, and informs the action plans and strategic work to prevent suicides in the city in future.

d. The Pharmaceutical Needs Assessment: an update on the progress in producing the revised Bristol Pharmaceutical Needs Assessment (PNA) 2025.

e. An update on the outcomes of the year long assessment process of Bristol's Adult Social Care by the Care Quality Commission.

Integrated Care Partnership Board

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UPDATE – NORTH SOMERSET HEALTH AND WELLBEING BOARD

1. The most recent North Somerset Health and Wellbeing Board meeting was held on 21 May 2025. All the papers can be viewed here: [Agenda for Health and Wellbeing Board on Wednesday, 21st May, 2025, 2.00 pm | North Somerset Council](#). Feedback on that meeting was provided at the last ICP Board meeting on 10 July.

2. The next Health and Wellbeing Board meeting is due to take place on 24 September. The main items due to be discussed are:

- Health and Wellbeing Strategy delivery update – the strategy was agreed earlier this year and actions are being delivered around the key themes of: mental health and wellbeing; food, nutrition and oral health; tobacco, alcohol and drug use; being active; core determinants of health; and healthy places and communities
- Better Care Fund update

The Board will be a shorter formal meeting in September, to allow more time for an informal workshop that will focus on Neighbourhood Health led by Locality Director David Moss following a Creative Health approach and how the opportunities presented in the 10-year NHS Plan can be successfully implemented in North Somerset. Participants will be asked to share thoughts on what they can bring to neighbourhood working, what they would like to take from neighbourhood working and what conditions and principles are needed to support the outcomes we want to achieve.

The session will include learning from an existing example of change (Woodspring Frontline Complex Care Team), a World Café session to work through practical application of neighbourhood working and closing reflections using a panel of colleagues from across organisations that will play key roles in helping to deliver the benefits of stronger neighbourhood working.

Integrated Care Partnership Board

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UPDATE – SOUTH GLOUCESTERSHIRE HEALTH AND WELLBEING BOARD

1. The most recent South Gloucestershire Health and Wellbeing Board meeting was held on 8 July 2025. All the papers can be viewed here: [Agenda for Health & Wellbeing Board on Tuesday, 8th July, 2025, 10.00 am - South Gloucestershire Council](#)
2. This was the first meeting of the new municipal year. Councillor John O'Neill was reappointed as Chair and Cllr Alison Evans was appointed as Vice Chair for 2025-26. The Board also agreed its terms of reference and meeting dates for the year ahead.
3. Better Care Fund Plan for 2025-26 – the Board formally ratified the final Better Care Fund Plan for 2025-26 that was submitted to NHS England on 31 March and agreed to delegate ongoing responsibility for the signing-off of future Better Care Fund submissions to the Chair of the Health and Wellbeing Board, in consultation with South Gloucestershire Council's Directors of Adult Services and Public Health along with the Integrated Care Board's Deputy Chief Executive Officer and Chief Financial Officer.
4. Healthier Together 2040 and Integrated Neighbourhood Health and Care – members received a briefing on the progress of the Healthier Together 2040 approach to date, specifically the process taken, the outputs identified and the next steps in the journey, in anticipation of the full outputs being shared at the next board meeting in October. The Board noted the intention to use the population needs based approach being tested through HT 2040 to develop models of for future neighbourhood health and care. Noting that it be a matter for boards to develop the neighbourhood plan and for those to be collated by the wider ICB footprint for the purposes of commissioning health services.
5. Annual Joint Strategic Needs Assessment (JSNA) update – as part of new reporting arrangements, members received an update on progress with the JSNA and Pharmaceutical Needs Assessment (PNA) and endorsed the ongoing role of the JSNA Steering Group to oversee the delivery of the JSNA.
6. Dementia Strategy 2025-2030 – members received an overview of the strategy, which set out the background, context and aims, vision, what a good dementia journey looks like, evidence collected (including inequalities), what communities have told us, key issues identified and recommendations. Members endorsed the content of the draft strategy and proposed recommendations for action, which are:
 - a) Focus on inequalities
 - b) Strengthen community involvement and representations
 - c) Improve awareness and understanding
 - d) Ensure a good dementia journey
 - e) Deliver better social care support
 - f) Support carers of people living with dementia
 - g) Improve access to community support & connectedness

- h) Improve and interface between community & secondary care
- i) Better end-of-life planning
- j) Develop our workforce
- k) Use data and insights better
- l) Create age friendly communities

There was a good discussion about the draft strategy, points included:

- How people can reduce their risk of dementia and any targeted work with young people –
 - communications will be framed around risk reduction. Interventions and actions that can be taken individually or as a community are common to many other long-term conditions (e.g. being physically active, having a healthy weight, eating well and not smoking) are core recommendations that all partners can promote for people to live longer healthier lives.
 - Advice about how we can encourage people to be interested and link into groups – often there are structural barriers, e.g. transport issues, or previous experiences that are an issue and must be considered as the strategy recommendations are delivered.
 - Helpful to learn from other national campaigns, e.g. cancer.
 - What is the reason for slightly lower diagnosis rates in South Glos compared to the rest of BNSSG – this needs further investigation.
 - Important for Board members to support the network of groups that exist, e.g. memory cafes, as supportive environments providing peer support.
 - Need to connect wellbeing and preventative offers available.
 - Off the back of the strategy, the Locality Partnership Collaborative (where the six LPs across BNSSG come together) has secured funding for services and there has been investment in a single training offer for any organisation who works with people with dementia to have a consistent approach across the system.
 - A South Glos Community of Practice for dementia is being developed.
 - The strategy reflects findings from Healthwatch report in 2021, which includes a carers support map, which is kept up to date and can be linked into the final document.
 - Strategy is owned by the Locality Partnership and Ageing Better Partnership, through which delivery will be monitored.
7. South Gloucestershire Sexual and Reproductive Health Service – members received an overview of local Sexual & Reproductive Health provision in South Gloucestershire following the mobilisation of the new BNSSG Integrated Sexual and Reproductive Health Service contract from the 1 April 2025. Members were asked to note the briefing and familiarise themselves with local provision to support the promotion and utilisation of the new service and share this information within their organisations to promote awareness and access to local services.
8. Health Protection Assurance Report 2024-25 – the Board received the annual health protection report, which set out controls and assurances against identified health protection risks and issues in South Gloucestershire. The Board approved the report and the nine priority areas for the Health Protection Assurance Group and Health Protection and Emergency Planning team to focus on in 2025-26 in addition to routine assurance group. These are:
- a) Exercise our Communicable Disease Plan
 - b) Screening and immunisations
 - c) Data collection and analysis
 - d) Community resilience
 - e) Workforce development for health protection and emergency planning
 - f) Sector led improvement
 - g) Partnership working
 - h) Health care associated infections

i) Sexual health

9. South Glos Locality Partnership – members received the latest update from the Locality Partnership, which included its Plan on a Page and clinical leadership for 2025-26, which clearly align with the five strategic commitments in the South Gloucestershire Joint Local Health and Wellbeing Strategy 2025-29. In addition, place-based working is one of the strategy's areas of focus for year 1 and members received an update on progress and next steps following the joint Board and Partnership development session in June. Members noted that place and neighbourhood working is a very busy space with lots of different forums involved. Since the development session there have been further meetings to link up projects and workstreams. There is consensus amongst partners that we need to work at a place and neighbourhood level, and it is important to get the voice of communities as we develop our thinking. Place and neighbourhood mean different things to different communities and areas, so it is difficult to have a standard definition. Instead, we are going to create a set of principles to work to.
10. Health and Wellbeing Board Annual Report 2024-25, the Board noted the annual report for 2024-25, which included information on:
 - Background to the Health and Wellbeing Board
 - The Board's statutory functions
 - Information about the Board's deep dives into the Joint Local Health and Wellbeing Strategy 2021-25 strategic objectives
 - A list of updates and annual reports from related partnerships and boards
 - An overview of the Bristol, North Somerset and South Gloucestershire Integrated Care Partnership's work during 2024-25
 - An overview of the South Gloucestershire Locality Partnership
 - Details of the joint development sessions between the Health and Wellbeing Board and Locality Partnership during 2024-25
 - An explanation about the development of the new Joint Local Health and Wellbeing Strategy 2025-29 and an overview of its content
 - A look ahead to 2025-26 – the Health and Wellbeing Board forward plan and risk assessment; and the Locality Partnership's Plan on a Page
 - Board membership and meeting attendance information

Next development session, 8 September

The Health and Wellbeing Board and Locality Partnership continues to have quarterly joint development sessions on the Joint Local Health and Wellbeing Strategy for the year 1 areas of focus. The next one is on 8 September on physical activity and healthy weight, and we will share an update at the next ICP meeting.

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

Integrated Care Partnership Board

Agenda item	6 - Corporate Parenting	Meeting date	11 th September 2025
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Title	Implementing corporate parenting across the BNSSG ICP			
Scope: System-wide or Programme?	Whole system	X	Programme area (Please specify)	
Author & role	Liz Small, Corporate Parenting Manager, Bristol			
Sponsor / Director	Hugh Evans, Executive Director of Adult Social Care, Bristol			
Presenters	<p>Hannah Woodhouse, Executive Director for Children and Education, Bristol</p> <p>Liz Small, Corporate Parenting Manager, Bristol</p> <p>Simon Bone, Strategic Workforce Project Manager, BNSSG ICB</p> <p>Karl Knill, Head of Service for Corporate Parenting, North Somerset</p> <p>Petros Careswell, Service Manager for Corporate Parenting, South Gloucestershire</p>			
Action required:	Consider additional ways the health system can promote positive outcomes for children in care and care leavers.			
Discussion/ decisions at previous committees	<p>Corporate Parenting as an item for the ICP Board was originally proposed by Hugh Evans, Executive Director of Adults Services in Bristol, in July 2024, recognising the need for all partners to be engaged in this work.</p> <p>Operational pressures delayed it until 2025 but it was agreed at the August 2025 agenda-setting meeting that a slot would be made available on 11th September 2025.</p>			

Purpose:
<p>This presentation aims to:</p> <ul style="list-style-type: none"> • Share the corporate parenting context across the BNSSG footprint • Highlight the health challenges for care-experienced children and young people that can affect the whole life course • Enable opportunities for the partnership board to discuss ways in which they can address the challenges and mitigate against long-term health inequalities
Summary of relevant background:
<p>Children and young people growing up in Local Authority care are one of society's most vulnerable groups. Neglect and abuse are the most common reasons for children entering state care and these are significant risk factors for both poor physical and mental health and can impact the whole life course.</p>

Data collection for care-experienced people is not routinely collected leading to limited understanding of the local health needs of this cohort. Available research including longitudinal studies on the impact of state care show markedly poorer outcomes in multiple domains across the life course from long-term health conditions to premature mortality. National studies and locally available data suggest approximately 3% of the population have spent time in Local Authority care – a relatively significant proportion of the population when compared with other minority groups (for example Gypsy Roma Traveller communities (0.1% - 1%) or the Trans population (under 1%))

As corporate parents, we are required to consider the needs of children in care and care leavers as if they were our own, and always be asking ourselves ‘Would this be good enough for my own child?’ It involves understanding the barriers children in care face and advocating for them for what they need and are entitled to. For some children and young people, a corporate parent is the closest thing they will have to a parent in their lives.

Corporate Parenting duties are enshrined in law in the Children Act 2004 and are set to be further embedded across public sector bodies through the new Children’s Wellbeing and Schools Bill 2025 which will require additional commitments from Integrated Care Boards, NHS Trusts and Foundation Trusts, and the Care Quality Commission. Having dedicated time as a board to consider our joint approach to this group of people will enable us to take steps towards our vision to promote health equality, meet our statutory obligations and achieve our joint strategic plans.

Discussion / decisions required and recommendations:

- Reflect on the corporate parenting role at a leadership level.
- Consider the discussion points below based on three domains in particular:

Data collection

1. How robust is your data collection across the life course?
2. How do your KPIs enable you to monitor this population across the health landscape?
3. How does data strategically inform services you deliver for care-experienced children, young people and adults?

Tailored support and specialist services

1. How well equipped are GPs to become the responsible health professional for care leavers at 18?
2. What specialist services could you consider putting in place to mitigate long-term poor outcomes?
3. How do your policies enable more appropriate service delivery for care-experienced people and how are they being reviewed to ensure impact?

Training and Awareness

1. If a young person told their health professional they were a care leaver would they know what to do?
2. How well do your services understand the levels of disproportionality in health outcomes?

Corporate Parenting in Health - BNSSG

Corporate Parenting context

Corporate parenting: legal responsibilities

Over 1200 children in care across BNSSG and over 1400 care leavers

Nationally, c.3% of overall population has spent time in LA care

Children in care are among the most vulnerable in society: often higher and more complex health needs and experience worse health outcomes than their peers.

Understanding these challenges is key to improving outcomes

Importance of partnership working

Health issues for care-experienced children and young people

- Access to dentistry
- Mental health and wellbeing
- Sustaining healthy lifestyles - and the impact on whole life outcomes
- Access to universal services in adulthood
- Early parenting (18% of care leavers are parents)
- Management of health needs of complex children and children out of area
- Deaths more likely to be concluded as self-harm, accidents or related to mental illness
- Significantly increased risk of death (360%) compared with those living with parents

Additional challenges

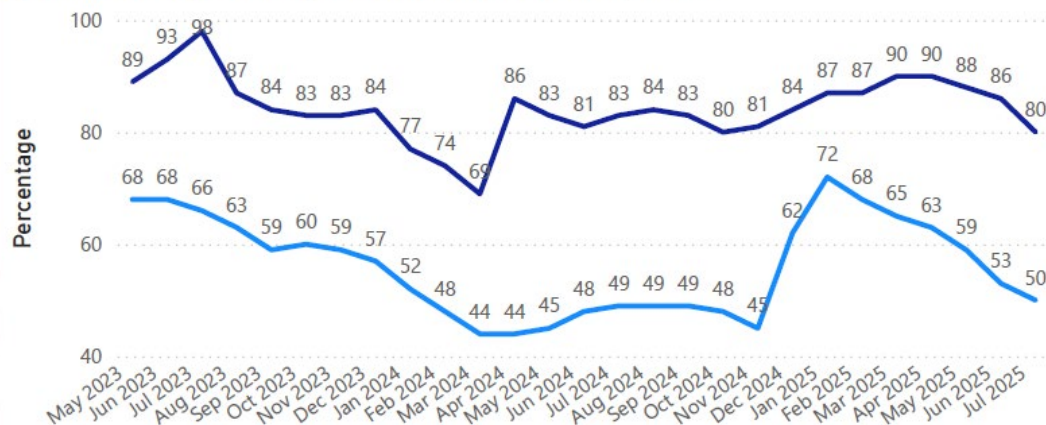
- Lack of health lead/specialist services post 18
- Fragmented systems and limited funding
- Stigma - and fear of discrimination
- Data: inconsistent tracking, gaps in collection and outcomes measurements
- Financial impact of unmet need in childhood and transition to adulthood

Health indicators

Bristol

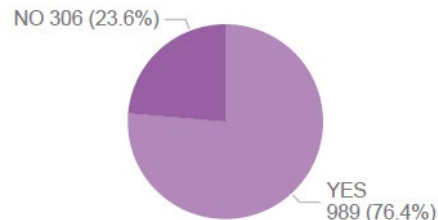
Percentage of dental check up to date and percentage of review health Assessments up to date by Date

● % dental check up to date ● % review health Assessments up to date

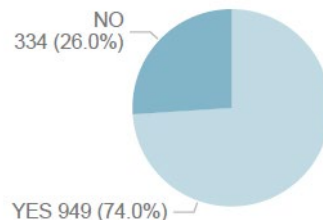


BNSSG

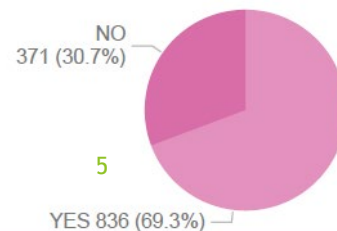
Are Immunisations Up to Date



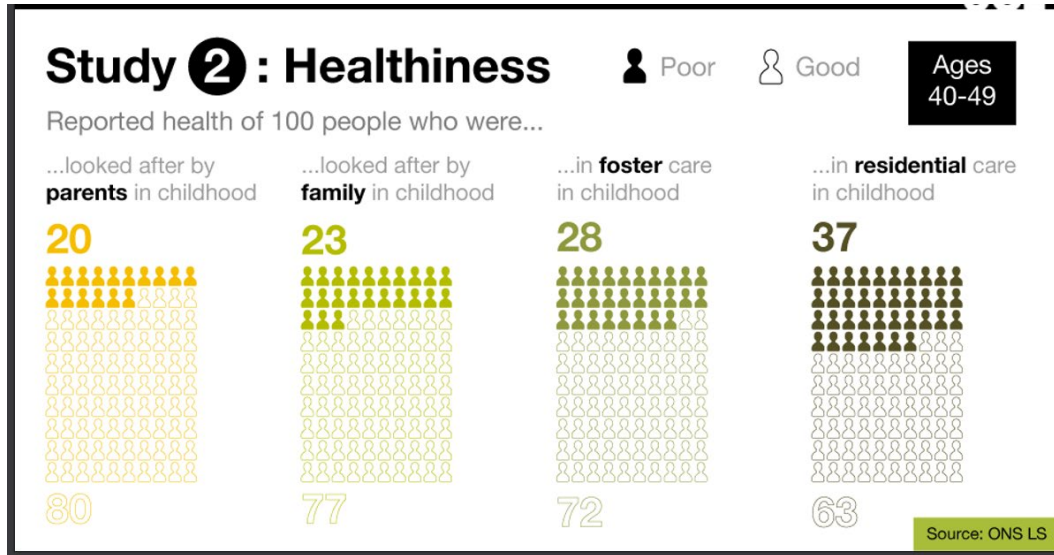
Has Child Seen a Dentist in the Last 12 Months



Has Child Had an Eye Test in the Last 12 Months



Beyond childhood (national)



Mental health inequalities

Mothers who spent time in care were more likely to have mental health problems than those who hadn't grown up in care:

- 45% (of mothers with care experience) v 28% (of mothers without care experience) had been diagnosed with depression by the time their child was nine months old.

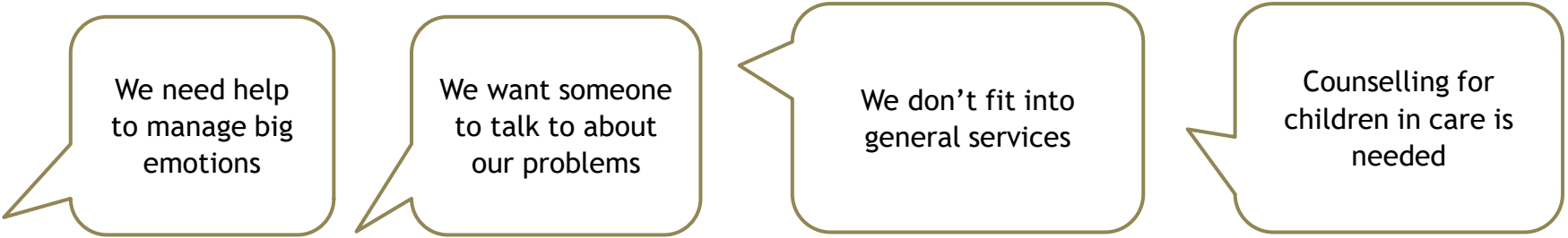
Their children were also more likely than their peers to experience poor mental health, especially during mid to late adolescence:

- 21% v 10% were diagnosed with depression or anxiety,
- 38% v 26% had reported self-harming; and,
- 16% v 7% had reported self-harming with suicidal intent.

Young adults with a history of care had almost nine times the risk of death by suicide compared to their peers with no social services contact in childhood.

What's important for children and young people?

- Accessible and timely mental health support
- Access to dentistry
- Consistency in workers
- Smooth transitions from children's to adult services



We need help
to manage big
emotions

We want someone
to talk to about
our problems

We don't fit into
general services

Counselling for
children in care is
needed

Access to Opportunities

- ▶ NHS Universal Family Programme- engagement across BNSSG system partners
- ▶ Gap in support with Careers Education Information Advice and Guidance (CEIAG), direct to Care Experienced individuals
- ▶ Opportunities to create diverse workforce pipeline from those with lived experience, including routes in such as; pre-employment programmes, WExp, Apprenticeships and T levels.
- ▶ Transformative benefits and stability.. Trauma informed approaches to recruitment- levelling the playing field.
- ▶ Changing mindsets and raising awareness
- ▶ Direct synergy with Get Britain Working White Paper and Youth Guarantee Initiatives
- ▶ Opportunity for cross sector multi agency collaborative approaches and co creation to maximise impact and benefit to Care experienced individuals and employers.

NICE Guidelines

Positive relationships
across the network
(consistent, available,
caring)

Trauma-informed care

Sufficient specialist
expertise

Intermediate support
for children and young
people on waiting lists
for mental health
services

Continuity of
healthcare to span
moves

Continue services
beyond 18 until care
transferred to adult
services

Summary

- Corporate parenting is everybody's responsibility
- Care-experienced children and young people face multiple, intersecting health challenges that affect them across the life course
- Solutions require coordinated, trauma-informed, and person-centred approaches - often 'thinking outside of the box'
- Better data collection and use is key
- Responsibility and understanding of need to be embedded at every level of the health system

Discussion slot - what can you do?

Please share your reflections with each other: What does it mean to you to be a good corporate parent?

Data collection

1. How robust is your data collection across the life course?
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Tailored support and specialist services

1. How well equipped are GPs to become the responsible health professional for care leavers at 18?
2. What specialist services could you consider putting in place to mitigate these long-term poor outcomes?
3. How do your policies enable more appropriate service delivery for care-experienced people? How are your policies being reviewed to ensure impact?

Training and Awareness

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Appendix

Connect, share and develop together.



Hosted by Career
Matters

Thrive Action Group Corporate Parents Call to Action

The Thrive programme established in 2018 brings together systems around young people and adults with care experience – both in the community and in YOI/Prison settings.

Join us to share good practice, connect and support the care experienced community. Develop practice around Corporate Parenting.



Monday 29th September 2025



1000–1200 hrs

Online

Contact us to find out more
on website



www.career-matters.org



Please register by following the link -

<https://www.eventbrite.co.uk/e/thrive-action-group-call-to-action-corporate-parents-tickets-1436315681869?aff=oddttdtcreator>

References and further reading

- ▶ <https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next>
- ▶ <https://www.gov.uk/government/publications/applying-corporate-parenting-principles-to-looked-after-children-and-care-leavers>
- ▶ [RCGP-Safeguarding-Coding-Information-June-2017.pdf](#)
- ▶ [Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](#)
- ▶ [Promoting the health and wellbeing of looked-after children -](#)
- ▶ [Death of autistic care leaver two weeks after 18th birthday has lessons for all | BASW](#)
- ▶ Baker, C., Brihein-Crookall, L and Selwyn, J. (2022) The wellbeing of children in care and care leavers - learning from the Bright Spots Programme: Strategic Briefing. [Online] Available at: <www.researchinpractice.org.uk>
- ▶ Murray, E., Lacey, R., Maughan, B. and Sacker, A. (2020) 'Association of childhood out-of-home care status with all-cause mortality up to 42-years later: Office of National Statistics Longitudinal Study.' *BMC Public Health*, 20:735.
- ▶ Research in Practice (2025) What matter to children in care and care leavers' wellbeing. [Online] Available at: <www.researchinpractice.org.uk>
- ▶ Sacker, A. (2020) Research highlights link between a childhood in care and early unnatural death. [Online] Available at: <www.ucl.ac.uk>
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- ▶ [Recommendations | Looked-after children and young people | Guidance | NICE](#)
- ▶ [The impact of long-term state care on the mental health of children | CoramBAAF](#)
- ▶ [Care experienced children and young people - Research insights from administrative data](#)
- ▶ [Children of care leavers risk inheriting parents' emotional scars | UCL News - UCL - University College London](#)
- ▶ [The lifelong health and wellbeing trajectories of people who have been in care - ADR UK](#)
- ▶ [Looked after children grown up - Nuffield Foundation](#)
- ▶ [care-graphic-full-v4](#)

Integrated Care Partnership Board

Agenda item	7	Meeting date	11 September 2025
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Title	Healthier Together 2040 – Strategic Intentions for Working Age Adults with Multiple Health Needs			
Scope: System-wide or Programme?	Whole system	x	Programme area (Please specify)	
Author & role	Emily Parkinson- Strategy and Planning Coordinator Gemma Self – Programme Director Simon Bailey – Strategy and Planning Coordinator BNSSG ICB			
Sponsor / Director	Dave Perry – Chair of HT2040 Steering Group Deb El-Sayed – Exec Lead for HT2040			
Presenter	Gemma Self			
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> <ul style="list-style-type: none"> • Subject to ICB Board approval on 03/09/25 • Discussed at ICP Board 03/07/25 and 27/02/25 • Regular involvement of HT2040 Advisory Group (reports into System Executive Group) • Sharing with each upcoming Local Authority Health and Wellbeing Board for discussion and ongoing endorsement of the process and outputs 			

Purpose:
<p>This paper aims to:</p> <ul style="list-style-type: none"> • Provide the ICP Board with the set of Strategic Intentions for Working Age Adults with Multiple Health Needs as the principles to support the development of a population needs based model of care • Share the next steps and proposed alignment with the NHS 10-year Plan, The National Neighbourhood Implementation Programme and ICB Strategic Commissioning Priorities
Summary of relevant background:

At the July 2025 Board, the ICP reviewed the HT2040 process and progress to date with a focus on the design methodology phase, the impact of the Locality Partnership Review and emerging thoughts to Neighbourhood Health alignment.

Since then, the following actions have taken place:

1. The 'Design Phase' has been concluded with extensive involvement from system partners and members of the public
2. Outputs from the Design Phase have been developed into a set of Strategic Intentions- set out in this paper
3. Working up a plan for alignment with the NHS 10-year Plan, The National Neighbourhood Implementation Programme and ICB Strategic Commissioning Priorities

Discussion / decisions required and recommendations:

1. **Discuss and Endorse** the Healthier Together 2040 Strategic Intentions for working-age adults with multiple health needs and the approach taken
2. **Discuss and Endorse** progression to the next design/delivery phase, including testing outcomes with communities, developing neighbourhood operating models, and aligning incentives
3. **To Note** the approach set out to inform Strategic Commissioning

1. Background

Healthier Together 2040 (HT2040) was established in 2024 to create a long-term strategic plan for BNSSG, aligning local need with the national 10-Year Plan. The overall goals of Healthier Together 2040 align with the three strategic shifts defined as the goals of the national 10-year plan: hospital to community, analogue to digital, treatment to prevention.

The main difference is that Healthier Together 2040 has used local data to identify target local population cohorts and has the intention of defining specific next steps by population cohort, we anticipate that these next steps will be embedded within a new neighbourhood health and care approach. The intention is to ensure Healthier Together 2040 increasingly aligns to the national direction as more information emerges.

The initial focus is on working-age adults with multiple long-term conditions; a cohort projected to grow by 50% in the next 15 years. This group is disproportionately in deprived areas, experiences poor outcomes, and is a high user of acute and long-term care.

Through evidence review and co-design with communities and System Partners, eight Strategic Intentions and a model of care have been developed. A series of Focus Groups and Design Events were undertaken which included extensive involvement in the form of questionnaires, workshops, lived experience focus groups (63 participants), VCSE

facilitation. The Design process prioritised deprived communities, those with multiple-conditions, and staff with health needs. **Feedback strongly emphasised whole-person, relationship-based, community-trusted care.**

The Strategic Intentions document brings together a plan setting out the priority actions to address the needs of this population cohort based on the feedback from the Design phase. It explicitly aims to **halve the gap in healthy life expectancy**, consistent with the 10-Year Plan.

It is intended that this document will:

- Articulate a vision for the future for this population need and start to set out the vision for a neighbourhood model for people living with complex health and social needs
- Describe the sentinel level outcomes we are aspiring to improve
- Set out the conditions required to be able to progress to this future state
- Map out alignment with the 10 Year Plan
- Provide options for next steps, given the changing context of the role of ICBs and other system partners

The purpose of these Strategic Intentions will be to set out a direction of travel to anchor the system to a longer-term future focus whilst triggering the next phase of work – to develop detailed commissioning and development plans to move forward towards that shared vision.

2. The Strategic Intentions:

1. Healthy Neighbourhoods providing whole person care

A neighbourhood-based model of care for working-aged people with multiple health conditions, combining consistent core features across all postcodes with local tailoring to address community needs and reduce inequalities. Centred on personalised wellbeing and health plans, people will be supported by an integrated, multi-professional team that takes a trauma-informed, relationship-based approach, linking clinical care with wider wellbeing support such as housing, employment, and financial stability.

Access will be flexible through community hubs, outreach, and digital tools, with proactive support offered at key life moments to prevent crisis. Over time, this model aims to reduce unplanned service use by providing holistic, preventative care, easing system pressures while enabling GPs and specialists to focus on those with the greatest need.

Workforce development will prioritise relational skills, digital capability, and care coordination, embedding a culture of person-centred, relationship-based care across the system. Ultimately, the model seeks to shift from fragmented, reactive provision to proactive, integrated neighbourhood care that improves outcomes and reduces inequalities, while remaining scalable and affordable.

2. Aligning Incentives

Funding will move towards outcomes-based models, beginning with Year of Care payments that consolidate primary, community, mental health, outpatient, and emergency care into a single annual budget per person. Personal health budgets will be explored to give individuals more control, while VCSE partners will be supported with stable, long-term contracting arrangements.

3. Data and Community Insights

A population health intelligence system will be developed to share data transparently across the system, combining clinical records with patient-reported outcomes and community insights. Interoperable systems, AI, and digital tools will enable proactive risk stratification and early intervention, ensuring action happens as close to home as possible.

4. Outcomes that Matter

The model will embed person-centred outcomes (e.g., activation, experience, functioning, health behaviours) alongside population-level measures (e.g., healthy life expectancy, years of life lost). Outcomes will directly inform personal wellbeing and health plans and be enriched by novel data sources such as wearables.

5. Digital Tools

A digital taskforce will co-design solutions with service users and partners, ensuring integration through unified records and human-centred design. To avoid digital exclusion, VCSE partners will support equitable access. Digital platforms will promote self-management, link to community resources, and connect people seamlessly with services.

6. Culture of Relationships and Trust

Neighbourhood models will prioritise trauma-informed, relationship-based practice, with trusted listener roles, peer coordinators, and co-design with communities. Staff will be trained, supported, and incentivised to build human-centred relationships, redistributing power and fostering trust across organisations, clinicians, and individuals.

7. Healthy Workplaces, Healthy Communities

Partner organisations will actively support staff living with health needs, embedding wellbeing activities into workplace culture. Occupational health services may extend to carers and small employers, while procurement levers will strengthen local economies by favouring organisations with good employment practices and community benefit commitments.

8. Embedding a Learning Health System

An iterative, data-driven approach will underpin continuous improvement, informed by research, academic partnerships, and international collaboration. Mechanisms for real-time evaluation and system-wide knowledge sharing will ensure the model evolves responsively and spreads best practice across neighbourhoods.

These intentions are our “big bets”; developed in partnership to address the needs of this population to provide strategic direction and a testbed for new models of neighbourhood-based care.

3. Key features for the next phase

System Architecture to Deliver the New Model of Care

To enable the neighbourhood-based, person-centred model of care, we will put in place a supporting system architecture that aligns incentives, harnesses data and insights, focuses on outcomes, embeds digital tools, rebuilds trust, supports healthy workplaces, and creates a culture of continuous learning.

Outcomes Focused

To support the delivery of this model we commit to a relentless focus on outcomes that matter most to people, without losing the human touch required to make it happen. We will align system incentives to support those outcomes and we will co-design the delivery — including teams, roles, and tools — through deep collaboration across all partner organisations and with the wider health and care workforce.

ICB Strategic Commissioning Approach

A key implication of the Healthier Together 2040 Strategic Intentions is the need to shift towards **outcomes-based funding models** that incentivise prevention, integration, and improved wellbeing. Current contracting and financial flows are largely activity-based and reinforce siloed service delivery. Moving towards mechanisms such as “**Year of Care**” **budgets** would enable funding to be aligned to the achievement of outcomes across neighbourhoods and cohorts, rather than volume of activity. This will require new commissioning approaches, revised contracting models, and collaborative risk-sharing arrangements between partners, with the ICB playing a central role as strategic commissioner.

Delivering the model will also bring significant **resource implications** across the system. Initially delivered by resource alignment, then shifts at which point additional investment to address remaining gaps will be identified. Areas where resource growth is anticipated to deliver this model are in **workforce development**, equipping staff with digital capability, coaching and care coordination skills, and embedding trauma-informed, relationship-based practice. There will also be a need for **digital infrastructure**, including interoperable systems, unified care records, and tools that support data-driven insights at population and individual levels. Alongside this, **sustained community investment** will be needed to strengthen local hubs, expand VCSE capacity, and enable neighbourhood-based, proactive models of support.

While these changes will require upfront investment and careful transition planning, the expectation is that costs will be increasingly **offset by reductions in acute demand** over time. By supporting people earlier, addressing the wider determinants of health, and proactively managing risk within neighbourhood teams, the system can reduce avoidable emergency attendances, admissions, and long-term reliance on hospital care. In the medium to long term, this will not only deliver better health outcomes and experiences for individuals, but also create a more financially sustainable system that can reinvest in prevention and community-based care.

The Strategic Intentions set out in Healthier Together 2040 will require **procurement models to evolve** so they are better able to support VCSE partners and neighbourhood-based approaches. Current procurement processes are often designed for large, single-provider contracts, which can create barriers for smaller organisations that play a critical role in prevention, community connection, and addressing wider determinants of health. Future approaches will need to place greater emphasis on flexibility, long-term sustainability, and social value, enabling VCSE organisations to participate as equal partners in delivery. This will be essential to achieving holistic, person-centred support in neighbourhoods.

This work must also maintain **alignment with national policy** and the emerging commissioning responsibilities of the ICB. The NHS Ten Year Plan sets out a clear ambition for neighbourhood-level health and wellbeing, with the National Neighbourhood Implementation Programme creating the framework for delivery. The Strategic Intentions developed through Healthier Together 2040 are directly aligned with these priorities and will provide a foundation for BNSSG to shape the national programme locally. For the ICB, this means adopting outcomes-based commissioning approaches that reflect both national expectations and local priorities, ensuring that new neighbourhood models of care are consistent, scalable, and accountable across the system.

Co-Design

The development of the Strategic Intentions has been underpinned by a **strong foundation of engagement** across the system. Over the past year, staff, system partners, VCSE organisations, and local communities have been actively involved through surveys, focus groups, interviews, and co-design workshops. More than 60 people with lived experience of multiple long-term conditions took part in focus groups alone, providing powerful insights into the challenges they face and the changes they would like to see. This collaborative

process has ensured that the Strategic Intentions are grounded in real experience and reflect what matters most to people, building trust and ownership across the system.

As the programme moves into delivery, an **ongoing communications and engagement plan** will be required to maintain transparency and momentum. This will include regular updates to communities, feedback loops to demonstrate how input is shaping decisions (“you said, we did”), and opportunities for staff and VCSE partners to continue co-designing the detail of new models of care. Clear, consistent communication will also be essential in managing expectations, ensuring alignment with national programmes, and embedding a culture of shared accountability. By sustaining open dialogue, the ICB can ensure that Healthier Together 2040 continues to be shaped and driven by the people it is designed to serve.

The Integrated Care Partnership Board are asked to share any reflections.