

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

**1.30 – 4.00 pm, Thursday 12 February 2026**

**Venue: The Loft @ The Stable, 3-6 Wadham Street, Weston-super-Mare, BS23 1JY**

## **Agenda**

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

**2. Minutes of previous meeting held on 11 September 2025**

- To approve the minutes of the previous meeting.

**3. Public forum items**

- Any items received will be circulated.

**4. Update from ICB Chair / CEO on ICB restructure - 1.35 pm**

- Jeff Farrar, ICB Chair / Shane Devlin, ICB CEO.

**5. Health and Wellbeing Board and Locality Partnership updates on Neighbourhood health and care plans - 1.45 pm**

- Updates from the respective Chairs of the Health and Wellbeing Boards on draft Neighbourhood health care plans.

**6. Update on ICB Population Health and Strategic Commissioning Plan – 2:15**

Update from ICB to be led by Dave Jarrett.

**7. Update on the Joint Clinical strategy, the Bristol NHS Group and the exploration of the merger of the two Trusts (NBT and UHBW) – 3:00 pm**

- Item to be led by Ingrid Barker, Group Chair.

**8. Forward Plan for ICP 2026-27 – 3:30pm**

- Jenna Ho Marris, Chair of BNSSG ICP Board.



**9. AOB – 3:50pm**

**Meeting close – 4.00 pm**

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

**11 September 2025**

**Council Chamber, Bristol City Hall**

# **Minutes**

## **Attendance list**

### **Partnership Board Leadership Group:**

Cllr Jenna Ho Marris (Chair, BNSSG ICP Board and Chair, North Somerset Health and Wellbeing Board)

Cllr John O'Neill (Chair, South Gloucestershire 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:**

Rebecca Mear (CEO Voscur/VCSE Alliance)

Mark Graham (CEO, For All Healthy Living Centre)

David Smallacombe (CEO, Care and Support West)

Dominic Ellison (WECIL/VCSE Alliance)

Mandy Gardner (Voluntary Action, North Somerset)

Fiona Mackintosh (ACFA advice network/VCSE Alliance)

Mark Coates (CEO, Creative Youth Network)

Aileen Edwards (CEO, Second Step/VCSE Alliance)

### **Council, Constituent Health and Care Organisations:**

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

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

Hannah Woodhouse (Executive Director: Children and Education, Bristol City Council)

Michael Richardson (Deputy Director of Nursing and Quality, BNSSG ICB)

Joanne Medhurst (Chief Medical Officer, BNSSG ICB)

Ingrid Barker (Group Chair, Bristol NHS Group)

Barbara Brown (Chair, Sirona Care & Health)

### **Locality Partnerships:**

David Moss (Woodspring & Weston Locality Partnership)

Alison Findlay (South Gloucestershire Locality Partnership)

Joe Poole (Head of Locality Development, BNSSG ICB)

### **Other attendees:**

Liz Small, Corporate Parenting Manager, Bristol

Simon Bone, Strategic Workforce Project Manager, BNSSG ICB

Karl Knill, Head of Service for Corporate Parenting, North Somerset

Petros Careswell, Service Manager for Corporate Parenting, South Gloucestershire

Gemma Self, Programme Director, BNSSG ICB

Naomi Emmerson, Communications Officer, BNSSG ICB

**Apologies for absence:**

Shane Devlin (Chief Executive Officer, BNSSG ICB)

Matt Lenny (Director of Healthy and Sustainable Communities, including Director of Public Health, North Somerset Council)

Hugh Evans, Executive Director: Adults and Communities, Bristol City Council

Ruth Hughes, (CEO, One Care)

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

Rosie Shepherd (Chief Nursing Officer, BNSSG ICB)

Chris Sivers (Executive Director - People, South Gloucestershire 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 10 July 2025**

The minutes of the meeting of the previous ICP Board meeting held on 10 July 2025 were confirmed as a correct record, subject to noting that Alison Findlay had sent apologies.

## **3. Public Forum**

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

## **4. Integrated Care Board (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:

1. It was noted that Jeff Farrar had been appointed as Chair of the NHS Gloucestershire ICB and BNSSG ICB Cluster. The announcement of the Chief Executive of the cluster was expected within the next few weeks.
2. Work to shape the new cluster organisation was starting and a transition committee had been established. Partners noted the overriding national government decision/context whereby NHS England was being abolished with ICBs nationally also being required to reduce their running costs by 50% during the current financial year.
3. Whilst the indication from the government was that Integrated Care Partnerships (ICPs) were to be abolished, this would require a change to existing legislation. It was noted that

the BNSSG ICP would therefore continue to meet in the meantime, as per the current year's schedule of meetings. Careful consideration was likely to need to be given, as the cluster governance arrangements were shaped, to how a successor partnership arrangement could be facilitated (on the assumption that ICPs were ultimately abolished). It would be important to capture effective ways of working and build on the system partnership arrangements developed since the inception of the ICB and to maintain the proactive approach to equality, diversity and inclusion and to engaging with locality, community, lived experience and VCSE voices.

4. As discussed at the previous meeting, ICB clusters would be focused more specifically moving forwards on strategic commissioning. There would still be a strong commitment to further develop the system approach to improving population health and tackling health inequalities.

5. It was noted that the update report included a link to the 2025/26 Winter Plan, which had been considered at the recent ICB meeting held on 4 September.

## **5. Health and Wellbeing Board and Locality Partnership updates**

### **a. Bristol Health and Wellbeing Board update:**

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

Cllr Stephen Williams, Chair of the Bristol Health and Wellbeing Board, highlighted that one of the main discussion items at the most recent meeting of the Board had been around 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 had also been 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. North Somerset Health and Wellbeing Board update:**

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

### **c. South Gloucestershire Health and Wellbeing Board update:**

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

Cllr John O'Neill, Chair of the South Gloucestershire Health and Wellbeing Board also highlighted that as part of the quarterly joint development sessions on the Joint Local Health and Wellbeing Strategy for the year 1 areas of focus, the Board had recently engaged in a very useful development session on physical activity and healthy weight, and issues around isolation.

#### **d. Locality Partnerships 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:

1. As set out in the update report, draft principles for locality working had been developed.
2. The following key messages had also been highlighted by localities:
  - The importance of continuing to invest in relational infrastructure, evaluation capacity, and leadership development at neighbourhood and locality level.
  - Looking to convene dedicated spaces for partners to explore and define the characteristics of trust and pace in system change, surfacing tensions, testing new ideas, and examining shared principles for change.
  - The importance of ensuring VCSE and community voices are central to governance and delivery.

### **6. Implementing Corporate Parenting across the BNSSG ICP**

The Board considered an update on implementing Corporate Parenting across the BNSSG footprint.

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

1. The Board received a presentation which:
  - shared the corporate parenting context across the BNSSG footprint.
  - highlighted in particular the health challenges for care-experienced children and young people that can affect their whole life course.
  - sought to encourage opportunities for the ICP Board to discuss ways in which they can address challenges and mitigate against long-term health inequalities.
2. It was noted that it was important to recognise the value offered through organisations such as Off the Record in providing mental health support for children and young people, including care leavers.
3. It was acknowledged that it was important to try to maximise job/training/development opportunities and pathways for young people leaving care, and to ensure that they had access to health services, e.g. dental care. There was scope to develop more joined-up approaches as this should be seen as a whole system issue. Appropriate data sharing between health and local authorities could be explored as part of the approach to improved outcomes for children in care and leaving care.

4. The Board members then participated in small group discussions, sharing reflections around the following issues/ questions:

- What does it mean to you to be a good corporate parent?

#### **Data collection**

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

#### **Tailored support and specialist services**

- How well equipped are GPs to become the responsible health professional for care leavers at 18?
- What specialist services could you consider putting in place to mitigate these long-term poor outcomes?
- 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**

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

At the conclusion of the item, it was agreed that it would be appropriate for a further collaborative discussion to be scheduled on this topic in approx. 6 months time.

## **7. Healthier Together 2040 – Strategic intentions for working age adults with multiple health needs**

The Board considered a report that:

- provided an update on 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
- shared the next steps and proposed alignment with the NHS 10-year Plan, The National Neighbourhood Implementation Programme and ICB Strategic Commissioning Priorities.

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

1. It was noted that since the July ICP Board meeting, the following actions had/were taking place:

- a. The 'Design Phase' had been concluded with extensive involvement from system partners and members of the public.
  - b. Outputs from the design phase had been developed into a set of strategic intentions, as set out in the report.
  - c. Working up a plan for alignment with the NHS 10-year Plan, The National Neighbourhood Implementation Programme and ICB Strategic Commissioning Priorities.
2. The continued importance of co-design was stressed, noting that the development of the Strategic Intentions had been underpinned by a strong foundation of engagement across the system. Over the past year, staff, system partners, VCSE organisations, and local communities had been actively involved through surveys, focus groups, interviews, and co-design workshops
3. In terms of future commissioning, some concern was expressed around the importance of not losing the valuable work commissioned through projects at the local level. It was noted that within larger future contracts, it was anticipated that there would be scope for sub-commissioning – the detail of this would need to be worked through carefully, mindful of the contribution at the local level. Within the context of Strategic Intentions and the strategic commissioning role of ICB clusters, it would be important to retain the principles around open conversations and co-design; also to develop the ability to act locally and maintain the locality link and work with VCSE organisations in responding to national issues.

Meeting close: 3.15 pm

# Integrated Care Partnership Board

<b>Agenda item</b>	5a	<b>Meeting date</b>	12 February 2026
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## UPDATE – BRISTOL HEALTH AND WELLBEING BOARD

1. The most recent Bristol Health and Wellbeing Board meeting was held on 22<sup>nd</sup> January. All the papers can be viewed here: [ModernGov - bristol.gov.uk](https://www.moderngov.com/d/4283467/c/1624224)

- The Board approved the latest version of the Bristol Neighbourhoods Wellbeing and Health Plan
- The Board was informed of the 2026/27 Better Care Fund settlement and forthcoming changes to the fund for 2027/28
- Healthwatch presented their annual report highlights and sought support for the future of Healthwatch
- The Board will give input on its contributions to the new One City Missions

2. Current issues/priorities:

On 18<sup>th</sup> February, the Board is holding a joint workshop with the One City Transport Board on active travel. One of the aims is to explore joint working opportunities between the transport and health systems.

# Integrated Care Partnership Board

<b>Agenda item</b>	Neighbourhood Health Plans	<b>Meeting date</b>	12 <sup>th</sup> Feb 2026
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<b>Title</b>				
Scope: System-wide or Programme?	Whole system	Bristol HWBB	Programme area (Please specify)	Neighbourhood Health Plan
Author & role	Mark Allen Richardson, Public Health Specialist			
Sponsor / Director	Christina Gray, Director of Public Health and Communities			
Presenter	Sharon Norman			
Action required:	For information and discussion			
Discussion/ decisions at previous committees	<i>Bristol Health and Wellbeing Board – approved the plan</i>			

<b>Purpose:</b>
<b>To provide an update on the Bristol Neighbourhood Health Plan</b>
<b>Summary of relevant background:</b>
HWBBS were tasked with working with partners to produce a high level plan for Neighbourhood Health.  Bristol HWBB has held two partner workshops and participated in the ICP workshop. The plan has been discussed and approved by the HWBB and is currently being formatted prior to submission to the ICB in February.
<b>Discussion / decisions required and recommendations:</b>
To note the key points and recommendations  Consider practical next steps to making the plan a reality.

A top-down view of a group of people sitting around a table, engaged in a collaborative activity. The table is covered with various items: a laptop, several colorful sticky notes (blue, purple, yellow, pink), and hand-drawn diagrams. One diagram features a stylized face with arrows pointing to it, and another shows a flowchart with boxes and arrows. The people's hands are visible, some holding markers, suggesting they are actively working on the project. The overall atmosphere is one of teamwork and creative problem-solving.

# Bristol Neighbourhoods Wellbeing & Health Plan

## Key Points Summary

# Our Vision & Ambitions

Everyone can live their best life from the start and throughout their life.

- Everyone feels they belong.
- People are informed and able to manage their own health and wellbeing.
- Services can be accessed in a timely, convenient and flexible way.



# Working together as equals

Hospitals

Community Health

Communities

Businesses

Schools and colleges

VCSE

GPs

Local authorities

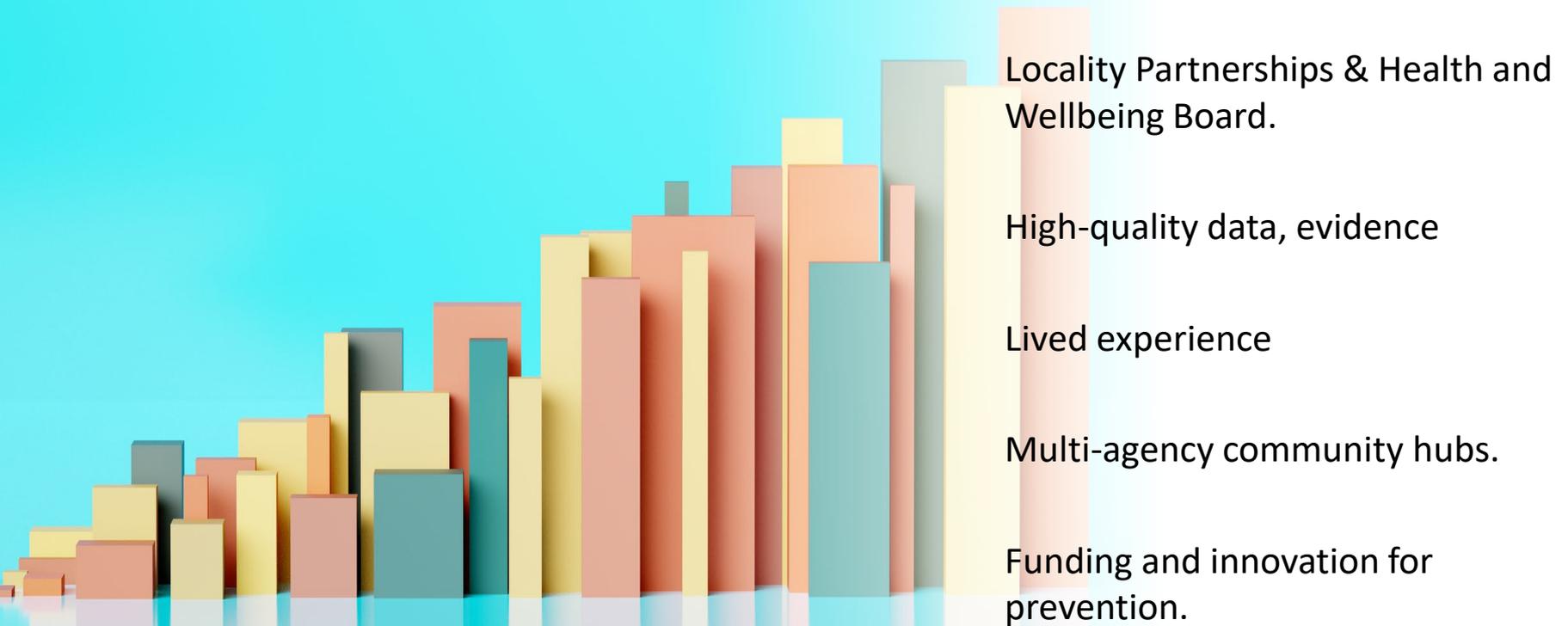




# Alignments

- Children, Young people and family strategy & programmes
- Adult Social Care strategy and programmes
- Bristol NHS Clinical Strategy
- GP Reforms
- Community Services reforms
- Local regeneration and place-based programmes

# Essential Pillars





# Critical Enablers

- A flexible, supported, healthy workforce.
- Digital capability to work anywhere and share data.
- Accessible, sustainable shared buildings and estate.
- Services delivered where need is greatest.
- Clear, jargon-free communication.

# Integrated Care Partnership Board

<b>Agenda item</b>	5b	<b>Meeting date</b>	12 February 2026
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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 28<sup>th</sup> January. All the papers can be viewed here: [Agenda for Health and Wellbeing Board on Wednesday, 28th January, 2026, 2.00 pm | North Somerset Council](#)

2. Current issues:

The Health and Wellbeing Board considered:

- The proposed BNSSG Statement of Shared Ambition and Community Health and Wellbeing Fund, presented by Sirona. The Board were asked to consider sign up to the Statement of Shared Ambition and contribution to the joint fund.
- The findings from engagement and outreach conducted as part of the Ageing in North Somerset programme, led by VANS, achievements to date, actions implemented in the programme, and the next steps recommended.
- Progress in delivering the Joint Health and Wellbeing Strategy workstreams regarding (i) carers' health and wellbeing, and (ii) equity, diversity and inclusion and health creation. The item focused on sharing insights from engagement with unpaid carers and people of the global majority, to guide next steps in partnership working.
- Progress in developing Neighbourhood health plans, providing an opportunity for discussion and shaping of plans by the Board.

# Integrated Care Partnership Board

<b>Agenda item</b>	5b	<b>Meeting date</b>	12 February 2026
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## UPDATE – Update on Neighbourhood Health and Care Plans

### Current issues:

The progress update is set out below on Neighbourhood Health, drawing on three recent workshop sessions and the system-wide slide pack shared at the meeting.

#### a. Consolidated direction of travel for Neighbourhood Health

Partners reaffirmed a strong shared ambition for a whole-person, community-connected neighbourhood model. Key themes included:

- Trust, co-design and local priority-setting
- Strong readiness for neighbourhood-level working
- Recognition of emerging innovation, particularly in Woodspring
- A clear need to shift from siloed service models to integrated neighbourhood practice

#### b. Emerging national guidance and local readiness

The Board noted that forthcoming national guidance (including the Model Neighbourhood Framework and related documents) will shape the final submission required by the end of March. Further rapid workshops will be held through February and early March to interpret this guidance and translate it into North Somerset-ready plans.

#### c. Continuity as a defining principle for North Somerset

A strengthened emphasis was placed on **continuity** as the organising principle that gives neighbourhood health its coherence and value:

- **Continuity of place**  
Residents experience care and wellbeing support rooted in natural communities, through familiar local teams and settings.
- **Continuity of person**  
People benefit from ongoing, trusted relationships with multidisciplinary teams working around “what matters to you,” rather than episodic or fragmented contacts.
- **Continuity of record**  
A shared, accessible care plan and consistent information flow ensure that every professional, and the resident themselves, sees the same story, reducing duplication and improving safety, outcomes and experience.

These three continuities underpin the shift toward integrated, person-centred neighbourhood working and align with the emerging BNSSG neighbourhood goals for 2040.

#### d. Woodspring’s learning and alignment with the National Neighbourhood Improvement Programme (NNHIP)

Woodspring continues to act as North Somerset’s early test site for neighbourhood working. The work there is helping us understand how neighbourhood models operate in real life and what is required to make them effective, scalable and sustainable.

**Key insights emerging from Woodspring include:**

- Strong community-led insight and asset mapping, helping identify what already exists within neighbourhoods and where gaps or opportunities lie.
- Stories-based learning and direct dialogue with residents, which is revealing complexity that data alone cannot capture and helping partners see the system from the resident’s point of view.
- A live example of a neighbourhood-based Complex Care Team, bringing together core, enhanced and linked MDT elements around a shared “what matters to you” approach.

**Case finding is becoming a particularly important area of learning.**

Woodspring is beginning to demonstrate what proactive, neighbourhood-level identification of residents looks like when it blends Population Health Management data with local intelligence. This includes soft intelligence from VCSE partners, community connectors, primary care teams and “nomadic” roles. The emerging approach helps identify not just people who are clinically at risk, but those whose complexity is social, relational or environmental. This enables teams to reach individuals who would not normally appear through traditional referral routes and provide support earlier.

**These insights align closely with the NNHIP**, which emphasises strong PHM methods, integrated MDT behaviours, shared outcomes, clear neighbourhood priorities, and iterative improvement cycles. Woodspring’s experience is therefore giving us a grounded, real-world foundation to help shape the North Somerset submission and guide how neighbourhood health can be scaled across localities.

**e. Neighbourhoods act as an “adaptive space” in North Somerset**

Adaptive space describes the place where the formal system and the lived experience of communities meet. This gives partners a safe, practical environment to surface issues, experiment at small scale, and translate real-world insight into workable system changes. It is where relational connectors and ‘nomadic’ roles help bridge organisational boundaries, where creative and community-led approaches reveal hidden needs, and where new models can be prototyped before being adopted more widely. This adaptive function is becoming a defining feature of our locality partnerships, enabling progress that is both operationally realistic and grounded in what matters to residents.

**f. Nomad working in North Somerset Neighbourhoods**

Within neighbourhoods, “nomads” are the trusted relational connectors who move fluidly between the formal system and the lived reality of communities. They are not tied to rigid

organisational pathways or job-plan boundaries; instead, they build the relationships, insight and cultural understanding that more traditional roles often cannot reach. In practice, nomads help residents navigate fragmented systems, translate between professional and community “tribes,” surface hidden needs, and feed real-time learning back into services. They form the human infrastructure of neighbourhood working, holding the threads between services, people and places and are essential to making neighbourhoods effective as adaptive spaces where genuine co-production, trust and system change can take root.

#### **g. Governance and next steps**

Given that the HWBB does not meet again before the national deadline, the Board agreed to seek **delegated authority** for the Chair, Jenna Mo Harris, to sign off the final Neighbourhood Health Plans.

Work planned for February–March includes:

- Partner workshops to interpret national guidance
- Alignment of neighbourhood, locality and PCN priorities
- Identification of early prototypes
- Strengthening enabling conditions (workforce, governance, digital, estates, commissioning, data)
- Drafting, refining and finalising plans ahead of national submission

# Integrated Care Partnership Board

<b>Agenda item</b>	5c	<b>Meeting date</b>	12 February 2026
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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 15 January. All the papers can be viewed here: [Agenda for Health & Wellbeing Board on Thursday, 15th January, 2026, 10.00 am - South Gloucestershire Council](#)

Current issues:

2. **South Gloucestershire Neighbourhood Wellbeing and Health Plan** – the draft plan was presented to the Board on 15 January. It will be the delivery plan for the [South Gloucestershire Joint Local Health and Wellbeing Strategy 2025-29](#) strategic commitment to build a programme of place-based working, and the year 1 focus area to ‘develop a shared vision for place-based working and neighbourhood health in South Gloucestershire’. The latest version of the plan is enclosed at Appendix 1.
3. The approach so far has built on existing community asset-based development work and insights, for example from those with lived experience of community mental health. Over the coming weeks more will be done with local communities, town and parish councils and Sirona care and health to shape neighbourhood health and care models. Opportunities arising from the new BNSSG shared investment fund approach will also be explored and consideration will be given to how children and young people are reflected in the plan to ensure there is alignment with the emerging Best Start in Life Plan, which will be published by 31 March
4. The Board agreed for the Locality Partnership Board to update the Neighbourhood Wellbeing and Health Plan in line with its comments and subsequent national guidance; and the Health and Wellbeing Board Chair will have delegated authority to sign off the final version to ensure submission within national timescales. It was also agreed that the plan will be published as an addendum to the [South Gloucestershire Joint Local Health and Wellbeing Strategy 2025-29](#), in-line with the strategic commitment and year 1 area of focus.
5. **Joint Development Sessions** – the final two joint development sessions on the Joint Local Health and Wellbeing Strategy’s year one areas of focus are currently being planned. On 4 February, the topic is Children, Young People and Families’ Neighbourhood Health and Wellbeing - shaping our approach in South Gloucestershire; and on 19 March the focus is Housing & Wellbeing – work as a Board to develop a Housing and Wellbeing Strategy for South Gloucestershire.

<p>Health and Wellbeing Board Chair: Cllr John O’Neill Cabinet Member for Adults and Homes <a href="mailto:John.o'neill@southglos.gov.uk">John.o'neill@southglos.gov.uk</a></p>	<p>Contact for further info: Claire Rees Health &amp; Wellbeing Partnership Officer <a href="mailto:Claire.rees@southglos.gov.uk">Claire.rees@southglos.gov.uk</a></p>
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Appendix 1: South Gloucestershire Healthy Neighbourhoods Plan v1





## Key facts about South Gloucestershire

300,000



people live in South Gloucestershire, projected to reach **350,000** by **2041**. The area is a mix of urban, rural, and market towns, with substantial new development. Diverse with **80% rural** and **20% urban** split in land and 60% population living in urban areas. There are notable **health inequalities** in health, access, and outcomes, especially for **deprived and rural communities**.



## Our challenges

### Health Inequalities, wider determinants and population change.

Despite generally better health outcomes than the national average, there are **significant disparities** in preventable deaths, mental health, obesity and access to services. Issues include poverty, educational attainment gaps, **rural isolation**, **transport barriers**, and the impact of climate change. An **ageing population** and growing numbers of **children in poverty** present ongoing challenges.



## Community insights

### Priorities include health, wellbeing, education and tackling poverty.

What matters locally: Residents value community, **access to amenities**, and a balance of urban / rural life. There is **strong local pride**, especially at the town / village level.

Engagement: People want **genuine involvement in decisions**, not tokenistic consultation.



## How we work together

South Gloucestershire has **1 Locality Partnership** which is a principal delivery mechanism for the **Health & Wellbeing Strategy** and is leading the development of our Neighbourhood Health and Care Plan. There are **6 Primary Care Networks**. The LP works closely with the HWBB: there is **shared membership** and **regular meetings** between leaders and delivery groups.



## Our approach to Neighbourhood

Our neighbourhood approach will be based around **how residents define their local neighbourhood and communities**. This may include approaches based around where people live, where they go or shared interested and activities.

- Neighbourhood is a **way of working**, a **culture** and an approach to supporting communities.
- Community voice must be included from the start – **community empowerment** is key.
- Communities are **best placed** to know what they need, and we will believe what they tell us.
- People are complex. We will no longer respond to **complexity** by compartmentalising people's lives to simplify service delivery.
- Children, young people and adults cannot be separated by artificial boundaries. People exist in **family units**, and each unit is unique in its make-up and needs.
- Trusted relationships** are everything – who do we need to be in a relationship with to change outcomes?
- If we choose the wrong **measures**, we choose poor **outcomes**. It all begins with outcomes.
- We will prioritise **prevention** and **reducing inequalities**. We recognise that health is shaped by multiple overlapping factors and reducing inequalities goes hand in hand with prevention and addressing core determinants of health.
- We will remember that our **current approach** to service provision is not resulting in optimum outcomes or experience for our population and communities.
- The role of statutory commissioners and Place is to **convene** and **enable**, not control.
- This new way of working may feel **messy** and uncomfortable and that's ok. We will learn to sit with the discomfort and resist the urge to return to the status quo.

# Integrated Care Partnership Board

<b>Agenda item</b>	06.	<b>Meeting date</b>	12.2.26
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<b>Title</b>	<b>Population Health and Strategic Commissioning Plan for 2026 – 2031</b>		
<b>Scope: System-wide or Programme?</b>	Whole system	<b>X</b>	Programme area (Please specify)
<b>Author &amp; role</b>	<b>Gemma Self Programme Director – Healthier Together 2040</b>		
<b>Sponsor / Director</b>	<b>David Jarrett - Chief Strategic Commissioning Officer, NHS Gloucestershire and NHS Bristol North Somerset and South Gloucestershire ICBs cluster</b>		
<b>Presenter</b>	<b>David Jarrett – Chief Strategic Commissioning Officer, NHS Gloucestershire and NHS Bristol North Somerset and South Gloucestershire ICBs cluster</b>		
<b>Action required:</b>	Decision / <b>Discussion</b> / Information		
<b>Discussion/ decisions at previous committees</b>	<i>Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)</i>		
	<b>Locality Partnership Boards Strategy Network</b>		

<b>Purpose:</b>
<p>This presentation aims to:</p> <ul style="list-style-type: none"> <li>• Inform the Integrated Care Partnership on the details of BNSSG ICB’s Population Health and Strategic Commissioning Plan</li> <li>• Inform the Partnership Board of the aim and three new strategic ambitions that are shared with Gloucestershire ICB - Healthy Lives, Health Equity and Best Value.</li> <li>• Use of population segmentation from Healthier Together 2040 and local insights to address long term health inequalities</li> <li>• Summarise year one of the commissioning intentions for the ICB including the development of Neighbourhoods and the recommissioning of childrens health services</li> </ul>
<b>Summary of relevant background:</b>
<p>There is a national requirement for Integrated Care Boards (ICBs) to develop five-year Strategic Commissioning Plans and Population Health Plans. The timing of this work has been particularly challenging, as it has had to run in parallel with the development of Neighbourhood Health Plans by Health and Wellbeing Boards, as well as with providers creating their own plans. In addition, the timeline for completion has been shorter than usual, running from November to January, and</p>

coinciding with the progression of a clustering arrangement with Gloucestershire ICB.

The approach taken has focused on aligning efforts across BNSSG and Gloucestershire, centred around three shared ambitions. There has been a heightened emphasis on Year One of the plan, with Year Two to be refreshed once the organisations have merged. Given reduced capacity and attention expected in 2026/27, the plan includes fewer major items for transformation. Instead, it seeks to build on existing work and momentum, such as the initiatives set out in Healthier Together 2040 and the ICS Strategy 2023, plus key insights drawn on population intelligence. It progresses the ICB's Joint Forward Plan and more recently, the commissioning intentions.

**Discussion / decisions required and recommendations:**

To note the commissioning intentions of the ICB and work in partnership to align future plans across the system..

# BNSSG Population Health and Strategic Commissioning Plan

Briefing Slide Deck  
Jan 2026



# Context

- National requirement for ICBs to prepare 5 year Strategic Commissioning Plans and Population Health Plans
- Timing has presented a challenge:
  - Parallel to development of Neighbourhood Health Plans by Health and Wellbeing Boards
  - Parallel to providers developing plans
  - Shorter timeline than usual (Nov – Jan)
  - Parallel to progressing clustering arrangement with Gloucestershire ICB
- Approach taken:
  - Alignment across BNSSG & Gloucestershire with 3 Shared Ambitions
  - Heightened focus on Year One; Year Two will be refreshed as merged organisation
  - Fewer big items for transformation – reflecting reduced capacity and attention in 26/27
  - Capitalising on existing work and momentum – eg Healthier Together 2040

# Our plan for improving health and care in BNSSG

We have one aim across BNSSG and Gloucestershire – **to increase healthy life expectancy for all, and narrow the gap between different groups of people**

Over the last decade the number of years people are spending in poor health is increasing and the inequality between the most and least deprived area is also increasing, particularly for men.

Healthy life expectancy is influenced more by the conditions people live in than by healthcare itself. Achieving this requires everyone to play their own part. This plan describes the role the NHS will play. We are supporting three areas of national and local policy:

- Preventing sickness, not just treating it
- Moving more care to the community rather than in hospital
- Making better use of digital technology

**This Plan sets out our ambitions and plans for how we will commission partners to deliver this change over the next five years**

# Local health and care needs informing the plan

Drawn from JSNAs, Population Cohort Analysis (HT2040) and Dynamic Population Model

## Prevention needs to be embedded at every level

- Many early deaths and chronic illnesses result from preventable or modifiable causes.
- Risk factors cluster socially - more common in disadvantaged and marginalised communities.
- These health issues are interconnected and cumulative due to poverty, trauma, unstable housing, and social isolation.

## Wider determinants must be addressed in partnership

- Treating these as core system risks, not background context, failure to address them sustains future illness and pressure
- The NHS must continue to operate as a partner in addressing these issues through Health and Wellbeing Boards

## Need to design around the challenge of complex multiple needs

- People often face multiple linked physical, mental, and social issues rather than just one illness.
- Multimorbidity leads to more pain, disability, social care requirements, and unexpected healthcare use.
- Current single-condition, episodic care models do not fit this complex, ongoing need.

## Organise via population cohorts to address how health inequality accumulates

- Inequality begins early
- Early disadvantage leads to riskier behaviours, poorer life chances and earlier onset of long-term conditions in adulthood
- Without intervention, today's working-age multimorbidity becomes tomorrow's frail, dementia and high-dependency older population, alongside rapid growth in those aged 75+

## Place must be central to strategy

- Health needs vary greatly by location, with different challenges in urban, rural, and coastal areas
- Population changes and disease trends will influence future demand
- Uneven demand requires place-focused planning for sustainable services

## Current health system is unsustainable and contributes to poor outcomes

- Rising demand driven by preventable illness, deprivation and multimorbidity, with a small number of people accounting for a large share of acute activity
- Despite increasing activity and spend, population health outcomes and healthy life expectancy have stalled - diminishing returns from the current model
- Fragmented, illness-focused services generate avoidable demand and fail to address root causes of ill health

# People's experience of healthcare and care in BNSSG: why redesign is now essential

- Growing frustration with **long waits and access issues**, not staff or values; delays are now expected as standard
- **Access issues exacerbate inequalities** particularly for deprived groups, disabled individuals, and some ethnic minorities.
- People **want timely, continuous, relationship-based care** rooted in communities, not more appointments.
- Engagement with deprived and marginalised communities shows that **many people disengage after repeated barriers to access**, reducing opportunities for early diagnosis and intervention.
- **Trust** is a particular issue for some communities, shaped by experiences of discrimination and the quality of relationships with professionals
- Professionals note siloed working, risk appetite influencing acute care use, and condition-focused silos.
- Redesign centred on neighbourhoods and relationships essential for a resilient, equitable healthcare future.

BNSSG's international partnership with Alaska's Nuka Health System reshaping our focus on experience and emphasising community driven, equitable, proactive care as an ambition

**One Aim**

**We will increase healthy life expectancy for all, and narrow the gap between different groups of people**

**Three Strategic Ambitions**

**Healthy Lives**

People live healthier lives for longer, by preventing avoidable illness and decline.

**Health Equity**

Health outcomes, experience and access are fairer across all communities.

**Best Value**

What we value is defined by people's experiences and outcomes, within a sustainable system.

**Four population cohorts of strategic importance**

**Children and Young People**

**Adults living with multiple disadvantage**

**Working age with multiple health challenges & rising risk**

**Complex Older People**

**Four Commissioning Intentions Themes**

**Redesigning for the Future**

- Neighbourhood Health
- Children's Community Services

**Creating the conditions for success**

- Market development
- Financial incentives and procurement
- Digital, Estates, Workforce
- Systematic approach to inequity
- Trauma informed system

**Areas requiring focus**

- Neurodiversity
- Urgent & Emergency Care
- All Age Continuing Care

**Core Business**

- Prevention
- Primary Care
- Maternity
- Mental Health Services
- LD & Autism service
- Childrens Services
- Elective Care
- Diagnostic & Cancer
- Medicines

# Alignment of ambitions to need and outcomes framework

Overall Aim

We will increase population healthy life expectancy across BNSSG and narrow the gap between different population groups

Addressing....(Alignment to Our Future Health)

Measured by... (Alignment to BNSSG outcomes framework)

## Healthy Lives:

People live healthier lives for longer, by preventing avoidable illness and decline.

**We create the conditions for good health, helping people stay well and slowing the transition into poorer health, reducing avoidable demand on services.**

Improve everyone's mental wellbeing  
Reduce infectious diseases  
Reduce smoking  
We will give the next generation the best opportunity to be healthy and well

## Health Equity:

Health outcomes, experience and access are fairer across all communities.

**With partners, we address the root causes of inequality and target support to groups and neighbourhoods experiencing the poorest outcomes and access.**

Early deaths from preventable causes  
Healthy Communities outcomes – Fuel poverty, poor housing, homes and communities safe from harm, child poverty

## Best Value:

What we value is defined by people's experiences and outcomes within a sustainable system.

**We continuously improve people's experiences while reducing low-value activity and focusing investment on effective, person-centred and preventative approaches.**

Proportion of health and care staff who report being able to deliver high value care

Ensure every pound spent is aligned to improved outcomes and experience (*note - not from system outcomes framework*)

# Summary of Commissioning Intentions for Year One (now to April 2027)

## 1. Neighbourhood Health Model

- **Develop and test** core components of the neighbourhood health model, including integrated teams, digital tools and care planning.
- Use the **Neighbourhood Development Fund – Phase 1 (identify priorities), Phase 2 (design sprints), Phase 3 (allocate funds)** to enable scaling by 2027.

## 2. Children's Community Health Services

The programme is already underway and will:

- Complete a **large-scale, multi-agency commissioning programme** to secure safe, high-quality, equitable children's services.
- Deliver a **single new contract for children's community health services to start in 2027.**

## 3. Needs-Led Neurodiversity Model

- Approving investment and beginning delivery of a redesigned, **needs-led neurodiversity model.**
- Ensuring **no child waits more than 52 weeks for assessment by 2029**, with significant early actions starting in 2026–27.

## 4. All-Age Continuing Care

- **Co-design** a single BNSSG/Gloucestershire operational model.
- Develop a **digital roadmap** for a single case-management system.
- Strengthen caseload review cycles and address variation in Funded Nursing Care (North Somerset).
- Produce a **cross-footprint workforce plan.**
- Complete an **updated CHC assurance assessment.**

## 5. Primary Care

- Strengthen contractual oversight with **monthly monitoring.**
- Deliver action plans to reduce **unwarranted variation.**
- Implement initial digital tools and expand proactive care.

## 6. Maternity

- Respond to the **Perinatal Strategy, Ockenden Report and Thirlwall Inquiry** (all due Spring 2026).
- Mobilise a new **Maternity and Neonatal Voice Partnership host organisation.**
- Commission a **repeat Health Needs Analysis.**
- Expand anti-racism training and targeted support for Black women at risk of pre-term birth.

## 7. Mental Health

- Expanding access to **NHS Talking Therapies** and community mental health.
- Developing **24/7 neighbourhood mental health centres** and crisis responses.
- Embedding outcome measurement and rolling out workforce development.
- Implementing **digitised care pathways**.

## 8. Learning Disabilities & Autism

- Reduce inpatient numbers by **10% year-on-year**.
- Embed the **Kingfisher specialist service**.
- Deliver workforce training for the Dynamic Support Register.
- Improve autism/ADHD pathways and annual health check coverage.

## 9. Children's Services

- Develop a **shared, co-produced vision** for the future Children's Community Health Service.
- Begin implementation of the needs-led neurodiversity model.
- Improve long waits and expand access to mental health support.
- Implement a new **residential therapeutic home**.

## 10. Elective, Diagnostics & Cancer

- Deliver performance improvements across elective, cancer and diagnostic services.
- Implement **Single Point of Access** in at least 10 specialties.
- Expand digital tools including **NHS App enhancements** (patient-initiated appointment changes).
- Progress estate and digital infrastructure modernisation.

## 11. Medicines Optimisation

- Progress radiopharmacy, aseptic services and genomics developments.
- Implement ePMA across acute trusts and expand EPS rollout beginning 2026/27.
- Deliver weight-management medicines rollout and hybrid closed-loop diabetes technologies.
- Continue antimicrobial stewardship targets and green medicines initiatives.

## 12. Strategic Commissioning Transition

- Single integrated needs assessment by September 2026.
- Commissioning intentions developed by October 2026.
- Merged strategic plan drafted by December 2026.
- Provider delivery plans complete by February 2027.

# Next Steps

12 Feb	NHS England Submission
March	Public materials completed and available
April	Alignment to become a cluster ICB: <ul style="list-style-type: none"><li>• Development of shared work plan and monitoring approach across cluster</li><li>• Integrated Needs Assessment across cluster</li><li>• Shared outcomes framework and delivery approach</li></ul>
September	Assessment of progress and commencement of refreshed strategy for merged organisation from April 2027

# Integrated Care Partnership Board

<b>Agenda item</b>	07	<b>Meeting date</b>	12 February 2026
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<b>Title</b>	<b>Update on the Bristol NHS Group Joint Clinical strategy, and exploration of the merger of the two Trusts (NBT and UHBW)</b>		
<b>Scope: System-wide or Programme?</b>	Whole system	<b>X</b>	Programme area <small>(Please specify)</small>
<b>Author &amp; role</b>	<b>Paula Clarke, Bristol NHS Group Formation Officer</b>		
<b>Sponsor / Director</b>	<b>Ingrid Barker, Bristol NHS Group Chair</b>		
<b>Presenter</b>	<b>Ingrid Barker, Paula Clarke, Clinical Lead (TBC)</b>		
<b>Action required:</b>	Information		
<b>Discussion/ decisions at previous committees</b>	N/A		

<b>Purpose:</b>
<p>This presentation aims to:</p> <ul style="list-style-type: none"> <li>provide an overview of the progress made as Bristol NHS Group, including national and local context and Group successes</li> <li>update on delivery of the Joint Clinical Strategy and next steps, including how the Group is aligning delivery towards the NHS 10-Year plan with patient and partner involvement.</li> <li>provide an overview of the plans for the proposed merger of North Bristol Trust and University Hospitals Bristol and Weston Foundation Trust.</li> </ul>
<b>Summary of relevant background:</b>
<p>NBT and UHBW are two major NHS providers, who officially formed a Hospital Group in April 2025. The decision to pursue the formation of a Hospital Group was taken in December 2023, driven by the shared aim to deliver the <a href="#">Joint Clinical Strategy</a> vision of <b>seamless, high quality, equitable and sustainable care</b> for people in Bristol, North Somerset, South Gloucestershire and beyond, as well as help both organisations tackle shared challenges and improve outcomes.</p> <p>In July 2025, the two organisations set out an intent to pursue a merger to further remove the barriers that exist as two separate legal entities, enable delivery of the benefits of coming a Group to be delivered further and faster, and create a single organisation that is fit for the future in a rapidly changing NHS.</p>

The Joint Clinical Strategy has been the catalyst for the change and development of the Bristol NHS Group model. The Group's [summary benefits case](#), published on the date of formation of the Group, illustrates how increased collaboration, innovation, de-duplication and sharing resources will deliver significant benefits for our four P's - **our patients, our people, our population, and the public purse.**

The publication of the Government's 10 Year NHS Plan and the 3 transformational shifts from:

- Hospital to community
- Sickness to prevention
- Analogue to digital

has led to a refresh of the Joint Clinical Strategy. This month, we will be publishing the Joint Clinical Strategy Update 2026 which has been shaped and informed by important insights from our community and system partners at the Strategic Partnership Event on 4th November 2025. This brought together over 130 individuals from over 30 organisations, including representatives from our ICS, VCSE organisations, academic and research partners, as well as members of our Community Participation Group.

The exploration of a merger was borne out of feedback from clinical and corporate teams working more closely together and highlighting barriers that exist between two separate legal entities which hampers progress on the commitments set out in the Group Benefits Case and Joint Clinical Strategy. The organisations are currently progressing the necessary due diligence and regulatory approval processes, ahead of a potential final decision in summer 2026.

#### **Discussion / decisions required and recommendations:**

Partners reflections are sought on:

- a. the progress made to date by the Bristol NHS Group
- b. how the Group can continue to work effectively with partners and local communities to co-produce how health care is provided in the future and how acute services need to change.



# Bristol NHS Group

**Ingrid Barker, Chair**

**Dr Rebecca Maxwell, Hospital Medical Director**

**Paula Clarke, Group Formation Officer**

A partnership between: North Bristol NHS Trust, and University Hospitals Bristol and Weston NHS Foundation Trust

# Speakers

**Chair:**  
**Ingrid Barker**



- Qualified social worker with 25+ years of NHS board-level experience.
- Previous roles as Chair, Joint Chair and Non-Executive Director across multiple Gloucestershire NHS organisations.
- Led major transformation of community mental health service provision, with extensive roles in national policy and service redevelopment.
- Joined Bristol NHS Group as Chair in June 2024.

**Group Formation Officer:**  
**Paula Clarke**



- Over 15 years of board level experience across ICOs in UK and Northern Ireland.
- Joined University Hospitals Bristol in 2016 and successfully led the strategy and transformation portfolios, the first Acute Care Collaboration Strategy and the merger with Weston Area Health Trust.
- Executive leadership for implementing the Healthy Weston vision as part of the UHBW merger.
- Responsible for all major Group-wide transformation programmes.

**Trust Medical Director:**  
**Dr Rebecca Maxwell**



- Significant clinical experience working as an Emergency Department Consultant.
- Experienced as a Clinical Chair and as Deputy Medical Director in the Chief Medical Officer team.
- Appointed to the role of Interim Chief Medical Officer at UHBW in 2024, before being appointed to Trust Medical Director for UHBW within Bristol NHS Group.

# Who we are and our journey to date

- Bringing together the combined strength of NBT and UHBW.
- Serving over 1.5m across over 200 clinical services, with 28,000 staff.



# Delivering benefits for our 'Four Ps'

- Creating a stronger, more integrated organisation that improves outcomes for **patients**,
- Supporting our **people** to thrive and have richer career opportunities,
- Strengthening our contribution to the health and wellbeing of our **populations**, and
- Delivering better value for **the public purse**.

## Our Patients



## Our People



## Our Population

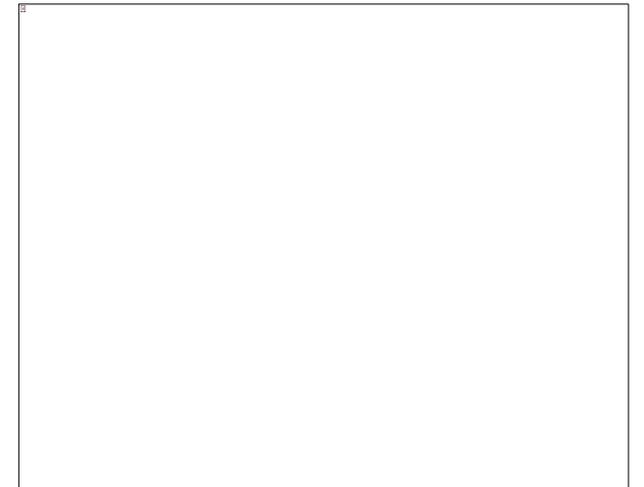
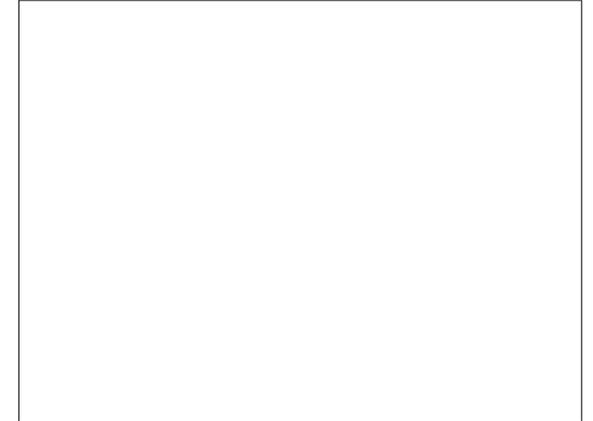


## The Public Purse



# Excellence and success

- ✓ Ranked in the highest two categories in the new NHS National Oversight Framework (NOF).
- ✓ Strong National Inpatient Survey results.
- ✓ Expanded Same Day Emergency Care opened at Weston General Hospital.
- ✓ UK first 3D Medical Centre.
- ✓ First dedicated gynaecological surgery robot in South West.
- ✓ 25% drop in fall-related admissions through prevention and community support.
- ✓ 10-Year Contract for Genomic Medicines Service



# Joint Clinical Strategy (JCS)

- Created by the clinical staff who deliver our services.
- Our ambition is to deliver **seamless, high quality, equitable and sustainable care**, for the benefit of our 'Four Ps'.
- It sets out how we will support clinical teams to come together and use the combined strengths of our Group to transform care.



# Our Update for 2026

Our JCS update 2026 builds on insights from our recent Partnership Event. It sets out how we are:

## Refreshing our current plans

Progress and lessons learned from delivering to date, with insights from patients, partners and communities.

## Reframing what we need to do

How we will support the NHS 10 Year Health Plan to move care closer to home, embrace prevention and utilise digital.

## Reimagining the future

Our ambitious plans to transform how we deliver healthcare for our patients and populations, to be fit for the future.



## Supporting the 10 Year Health Plan shifts

- Hospital to community
- Sickness to prevention
- Analogue to digital

# Reframing how we deliver services

The NHS 10 Year Health Plan gives us a clear mandate to take new approaches to deliver care differently. Our ambition is to:



Reduce unnecessary face-to-face outpatient appointments



Expand remote and community-based care



Deliver frailty and chronic disease care closer to home



Embed prevention, screening and education in all services

# Aligning our services

- **Group Clinical Services** bring together clinical services that exist at both Trusts to operate in a more joined up way.
- To support this work, our **Corporate Services Transformation Programme** is underway to align central functions and reduce duplication.

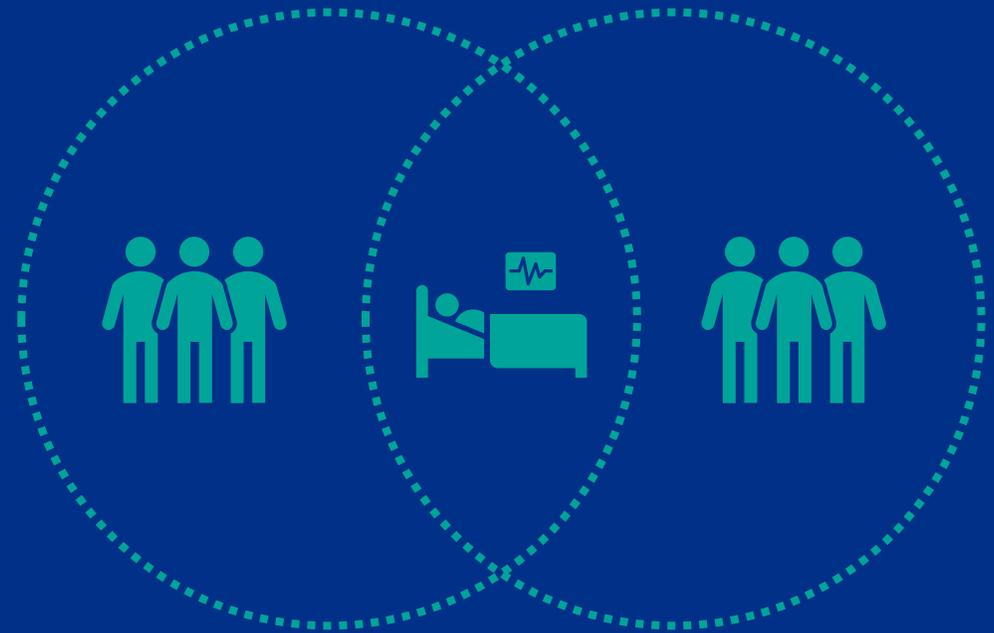


**Group Cardiac Services** is leading the way as our first Group Clinical Service.



# Exploring a merger

- Delivering our JCS to date has shown that as separate legal entities, it's harder to make our vision a reality.
- Feedback from clinical teams highlights that operating as two separate organisations slows and limits progress.
- Becoming a single merged trust can overcome barriers, accelerate benefits, strengthen services and enhance strategic opportunities.



# For patients and our system

A single organisation will allow us to:

Deliver truly **integrated pathways** of care.

**Embed digital and data** platforms required for modern, proactive, personalised care.

Expand **research, education** and **innovation**.

Improve **financial sustainability** and optimise our estate.

Respond more flexibly and effectively to the **health needs of our population**.



# Merger Progress



**Our Strategic Outline Business Case for merging has now been approved.**



**We are continuing our due diligence and engaging with our stakeholders as we move through the process.**



**We aim for a final decision in early summer 2026**

# How change will be delivered

- **Evidence** is being gathered across our Group to inform next steps.
- **Engagement** with staff, patients and stakeholders will be key to capture views and shape the journey.
- **Clinically led, patient focused** proposals for future change.

Our **Community Participation Group** is helping us to shape health and care services with voluntary and community sector partners.



# Potential next steps



## QUESTIONS

**Partners reflections are sought on:**

- the progress made to date by the Bristol NHS Group

- how the Group can continue to work effectively with partners and local communities to co-produce how health care is provided in the future and how acute services need to change.

**BNSSG INTEGRATED CARE PARTNERSHIP BOARD  
FORWARD AGENDA PLAN**

**1.30 pm – 4.00 pm, 12 February 2026 (The Loft @ The Stable, Weston-Super-Mare)**

- Update from Integrated Care Board Chair on ICB restructure
- Update from Health and Wellbeing Board and Locality Partnerships updates on Neighbourhood health and care plans
- Update (at request of Ingrid Barker) on the Joint Clinical strategy, the Bristol NHS Group and their exploration of the merger of their two Trusts
- Population Health and Strategic Commissioning Plan (David Jarrett)

**1.30 pm – 4.00 pm, 16 April 2026 (City Hall, ROOM TBC, College Green, Bristol)**

- Update from Integrated Care Board Chair
- Update from Health and Wellbeing Board Chairs x3
- Update from Locality Partnerships
- Healthier Together 2040 – project delivery progress report
- Potential workshop around collaborative approach to corporate parenting and its relationship with health (further to the 11 Sept 25 presentation/discussion on corporate parenting)

**Other items to explore:**

- Workshop on the role of ICP (July 2026)
- Voice of lived expertise (with representatives from disability and race equality networks)
- Local Healthwatch update

**Proposed meeting dates for 2026-27:**

**1:30-4:00pm, Thursday 16<sup>th</sup> July 2026**

**1:30-4:00pm, Thursday 10<sup>th</sup> September 2026**

**1:30-4:00pm, Thursday 12<sup>th</sup> November 2026**

**1:30-4:00pm, Thursday 18<sup>th</sup> February 2027**

**1:30-4:00pm, Thursday 15<sup>th</sup> April 2027**