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

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

**1.30 – Thursday 10 September 2026**

**Venue: Vision North Somerset, Bradbury Room, 3 Neva Road, Weston-super-Mare, BS23 1YD**

# Agenda

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

**2. Minutes of previous meeting held on 16 April 2026**
- To approve the minutes of the previous meeting.

**3. Public forum items**
- Any items received will be circulated.

**4. Update from ICB Chair – 1:40pm**
- Jeff Farrar, ICB Chair.

**5. Outcomes from the ICP Board development workshop on the future of the ICP – 1:55pm**
- Led by Sarah Weld, Director of Public Health for South Gloucestershire Council with contributions from Shane Devlin, ICB CEO and Christina Gray, Director of Public Health for Bristol.

**6. Health and Wellbeing Board and Locality Partnership updates – next steps on Neighbourhood Health – 2:15pm**
- Updates from the respective Chairs of the Health and Wellbeing Boards.
- Update from Shane Devlin, ICB CEO and Jeff Farrar, ICB Chair on primary care and neighbourhood health.

**7. Forward Plan for ICP 2026-27 – 2:45pm**
- To note the forward plan update.

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

**16th April 2026**

**The Council Chamber, City Hall, College Green, Bristol, BS1 5TR**

Minutes

## Attendance list

**Partnership Board Leadership Group:**
Councillor Jenna Ho Marris (Chair, BNSSG ICP Board and Chair, North Somerset Health and Wellbeing Board)
Councillor John O'Neill (Chair, South Gloucestershire Health and Wellbeing Board)
Councillor Stephen Williams (Chair, Bristol Health and Wellbeing Board)
Jeff Farrar (Chair, BNSSG Integrated Care Board (ICB))
Shane Devlin, CEO, BNSSG Integrated Care Partnership)

**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)
Rob France (ACFA advice network/St Pauls Advice Centre)
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)
Matt Lenny (Director of Healthy and Sustainable Communities, including Director of Public Health, North Somerset Council)
Ingrid Barker (Group Chair, Bristol NHS Group)
Paula Clarke (Group Formation Officer, Bristol NHS Group)
Dr Rebecca Maxwell (Trust Medical Director, Bristol NHS Group)

**Locality Partnerships:**
David Moss (Woodspring & Weston Locality Partnership)
Sharron Norman (North and West Bristol Locality Partnership)

**Apologies for absence:**

Alison Findlay (South Gloucestershire Locality Partnership)

## 1. Welcome & Introductions

The Chair welcomed everyone to the meeting and led introductions from attendees.

## 2. Minutes of previous ICP Board meeting held on 12 February 2026

The minutes of the previous ICP Board meeting on 12 February 2026 were confirmed as a correct record, subject to a minor correction to a name spelling.

## 3. Public Forum

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

## 4. **Update from ICB Chair / CEO on ICB restructure**

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

a. BNSSG–Gloucestershire ICB cluster board is operational; executive and non-executive appointments confirmed.
b. A transition committee will review future committee structures and partner involvement.
c. National focus on strategic commissioning highlighted, with partner engagement expected.
d. Workforce consultation ongoing; voluntary redundancies insufficient to meet required reductions.
e. End-of-year performance reported as positive: BNSSG achieved financial balance, with improving performance metrics.
f. Appointment of Dame Jill Morgan as NHS Southwest Regional Chair noted.
g. Neighbourhood health identified as a major system priority, with agreement that local systems should define neighbourhood models rather than await national prescription.

## 5. **Intelligence Centre update**

An update was provided on progress toward a system-wide Intelligence Centre, aligned with national strategic commissioning requirements.

a. Aim is to provide a single, accessible source of actionable data to support decision-making across partners.
b. Key developments include:
    i. Stronger data governance arrangements and an information-sharing charter.
    ii. Focus on data quality transparency rather than attempting to “fix” all quality issues.
    iii. Commitment to digital transformation of processes, not just data storage.
c. Initial priority areas include urgent care oversight, maternity data, commissioning and contract management, and VCSE brokerage processes.
d. Members welcomed the programme, emphasising:
    i. The importance of VCSE access and inclusion, including support for qualitative data and longer-term outcomes.
    ii. The need to avoid widening digital and data inequalities.

iii. The opportunity to use predictive analytics to support upstream and preventative action.

e. Ongoing engagement with partners was strongly encouraged.

## 6. Health and Wellbeing board and locality partnership updates including local Neighbourhood Health and Wellbeing Plans

The National Neighbourhood Health Framework was outlined, reaffirming care organised around communities rather than institutions

a. Key elements included:
   i. Populations of approximately 30–50,000.
   ii. Integrated working across NHS, local authorities and VCSE partners.
   iii. Emphasis on prevention, proactive care, and alternatives to hospital admission.

b. BNSSG progress noted:
   i. Neighbourhood health and wellbeing plans in development via local Health and Wellbeing Boards.
   ii. Continued participation in the Neighbourhood Health Integration Programme (NHIP).
   iii. Use of a Neighbourhood Health Development Fund to establish integrated neighbourhood teams.

c. Members highlighted:
   i. Risks of over-reliance on geographic communities alone.
   ii. The importance of trust, culture, and VCSE leadership in neighbourhood models.
   iii. Need to align neighbourhood health with adult social care, intermediate care and estates planning.

The Directors of public heath updated the Board on their areas highlighting the following:

- **Bristol:** Adoption of Suicide Prevention Strategy (2026–2030) and Drug & Alcohol Strategy; neighbourhood plan submitted; asset mapping underway.
- **South Gloucestershire:** Development sessions held; neighbourhood health plan to be considered at next Health and Wellbeing Board meeting; focus on estates and primary care infrastructure.
- **North Somerset:** Workshop planned to test emerging neighbourhood health plan and align with wider council strategies

## 7. Prevention in BNSSG- insights from Directors of Public Health Annual Reports

Three complementary perspectives were presented:

a. Primary prevention (life course, early intervention, return on investment).
b. Prevention in settings (early years, schools, workplaces).

c. Secondary prevention (“treating to prevent”) in health and care systems.

Shared themes included:

d. Strong evidence of economic and social return on prevention.
e. The importance of equity, long-term outcomes, and cross-system action.
f. Practical “best buys” for secondary prevention (e.g. cardiovascular risk, diabetes care, smoking cessation).

Members welcomed the aligned approach and ongoing collaboration with acute providers.

## 8. Forward Plan for the BNSSG ICP Board 2026-2027

The Forward plan was noted; comments to be submitted to officers outside the meeting. Thanks were recorded to the outgoing Chair for leadership over the past year.

## 9. AOB

None.

**Meeting close: 4pm**

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# Integrated Care Partnership Board

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| **Agenda item** | 5. Outcomes from the ICP Board development workshop on the future of the ICP | **Meeting date** | 10 September 2026 |

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|---|---|---|---|---|---|
| **Title** | **Future of the BNSSG Integrated Care Partnership (ICP)** | | | | |
| **Scope: System-wide or Programme?** | Whole system | **X** | Programme area (Please specify) | | |
| **Author & role** | Sarah Weld, Director of Public Health for South Gloucestershire Council and Christina Gray, Director of Public Health for Bristol. | | | | |
| **Sponsor / Director** | Shane Devlin, ICB CEO | | | | |
| **Presenter** | Shane Devlin, ICB CEO, Sarah Weld, Director of Public Health for South Gloucestershire Council and Christina Gray, Director of Public Health for Bristol. | | | | |
| **Action required:** | Information and Discussion | | | | |
| **Discussion/ decisions at previous committees** | The report summarises output from the ICP Board development workshop in July on the future of the ICP. | | | | |

| **Purpose**: |
|---|
| The report summarises output from the ICP Board development workshop in July on the future of the ICP and sets out proposed next steps. |
| **Summary of relevant background**: |
| **National policy**<br>Integrated Care Systems (ICSs) became formal partnerships under the Health and Care Act 2022. Defined by their two central governance structures – the Integrated Care Partnership (ICP) and the Integrated Care Board (ICB) – systems were assigned four common goals:<br>• Improving outcomes in population health and health care<br>• Tackling inequalities in outcomes, experience and access<br>• Enhancing productivity and value for money<br>• Helping the NHS to support broader social and economic development.<br><br>The legislation established ICPs, committees jointly formed between the ICB and all upper-tier local authorities within the ICS area. ICPs bring together an alliance of partners concerned with improving the care, health and wellbeing of its population, with membership determined locally. The sole statutory duty of the ICP was to produce an integrated care strategy setting out how the ICB and the local authorities concerned will meet the health and wellbeing needs of its population. |

The Health Bill 2026 sets out the intention to abolish Integrated Care Partnerships and strategies.

**BNSSG ICP Board**
The BNSSG ICP Board was established with the ambition of ensuring partnership between statutory and other organisations working within the health and care system is stronger, leading to services that fit seamlessly around people's needs and has evolved into a cross-sector partnership central to system and neighbourhood health planning and local delivery.

Membership includes Constituent ICS Health and Care Organisation Representatives; Community and VCSE Voices; Locality Partnership Representatives; and Population Needs Representative

The ICP Board is chaired on an annual rotation by the Bristol City Council Health and Wellbeing Board Chair; North Somerset Council Health and Wellbeing Board Chair and South Gloucestershire Council Health and Wellbeing Board Chair. The Deputy Chair is the ICB Board Chair

Looking across meeting papers, the ICP's journey can be summarised in three phases:

- 2022-23: Establishment of the ICP and approval of the Integrated Care Strategy.
- 2024-25: Building delivery infrastructure through Locality Partnerships, prevention programmes and Healthier Together 2040.
- 2025-26: Shift towards neighbourhood health planning, population health intelligence, strategic commissioning and development and implementation of neighbourhood plans.

In response to intentions in the Health Bill 2026 to abolish Integrated Care Partnerships as a statutory requirement, and changes in our local ICB footprint to include Gloucestershire ICB in a new cluster arrangement the ICP Board held a development workshop on 16 July 2026 to consider the future of the ICP.

The workshop built on the commitment made in previous BNSSG meetings to continue to meet as a partnership, and included colleagues from Gloucestershire's Health & Wellbeing Board as part of the discussion.

It included discussion about:
- What has been the added value of the ICP (in BNSSG and Gloucestershire) to date?
- What next for the ICP? – consideration of options
- Focus of the ICP in the coming months

Notes from the workshop and feedback from the group discussion are included in the meeting papers (Appendix A & B) alongside a paper prepared by the ICB CEO "What Our ICP Needs to Be if It Is to Succeed" (Appendix C).

**Discussion / decisions required and recommendations:**

Discussion at the July workshop recognised the value and achievements of the BNSSG Integrated Care Partnership and the Gloucestershire Integrated Care Partnership; the implications of proposed national reforms; and how partnership working should continue in the future.

There was strong support for maintaining a partnership mechanism that brings together local government, the NHS, VCSE organisations and communities even if legislation changes. Participants felt that the value of the ICP lies less in its statutory role and more in its ability to convene partners,

Participants valued the ICP most for:

- Building relationships across sectors.
- Providing a strong VCSE and community voice.
- Promoting prevention and reducing inequalities.
- Supporting neighbourhood health.
- Influencing system-wide decision-making.
- Elected member leadership is an important strength of the model.

Areas to strengthen are regular attendance from all partners; increased influence on strategic decisions and investment; strengthened engagement with wider regional partners; enhanced community, VCSE and lived-experience influence.

There was recognition that future arrangements may need to operate across a wider geography, potentially including Gloucestershire from an ICB perspective and/or Bath & North East Somerset if looking to the The West of England Combined Authority footprint.

Specifically the discussion paper circulated set out that the ICP should be the "system's strategic brain, convening local government, the NHS, communities, the voluntary sector and other partners around a shared ambition for the population".

The workshop concluded that while the statutory ICP may change or disappear, there remains a strong appetite for a regional partnership forum. The discussion points towards a future model that:

- Provides a compelling and unifying vision for the future of health and wellbeing across the system.
- Place citizens and communities at the centre of decision-making.
- Retains elected member leadership.
- Involves VCSE organisations and people with lived experience.
- Works alongside Health and Wellbeing Boards rather than duplicating them and is an architect of neighbourhood health.
- Has a strong focus on population health, prevention, and inequalities.

- Potentially operates across a wider regional footprint to support shared learning and strategic influence.
- Is a driver of cultural change

A series of governance options were considered including retaining a voluntary ICP Board similar to current arrangements aligned to previous ICB or new ICB Cluster; (re)establishing the partnership as a sub-committee of the ICB Board; or BNSSG or G-BNSSG Health & Wellbeing Board meetings in common.

Agreeing funding and secretariat arrangements for any future model was acknowledged as an important consideration.

With the Health Bill 2026 not yet passed and ongoing organisational development and change at a local; system and national level it is too early to recommend any decisions regarding the future of the ICP Board.

It is recognised that any decision would need to be discussed at respective Health and Wellbeing Boards and subsequently approved by the ICB Board. This is a key next step.

Future arrangements should be considered again by the ICP Board in early 2027 (18th Feb 2027 meeting).

Appendix A: ICP Board development workshop notes – 16 July 2026

Appendix B: Workshop feedback – ICP Board development session – 16 July 2026

Appendix C: ICB Requirements for Successful ICP

**BNSSG ICP Board development workshop notes – 16th July 2026**

**Attendance list:**
Christina Gray, Bristol City Council
Sarah Weld, South Gloucestershire Council
Cllr Stephen Williams, Bristol City Council
Cllr Jenna Ho Marris, North Somerset Council
Cllr John O'Neill, South Gloucestershire Council
Cllr Kate Usmar, Gloucestershire Council
Jeff Farrar, BNSSG ICB Chair
Shane Devlin, BNSSG ICB CEO
Claire Procter, Gloucestershire Council
Aileen Edwards, Second Step
Barbra Brown, Sirona Health and Care
Mrk Coates, Creative Youth Network/VCSE Alliance
Rebecca Mear, Voscur/VCSE Alliance
Sharron Norman, North and West Bristol Locality Partnership
Mark Graham, For All HLC
Caris Sivers, South Gloucestershire Council
Rosi Shepherd, BNSSG ICB
Hannha Mahoney, CVS South Gloucestershire
Rob France, ACFA St Paul's Advice Centre
David Smallcombe, Care and Support West

**Welcome and Introduction (Cllr Stephen Williams)**

- Cllr Williams welcomed everyone in attendance, in particular colleagues from Gloucestershire, and provided a brief introduction to the workshop.
- Noted that Health Bill proposes the abolition of ICPs and Healthwatch, although this is still in progress. With the changes in central government and a new Prime Minister, there may be further changes to health and care structures.
- Although the ICP is scheduled to be abolished, there is a strong view that some form of regional partnership mechanism will still be needed.
- Consideration should include the wider region, including Bath and North East Somerset (B&NES) and Gloucestershire.

**Working group: What has been the added value of the ICP to date?** (Sarah Weld) 1:50-2:05pm

- Sarah Weld introduced the session noting it would be an interactive discussion to reflect on where the Integrated Care Partnership (ICP) is now and what should be carried forward into future arrangements.
- Recognition that there are no fixed answers yet, but a shared commitment to thinking through the future collectively.
- The ICP was established through the Health and Social Care Act 2022 to support the development and delivery of the Integrated Care System (ICS) Strategy.
- Participants are encouraged to consider the role of neighbourhood planning and place-based working as part of future system design.

Participants were asked to identify one key message or priority to feed back to the wider group.

**Feedback:**

- Strong relationship approach, ecosystem across place and themes to maximise ICB agenda.
- Gloucestershire reflections; profile of VCSEs sector and community voice. Organisations coming together, in Gloucestershire working not just in public meetings, but in closed sessions where colleagues feel they've had more constructive sessions.
- Children theme; value is multi agency, multi sector as this does not happen anywhere else. Benefits of other structures and different cohorts, good to have this space.
- Economics and financial management together, establish a critical friend, boundaries based on a relational approach.
- Regional cross sector relationships work well and should continue.

**Overview of the constellation of activity delivering the 10-year plan** (Christina Gray)

- Chirstina Gray introduced the item which would provide a narrative/recap on the NHS 10-year plan and Neighbourhood Health.
- The NHS 10-year Plan sets out ambitious whole-system reform centred on prevention, reducing reliance on hospitals, and developing neighbourhood-based care.
- The ICB has a key role in bringing together integrated, multi-agency neighbourhood teams across NHS services, local authorities and other partners.
- Initial work is focusing on older people, with targeted programmes acting as a starting point for broader neighbourhood health approaches.
- Health and Wellbeing Boards will help shape the strategic direction through discussions across the local authorities, recognising that neighbourhoods will look different in different places.

**Thoughts from the ICB** (Jeff Farrar and Shane Devlin)

- Jeff Farrar introduced the item with reflections on when legislation was introduced noting that Integrated Care Partnerships (ICPs) were initially something of an "afterthought" alongside Integrated Care Boards (ICBs). However, the ICP has become much more valuable as a partnership forum that brings together a wider range of system partners and provides a space for relationship-building, engagement and shared influence.
- Jeff noted the importance of elected members leading the ICP Board and highlighted risk of working in isolation.
- Shane Devlin suggested that successful ICPs demonstrate a number of key attributes which was as outlined in the accompanying paper. **ACTION:** paper to be circulated after the meeting.
- It was noted that while ICPs were established through the 2022 Act, much of their structure and function has been determined locally and even if legislation changed, systems could still create a partnership forum that adds value.
- Discussion around governance arrangements and statutory functions on the HWBs and how BNSSG ICB differs to arrangements in Gloucestershire.
- Noted the importance of looking beyond place-based structures and ensuring that communities and groups who may not fit neatly into local geography. Building relationships across the system promoting equity and collaboration to drive change.

**Working Group: What next for the ICP? – consideration of options** (Sarah Weld) 2:40-3:05pm

- Sarah Weld introduced this session on consideration of options for the ICP going forwards, particularly the BNSSG footprint and considerations around how we grow those networks.
- Consideration of other regional elements like engagement with WECA.

No feedback to the group on this session.

**Working Group: Focus of the ICP in the coming months** (Christina Gray) 3:05-3:30

- Christina Gray introduced the session and encouraged participants to think about the 3 horizons; what is happening now, over the next few months and in the long term.
- Key question for this session: What does the BNSSG ICP Board and wider partnership need to be doing until the end of March 2027?

**Feedback:**

- Logistical point, feel this should not be a sub cttee, but ICP Board above all HWBs as a champion of prevention and health inequalities and route for investment. Needs partner sign up so thinking about what is the incentive and the reason that people will turn up which needs to be defined. To shape decision making before they are made.
- Improve engagement with WECA as joined up voice shaping the approach and for them to learn from us around the partnership approach. Question as to whether they need to be brought into the ICP.
- Gloucestershire perspective; Shared working with a singular ICP eventually, learning and support for both sides and ability to share knowledge. Pressures on Gloucestershire reorganisation from central government. Gloucestershire to keep its voice and be equal in cluster arrangements.
- Suggestion around having a joint development meeting between all parts of the cluster.
- ICP is the vehicle that people on the front line get to influence the board via Shane and Jeff, needs to maintain that power and influence.
- Future ICP as a shared learning space and not so much around the statutory structured agendas, want people to see the value in it and attend as a such. Welcome joint development/design through the cluster arrangements and would welcome a session on this. We all need to do neighbourhood health plans and could look at this as a cluster. Local authority governance considerations in this change involving community, VCSES, and lived experience.
- What relationships and systems are in place to deliver on neighbourhood health. Coming together with Gloucestershire positively. Noted tensions in 10 year plan and local authority neighbourhood framework, considerations around what the ICP could do to work through this.

**Final Plenary Session - Sup up and Close** (Cllr Stephen Williams)

- Cllr Williams closing remarks – noted the need for a foundational document, convene HWBs across all 4 local authorities to work on a shared commitment going forwards.
- Noted that there are lots of issues in common and that residents often go across borders to access health services/GP practices.
- Thanked everyone for attending and for their valuable contributions.

# Session 1 – Workshop Feedback - What has been the added value of the ICP to date?

## Group 1:

### What Has Been Added Value?

#### General comments

- Ebbed and flowed.
- Getting to know one another properly.
- VCSE sector representatives are organised through the VCSE Alliance and can coordinate better.
- Relational approach.

#### Strategic role and direction

- In the early days, it gave structure and direction to how the system delivered on its strategy.
- It still does this, but it adds flows.
- Focus on strategy?
- More discursive and open than HWBB.

#### Partnership working

- Some partners have faded away, e.g. One Care.
- Some have not been in the room for a long time.
- Holding people together was real added value.
- Can it be even better?
- Ethos: equal partnership.
- One City to One Region?

#### Reviews and strategic development

- Locality Partnership Review: a useful piece of work sponsored by this ICPB.
- Mental Health strategy.
- Healthier Together 2040: outcomes-based contracts.
- Learning process.
- Feels different to HWBBs.

### Governance and challenge

- Depoliticised.
- Brings economics of ICS together with its moral conscience / critical friend.
- Sets boundaries for commissioning.
- Relational approach.

## Group 2:

### BNSSG

- Good engagement with VCSE, but are statutory partners listening?
- Consultation / co-production.
- Less so geographically.
- Less so community-based.
- Collective voice.
- Networks.
- Healthy Weight Pledge – members signing and ongoing commitment.
- Raised profile of VCSE.
- Shared status of Health, Local Authority and VCSE.
- Only closed sessions?

### Gloucestershire

- Good engagement with VCSE and increasing support of VCSE by ICB (investment).
- Convener of networks.
- Information sharing.
- Making decisions and taking actions less so.
- Impact?
- Valued.
- Shared thoughts, but so what?
- Open, constructive discussion and challenge during closed sessions.

## Group 3:

### Added Value

- Strong relationships leading to partnership approaches across the health ecosystem.
- Coalescing around issues and collaboration.
- Broader, more considered view and oversight including politicians, chairs and the voluntary sector.
- Scrutiny.
- Investment in relationships creating sustainable impact.
- Beyond commissioning – equity in relationships and partners; developing ways of working.
- Core group not centralised by place; shared focus.
- Encourages voice versus task.
- Networking and widening engagement meaningfully beyond political and geographical boundaries.
- Chairing and agendas owned collectively.
- Clear focus between ICP and ICB.
- Provides place, system and political context for decision-makers and practice.
- Maximising influence on the ICB agenda.
- Better understanding of the ecosystem across places and themes.

## Group 4:

### Additional Workshop Comments

- Improving effectiveness of locality partnerships.
- Difficult discussions can be siloed; systems can become over-focused on their own issues.
- Connecting statutory sector, social care and VCSE perspectives to influence decisions.
- There is a tension between where decisions are made and where influence sits.
- Lots of partnership sharing and hearing take place, but actions should follow.
- Relationships between groups and the ICB Board need strengthening.
- This group helps bring programmes together.
- Could be clearer about what has gone well.
- The group adds a community perspective and wider strategic overview to the ICB Board.
- Described as the moral and social conscience of the system and VCSE sector.
- ICB members need to know the board better and vice versa.
- ICB can feel remote or insulated.

# Session 2 Workshop Feedback - What Next for the ICP?

## Group 1:

### What Next for the ICP?

- What is our ambition?
- Relational approach, but focus on clear themes such as population health and health inequalities.
- Equity agenda and greater focus.
- Structure that underpins the relational approach.
- Left shift.
- Who is incentivised to attend ICPB? Why have some partners fallen off?
- Influencing forum before decisions are made – gives incentive for engagement (VCSE get this).
- Pioneering together, e.g. trauma-informed approaches; a model for what the ICP can influence.
- Moral compass for healthcare.
- Using evidence and data to make decisions.
- Define what this could look like for the ICB and BNSSG.
- Better understanding of what each partner does.
- Can we tell each other more?
- Collective agenda setting.
- Present evidence on social capital and community capacity.
- Bring different datasets together.

## Group 2:

### Options and Governance Discussion

- If ICBs change and have an even stronger health focus, what are the options for the ICP?
- Governance versus governance set-up.
- Hub model considered.
- Combined chair and ICB representation.
- Distributed leadership.
- Embedded within the heart of the system.
- Statutory status and position discussed.

- Broader partners involved.
- ICP could become a single hub at system level.
- Influenced by local government structures.
- Major player but distinct from ICB governance.
- Need clarity of purpose and population focus.
- Hub model focused on community leadership.

## Group 3:

### Emerging Model and Future Role

- ICP connected to a hub model.
- Relational innovation and horizon scanning.
- Clear purpose.
- System-wide enquiry and insight.
- Input from broader networks and communities.
- Governance links with hub and wider system structures.

## Group 4:

### Future of ICP

- Should we consider a West of England ICP? B+NES, BNSSG + Glos?
- ICP - a coming together.
- HWBs.
- Where are ASC Providers?
- Dom Care.
- Residential.
- Supported living.
- Glos would want to be part of.
- Consider venue.
- Pros: Joint, equal voice, learning and support for both.
- Cons: cost; officer time; considerable upheaval.
- Consider representation / membership.
- Can this be a bit fluid? Dynamic?

# Session 3 - Workshop Feedback - Focus of the ICP in the Coming Months

## Group 1:

### Focus July 2026 - March 2027

- Assign administrative support function to continue ICPB activity.
- Unanimous commitment that partners want to meet.
- Not a sub-committee; sits above and joins up the HWBBs, helping prevent duplication.
- Be the champion for prevention.
- Influence budget decision-making and hold the system to account.
- Champion population health and health inequalities, enabling brave investment decisions.
- Refresh the formal Terms of Reference.
- Rotate Chair role across the four HWBB Chairs.
- Distributed leadership and ownership.
- Need partners to sign up to the approach and build political involvement.
- VCSE Alliance sustainability and future arrangements discussed.
- Create incentives for shaping decisions before they are made.
- Speak into WECA as soon as possible with a joined-up voice.
- Help shape WECA thinking and bring it into ICP discussions.
- Support partners to mature their approach based on shared learning.

## Group 2:

### Role of the ICP in the Coming Months

- ICP to act as convenor of the four Places.
- What is the ICP relationship with the architecture of Place and the wider system?
- Relationship building remains a core function.
- There is tension between NHS planning requirements, local authority responsibilities and community priorities.
- How can the ICP help align these different perspectives?

## Group 3:

### Action Plan and Delivery Themes

- Action plan through to March 2027.
- Neighbourhood health plan requires practical delivery and shared learning across clusters, Places and the ICP.
- Do not wait for additional guidance before acting; build system accountability.
- Consider strengthening membership and representation.
- Reference and connect TF groups more closely to ICP discussions.
- Sustainable model that can adapt to political change.
- Role of the Chair and Vice-Chair to be clarified.
- Ensure wider community and VCSE voices are represented in system discussions.
- Explore relational innovation and horizon-scanning activity.
- Develop clear purpose, enquiry, insight and learning functions.

## Group 4:

### Plan for coming months

- Coming months to include joint meetings and development -> Glos + BNSSG.
- How to fund this? Especially if not a statutory requirement?

# What Our ICP Needs to Be if It Is to Succeed

## An ICP Board Discussion Paper for BNSSG and Gloucestershire

## The Core Premise

If the ICB is to become a successful strategic commissioner, it requires an ICP that is more than a statutory committee. The ICP must become the place where partners collectively shape the future of population health, agree priorities for improvement and hold themselves mutually accountable for outcomes. The ICP should be the system's strategic brain, convening local government, the NHS, communities, the voluntary sector and other partners around a shared ambition for the population.

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## What the ICP Needs to Be

### 1. The Custodian of a Shared Vision

The ICP should provide a compelling and unifying vision for the future of health and wellbeing across the system.

It should answer:

- What future are we trying to create?
- What outcomes matter most?
- How will citizens experience services differently?

Without a shared vision, partners revert to organisational priorities rather than collective purpose.

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### 2. The Champion of Population Health

The ICP must look beyond healthcare and focus on the factors that create health.

This means:

- Prevention before treatment
- Tackling health inequalities
- Addressing housing, employment, education and community resilience
- Shifting resources upstream

The ICP should continually challenge whether the system is improving health rather than simply managing demand.

## 3. The Place Where Communities Have Power

Successful ICPs place citizens and communities at the centre of decision-making.

They:

- Listen to lived experience
- Involve communities in shaping solutions
- Work alongside the VCSE sector
- Build social capital and community capacity

The most successful partnership is one that people recognise as speaking for and with local communities.

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## 4. The Integrator of System Leadership

The ICP should be the forum that brings together leaders who are willing to think beyond organisational interests.

Its role is to:

- Build trust
- Develop shared ownership
- Resolve cross-system challenges
- Create alignment across organisations
- Equity in the relationships

The test of maturity is whether partners are prepared to make decisions that benefit the population even when they do not maximise organisational advantage.

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## 5. The Architect of Neighbourhood Health

Neighbourhoods should become the primary unit of integration.

The ICP should:

- Agree a common neighbourhood model
- Align organisations around neighbourhood teams
- Support local innovation
- Remove barriers between services

Success will be measured not by committee effectiveness but by whether neighbourhoods become capable of improving outcomes with communities.

## 6. The Driver of Cultural Change

Integrated care ultimately depends on behaviours rather than structures.

A successful ICP should promote:

- Collaboration before competition
- Mutual accountability
- Transparency
- Shared learning
- Collective leadership

Culture will be a greater determinant of success than governance arrangements.

## What Good Looks Like

A high-performing ICP would be characterised by:

| Attribute | What It Looks Like |
|---|---|
| **Shared Purpose** | Partners pursue common outcomes rather than organisational interests |
| **Trust** | Leaders have confidence in one another and can have difficult conversations |
| **Community Focus** | Citizens and communities influence decisions |
| **Prevention** | Resources increasingly support early intervention |
| **Neighbourhood Orientation** | Services are designed around local populations |
| **Collective Leadership** | Decisions are taken for the benefit of the whole system |
| **Accountability** | Progress against outcomes is transparent |
| **Action Orientation** | Meetings drive change rather than report activity |

## The Challenge for the Next Five Years

As ICBs increasingly focus on strategic commissioning, the importance of the ICP will grow rather than diminish. The ICP should become the mechanism through which the system defines what good health, wellbeing and care look like for local people and mobilises partners to achieve it. Strategic commissioning can only succeed if it is guided by a strong partnership capable of shaping outcomes across the whole system.

## What is our Ambition Going Forward?

# Neighbourhood Health Update

## 1. Background

The Neighbourhood Health Framework was published in March 2026 setting out the ambitions and priorities for Neighbourhood Health.

Through Health and Wellbeing Boards, Neighbourhood Health Plans are to be put in place setting out how Neighbourhood Health will be delivered within each 'Place' geography.

A session was held on 20th July that bought together (for the first time) representatives from across Bristol, North Somerset, South Gloucestershire and Gloucestershire Places to take review the current progress made and determine next steps both at a Place, System and Cluster Level. The national NHS England and Department of Health and Social Care team also joined.

## 2. Neighbourhood Health Session Summary

The session focused on Neighbourhood Health delivery at three scales:

**1). Cluster:** The session set out our priorities for Neighbourhood Health across the Cluster based on our understanding of the health of our population and what people have told us. Our three strategic priorities focus on 'healthy lives', 'health equity' and 'best value'. The session set out overarching ambitions for how we will collectively approach Neighbourhood Health with a particular focus on all-age frailty, recognising the importance of prevention and work with local communities.

**2). System:** The session described the work being undertaken across both systems (Bristol, North Somerset and South Gloucestershire and Gloucestershire). This recognised that we have already made progress in delivering Neighbourhood Health including funding Provider Collaborative arrangements, taking actions to support VCSE infrastructure development as well as improving proactive care for groups of people (such as frailty and dementia in Gloucestershire and Mental Health in BNSSG).

**3). Place:** The progress, successes and challenges within each of the four Places was shared giving an opportunity for learning across the Cluster. This included an update on the National Neighbourhood Health Implementation Programme (NNHIP) taking place as well as National Frailty Programme in Gloucestershire.

## 3. Key Actions Arising from Neighbourhood Health Session

There were a number of actions arising from the session that are being used to form the next phase of the Neighbourhood Programme across BNSSG and Gloucestershire. This includes:

- **Population Health & Analytics:** Ensuring that we have a strong approach to population health was acknowledged, recognising the need to ensure clarity on the tools and data being used to identify people that would benefit from proactive care. This also includes setting clear and measurable outcomes locally for Neighbourhood Health.

- **Proactive Care for our Population**: Work has already been undertaken to introduce Neighbourhood proactive care across the Cluster. However, there is a need to extend these approaches with a particular focus on the patients at highest risk and formation of Integrated Neighbourhood Teams across NHS and Primary Care, Local Government and Voluntary and Community Sector organisations.

- **Commissioning of Neighbourhood Health**: Commissioning will shift towards enabling Neighbourhood Health with a focus on commissioning for groups of the population rather than individual services. This will require strong partnership working across organisations through collaborative or partnership arrangements with clear accountability.

- **Neighbourhood Plans:** Neighbourhood Plans delivered over the next few months will need to set clear priorities, clear commissioning intentions and clear outcomes for delivery. This includes opportunities to extend proactive care in Neighbourhoods and support the left shift. This may also include areas such as opportunities for specialist advice and support for Neighbourhood Teams including outpatient transformation.

## 4. Next Steps

Each Place have been asked to undertake a self-assessment on readiness for Neighbourhoods by NHS England as well as share best practice examples. The self-assessment consists of ten areas:

- Urgent Care, Rehabilitation and Reablement
- General Practice Access and Variation
- Neighbourhood Footprints
- Priority Cohorts of People and Devolved Budgets
- Neighbourhood Elective Pathways
- Community Waits
- Better Care Fund Pooled Funding
- Primary and Secondary Care Interface
- Organisational Ownership
- Data Sharing

The self-assessment, learning from the Neighbourhood Health session as well as work being undertaken in local systems will form the basis of the next phase of Neighbourhood Health across Bristol, North Somerset, South Gloucestershire and Gloucestershire as we work with Health and Wellbeing Boards on the development of Neighbourhood Health Plans and enable delivery by partner organisations.

**Neighbourhoods –** The summary below is from the Cluster Neighbourhood Session held on Monday 20th July 2026

**Summary**

- NHSE recognised strong leadership, positive relationships, openness to challenge and momentum across Gloucestershire and BNSSG.
- The overall feedback was positive, with both systems seen as well-positioned for the next stage of neighbourhood development.
- The key challenge is now to move from **design, planning and relationships** into **delivery, accountability and measurable outcomes**.

### 1. Accountability and Neighbourhood Governance

- Emerging accountable partnership models developing in BNSSG & Gloucestershire with funding.
- There remains a need for greater clarity about how accountability flows from System and Place into Neighbourhoods.
- Questions remain regarding:
  - delegated authority
  - delegated budgets
  - the relationship between neighbourhoods, provider collaboratives and local partnerships
- There was a challenge to move from neighbourhoods as collaborative forums to neighbourhoods as accountable delivery structures.

### 2. Proactive Care and the Highest-Risk Population

- A major focus was delivering proactive, preventative and integrated care for the highest-risk population cohort.
- The message was clear:
  - identify people who will benefit (start with 1%)
  - intervene earlier
  - measure outcomes
  - demonstrate impact
- There was a focus on:
  - how many will be reached
  - what support they will receive (care model)
  - what outcomes are expected
  - what trajectory will be achieved over the next 6–18 months
- The cluster should consider the potential non-elective bed impact to fund Neighbourhoods.

### 3. Frailty and Population Health

- Frailty was recognised as a practical and sensible starting point for proactive care - although clarity needed on how frailty is defined.
- There was some caution against:
  - using a broad frailty term without clarity; *OR*
  - allowing frailty to limit wider neighbourhood ambitions.
- There was recognition that neighbourhood health must ultimately address a broader range of population needs, including children and young people, mental health and wider prevention priorities.
- The discussion reinforced the need to focus on impact.

### 4. The Evolving Role of Providers and Acute Trusts

- A significant theme was the future role of providers in neighbourhood health.
- There was a focus on the role of the acute in proactive care, outpatient transformation and neighbourhood delivery.
- Provider collaboratives were consistently described as future delivery vehicles rather than relationship forums.
- There was also a focus on how BNSSG and Gloucestershire can support the move towards Integrated Health Organisation (IHO) status for Trusts to commission for groups of the population.

### 5. Integrated Neighbourhood Teams as the Delivery Mechanism

- Integrated Neighbourhood Teams (INTs) were repeatedly identified as the core delivery model.
- Successful neighbourhood models bring together the following:
  - primary care
  - community services
  - mental health
  - social care
  - VCSE partners
- It needs to go beyond an MDT meeting in order to scale.
- There was a differentiation between proactive care (proactive case finding / specialist support) and reactive care (e.g. SPOA and urgent community response).

### 6. Commissioning Intentions and Delivery Expectations

- NHSE emphasised the need for setting clear strategic commissioning intentions across both systems i.e. what do we want from Provider collaboratives.
- Focus on core commissioning (putting in place core components) and targeted commissioning (e.g. within Neighbourhoods).
- The preferred approach was described as:

  **"Tight – Loose – Tight"**:
  - Tight on population cohorts and outcomes
  - Loose on local implementation and delivery models
  - Tight on accountability and measurement

### 7. Data, Intelligence and Measurement

- Data and intelligence were viewed as essential enablers of neighbourhood development.
- Priorities include:
  - common segmentation approaches
  - shared analytical tools
  - stronger data sharing arrangements
  - improved outcome measurement
- There was strong support for simplifying measurement and avoiding excessive evidence gathering that delays action.
- Digital infrastructure and information-sharing with VCSE partners were identified as important future areas of development.

### 8. VCSE and Health Inequalities

- VCSE organisations were recognised as critical partners in neighbourhood health.
- The discussion encouraged the Cluster to:
  - involve VCSE & Social Care Providers in design and problem-solving
  - provide greater stability through longer-term investment
  - improve information sharing across organisational boundaries
- Health inequalities should remain central to neighbourhood development.
- There was also a challenge to think beyond deprivation alone and consider wider factors affecting access, inclusion and outcomes.

### Gloucestershire and BNSSG – Key Strengths Recognised

- Strong leadership and ambition across both systems.
- Openness to challenge and willingness to engage in honest discussion.
- Emerging provider collaborative arrangements with significant potential.
- Growing maturity of local partnership approaches and neighbourhood infrastructure.
- Positive examples of proactive care and involvement of specialists in Neighbourhoods.
- A shared commitment to neighbourhood health and integrated models of care.

### Headline Takeaway

- Strong foundations are now in place.
- Next phase is delivery, not design.
- Success will be judged through clear accountability, measurable outcomes, proactive care at scale and evidence of impact for local populations.

**Neighbourhoods Actions and Next Steps:** The actions below are from the Cluster Neighbourhood Session on Monday 20th July 2026:

## Cluster Wide Actions

1. **Integrated Needs Assessment (INA)** – Ensure that there is clarity on the population need (for agreed cohorts) through in the INA and use this to reach agreement on the focus and definition of frailty in a way that builds consistency across the cluster.
2. **Rationalisation of Data Tools** – Decide on the direction of travel for data tools that ensure a clear connection between strategic segmentation (strategic commissioning) and proactive care (direct care) in Neighbourhoods.
3. **Planning 27/28** – Set a very clear set of commissioning intentions for 27/28 e.g. we want one coordinating provider for the delivery of proactive frailty care in each System and/or Place.
4. **Outpatient Model (re. consultant model)** – Share the learning from the respiratory / diabetes and multi-LTCs work in Gloucestershire across the Cluster and develop plans for potential extension.
5. **Definition of Outcomes** – Drawing on work undertaken to date undertaken at Neighbourhood, Place and System (BNSSG / Gloucestershire) set a clear set of outcomes (and baseline these outcomes) for Provider Partners.
6. **Set Trajectories / Impact Expectation –** Set a clear set of ambitions of how many people will be seen and the expected impact on activity, performance and outcomes.
7. **Contracting Model for Provider Partnerships** – Give Provider Partnerships a focus i.e. use the MoUs to inform a contract for them to deliver (linking to Neighbourhood Health contracts) and support move to IHO status over time**.**

**(For the ICB: Tight / Loose / Tight – tight on the cohort(s), loose on the provider delivery model, tight on the outcomes).**

## BNSSG Actions

1. **Commissioning of Children's Services and link to Neighbourhood Health** – ensure there is a clear link into outpatient and acute transformation.
2. **Delivery Plan for £7.9m Funding** – develop delivery plan by Provider Collaborative (GP body as the lead).
3. **Development of the Provider Partnership** – develop link with Local Authority (and Social Care Providers) and VCSE.
4. **1% of patients -** Ensure clarity on the 1% of patients – who are they, where we are and potential acute bed opportunity.

## Gloucestershire Actions

1. **Development of the Provider Partnership** – develop a stronger link with Local Authority and VCSE (consider as part of this the role of social care providers).
2. **Provider development of the frailty model** – expansion beyond PCN model into community, social care and VCSE.
3. **Data sharing arrangements with Provider Partnership** – access to population health segmentation and data sharing with VCSE partners (for Proactive Care).
4. **Baselining of activity and outcomes from Provider Partnership** – complete, share and monitor (action underway).

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# Integrated Care Partnership Board

| Agenda item | 6a | Meeting date | 10.09.26 |
|---|---|---|---|

## UPDATE – Bristol HEALTH AND WELLBEING BOARD

1. The most recent meeting of Bristol Health and Wellbeing Board was held on 23rd July. The meeting papers can be viewed here: ModernGov - bristol.gov.uk

2. Neighbourhood health update:

Three locality-based workshops and one citywide workshop were held in June and July to inform the further development of the Bristol Neighbourhoods Wellbeing and Health Plan. They were attended by Health and Wellbeing Board members and a wide range of other stakeholders from across the system, including strong representation from the VCSE sector.

**Locality workshops**
A workshop was held in each of the three Bristol localities, with discussions on neighbourhood footprints, physical neighbourhood assets and local design of Integrated Neighbourhood Teams. Below is a summary of the discussions.

Footprints

- Neighbourhoods should be understood as a dynamic mix of place, movement, identity and access with footprints reflecting where people naturally come together and transport links.
- When refining neighbourhood footprints, consideration should be given to health needs, population size, cultural diversity and geographical coherence.

Physical neighbourhood assets

- A distributed network of smaller, flexible spaces combined with outreach and mobile provision is preferred to a health hub/co-location model.
- Across all areas, there already is a wide and diverse network of community spaces.
- There is a need to align with population growth areas and new developments.

Integrated Neighbourhood Teams

- In addition to frailty, priority needs and groups include mental health, substance use, children and young people, working-age adults with or at risk of long-term conditions, high-intensity users, people with multiple disadvantage and underserved populations e.g., refugees.
- Effective identification and engagement rely on outreach, trusted relationships, community-based delivery and tailored approaches.

- Strong consensus to move away from a reactive medical model to a focus on prevention and early intervention.
- Residents and community voice must be central.
- The VCSE sector is essential not optional.

**Citywide workshop outputs**

Held at City Hall and facilitated by PPL, this workshop focussed on determining the enablers needed to create sustainable neighbourhood health and wellbeing in Bristol.

The outputs are still being analysed, but some of the themes arising are as follows.

1. Relationships and trust

Workshop discussions repeatedly referred to trust between organisations, understanding each other's pressures, partnership working and collaborative behaviours.

2. Leadership and shared power

Leadership was discussed alongside questions about decision-making, control of resources and the distribution of power across the system.

3. Funding and commissioning

Repeated references were made to pooled budgets, movement of resources across organisational boundaries, long-term investment and commissioning based on neighbourhood need.

4. VCSE and community capability

Workshop outputs described the VCSE sector as part of neighbourhood delivery rather than an external partner. Sustainable funding, community infrastructure and community development were recurring topics.

5. Prevention

Discussion focused on prevention, wider determinants of health and social models of care.

6. Data and intelligence

Shared records, information governance, community intelligence, lived experience and reducing duplication were recurring themes.

7. Workforce and culture

The material referred to joint learning, multidisciplinary working, organisational culture and understanding each other's roles.

8. Place

Participants discussed local flexibility and building on existing neighbourhood assets.

9. Community voice

Co-production and lived experience were discussed as part of planning and delivery.

10. Risk

Several groups discussed moving from organisational approaches to risk towards shared approaches.

11. Issues that received limited attention

The workshop material contains relatively little discussion about organisational restructuring, new organisational forms, estate, procurement or technology. Technology was generally discussed in relation to information sharing rather than as an objective in its own right.

12. Enabling functions and enabling conditions

The workshop material distinguishes between enabling functions and enabling conditions. Functions include operational coordination, shared infrastructure, population health intelligence and governance. Conditions include trust, relationships, organisational culture, leadership and willingness to share power. The material suggests that both are required for neighbourhood working.

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# Integrated Care Partnership Board

| Agenda item | | Meeting date | 10 September 2026 |
|---|---|---|---|

**UPDATE – SOUTH GLOUCESTERSHIRE HEALTH AND WELLBEING BOARD**

**Recent meeting summary**

1. The most recent meeting of the South Gloucestershire Health and Wellbeing Board was held on 16 July 2026. The meeting papers can be viewed here: Agenda for Health & Wellbeing Board on Thursday, 16th July, 2026, 10.00 am - South Gloucestershire Council

2. The meeting covered routine governance business, including election of the Chair and Vice-Chair, and noting of meeting dates and terms of reference for the next year. Substantive discussion focused on the Carers' Advisory Partnership, development of the South Gloucestershire Neighbourhood Wellbeing, Health and Care Plan, the Better Care Fund, the Joint Local Health and Wellbeing Strategy Annual Report, the Joint Strategic Needs Assessment, and a spotlight on men's health.

3. Key decisions included approving the Senior Officers' Group Terms of Reference; encouraging wider partner and carer involvement in the Carers' Advisory Partnership and ensuring carers are reflected in neighbourhood planning; ratifying the Better Care Fund Plan 2026/27 and approving a local BCF Working Group; agreeing the Board's 2025-26 annual report and updated risk assessment for 2026/27, agreeing next steps for JSNA development; and setting the Joint Local Health and Wellbeing Strategy Annual focus areas for Year 2 (2026-27), which are:

   - Neighbourhood Health across the life course – work as a Board to develop the Neighbourhood Wellbeing, Health and Care Plan for South Gloucestershire

     Lead: NHS South Glos Locality Partnership Director and Director of Public Health

   - Housing and Wellbeing – continue to work as a Board to develop a Housing and Wellbeing Plan for South Gloucestershire

     Lead: Service Director – Commissioning, Performance and Housing (SGC)

   - Strengthen community involvement and our use of community insights in decision-making

     Lead: VCSE partners on Health and Wellbeing Board and Director of Public Health.

*(Summary generated by AI and has been checked for accuracy).*

**The next Board meeting is on 6 October 2026**

| **Draft items** (to be discussed/agreed by the Senior Officer Group on 9 September) are: |
|---|
| • Learning Difficulties Partnership Board Annual Report 2025<br>• BNSSG VCSE Vision and Framework for Action (to be confirmed)<br>• Health Protection Assurance Group Annual Report 2025-26 – noting |

- Safeguarding Annual Reports and Business Plans (adults and children's)
- Neighbourhood Wellbeing, Health and Care Plan update
- Update on the work on Gambling Harms

**Update on the South Gloucestershire Neighbourhood Wellbeing, Health and Care Plan**

4. Building a programme of place-based working for Health and Wellbeing was already a core commitment in our Joint Local Health and Wellbeing Strategy 2025-29 and a year 1 focus area. The national requirement for Health and Wellbeing Boards to lead the development of a Neighbourhood Health Plan confirmed the need for this to continue to be a priority in year 2.

5. In June 2026 we held a joint development session with the Locality Partnership. The purpose of the session, which was facilitated by PPL as part of a BNSSG-wide Neighbourhood Development Programme, was to understand the current strengths and challenges within South Gloucestershire regarding capabilities required to support neighbourhood health and consider what could be progressed locally versus what required wider BNSSG discussion and decision-making.

6. The session was not intended to determine a future organisational model. Rather, it sought to identify the practical conditions required for neighbourhood health to succeed and provide a South Gloucestershire perspective to inform the next phase of neighbourhood health development across BNSSG.

7. Participants recognised the shared vision and strength of partnership working across South Gloucestershire and the significant progress already made through collaborative arrangements. There was agreement that:
   - Partners share a common ambition for neighbourhood health.
   - Strong relationships already exist across health, care, local authority and VCSE organisations, and there are examples of effective neighbourhood delivery, particularly around frailty coordination, intermediate care, population health management and test-and-learn approaches.

8. Areas requiring further development:
   - Operational coordination remains variable and often relies on individual relationships.
   - Population health intelligence is strong but fragmented across organisations.
   - Transformation capacity is unevenly distributed and often constrained by operational pressures.
   - Funding arrangements remain fragmented, short term and difficult to align around shared neighbourhood priorities.
   - Further work is required to understand how resources, accountability and decision-making could operate in future neighbourhood arrangements.

9. Actions were identified from the workshop that could be progressed locally:
   - Develop a more consistent approach to frailty coordination, building on existing MDTs and neighbourhood working.
   - Map current neighbourhood health investment and identify opportunities to better align existing resources.

- Strengthen the use of population health intelligence to develop a shared understanding of neighbourhood need.
- Improve information sharing between partners and build on existing digital infrastructure.
- Agree a small number of shared neighbourhood health priorities and continue to test and learn through local initiatives.

10. These actions will be progressed through the Locality Partnership Board and Neighbourhood Core Group with quarterly reporting to the Health and Wellbeing Board.

11. Requirements from the wider system were also identified and fed up to the ICB, they included decisions about:
    - Governance, accountability and decision-making arrangements.
    - Future commissioning and resource allocation arrangements.
    - The relationship between neighbourhood, Place and system-level functions, and how these support delivery at scale.

12. Planned actions to develop neighbourhood models of care and the South Gloucestershire Neighbourhood Wellbeing, Health and Care Plan over the next 3-6 months are:
    - Confirming neighbourhood boundaries and population definitions.
    - Developing standard neighbourhood profiles, including data, assets, needs and gaps.
    - Review of draft South Gloucestershire Neighbourhood Health EQIAA and how to address issues raised in further development of the South Gloucestershire Neighbourhood Wellbeing, Health and Care Plan.
    - Developing proposals for Frailty and Children and Young People's Integrated Neighbourhood Team models.
    - Progress Children and Young People's social prescribing and Family Hub collaboration with PCNs.
    - Complete VCSE infrastructure gap analysis, asset mapping and "State of the Nation" report.
    - Identify funding opportunities and develop priority business cases/bids for further service development including expansion of Leg Clubs and Falls Community Response.

| | |
|---|---|
| Health and Wellbeing Board Chair:<br>Cllr John O'Neill<br>Cabinet Member for Adults and Homes<br>John.o'neill@southglos.gov.uk | Contact for further info:<br>Kirstie Corns<br>Locality Director for South Gloucestershire<br>Kirstie.corns@nhs.net<br><br>Sarah Weld<br>Director of Public Health for South Gloucestershire<br>Sarah.weld@southglos.gov.uk |

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# 10Integrated Care Partnership Board

| Agenda item | 6c | Meeting date | 10/09/2026 |
|---|---|---|---|

## UPDATE –North Somerset Health and Wellbeing Board

1. The most recent meeting of the North Somerset Health and Wellbeing Board was held on 27 May 2026. The meeting papers can be viewed here: Agenda for Health and Wellbeing Board on Wednesday, 27th May, 2026, 2.00 pm | North Somerset Council

After the review of formal items, the main focus of the meeting was a workshop looking at how the Board can best support the development of the neighbourhood wellbeing and health plan and develop the ways of working to make that a success.

A summary of the outputs of that discussion is below:

**Summary**

The central message is that North Somerset already has strong examples of neighbourhood, outreach and community-based working, but these are not yet consistently connected, scaled or supported by the infrastructure needed for a whole-system neighbourhood model.

**Overall direction: move from fragmented services to integrated neighbourhood working**

The key takeaway is a strong case for shifting towards **integrated, community-based models of care and support**. Current arrangements are described as too complex for residents, particularly people with multiple needs, who may face siloed pathways, repeated assessments and gaps between services.

The aim is a neighbourhood model built around:

- **Integrated teams**
- **Single access points**
- **Shared care records**
- **Community-based delivery of appropriate outpatient care**
- **Multi-specialty and holistic support**
- **Stronger links between health, social care and community services**

The recommended approach is to:

- Scale proven models rather than develop new ones
- Protect what is already working during redesign
- Document and share best practice across neighbourhoods
- Create a central repository of effective models and interventions

A major implication is that the Health and Wellbeing Board should focus on replication and system alignment rather than starting from scratch.

**Access and equity are major drivers for redesign**

A recurring theme is that the current system creates unequal access for residents. Specific issues include:

- **Travel barriers** to diagnostics and outpatient services
- An inconsistent universal offer across communities
- Siloed services that do not work well for people with multiple conditions
- Residents needing to repeat their story multiple times
- Growth in private healthcare use potentially widening inequalities

The workshop suggests that equity should become a core design principle. Practical proposals include mapping patient journeys and travel burdens, identifying high-need and underserved areas, redesigning pathways around multi-specialty care, and where possible, introducing a **single point of access** across services.

**Community infrastructure is essential but currently fragile**

The discussion placed strong emphasis on the importance of community capacity. It identifies that local delivery will not be possible without stronger neighbourhood infrastructure, including physical spaces, community development capacity and a more sustainable voluntary, community and social enterprise sector.

Key concerns include:

- Limited anchor sites for service delivery with the For All Healthy Living Centre in South Ward being the notable exception in North Somerset
- Fragile and under-resourced VCSE capacity
- Community assets not being fully mapped or coordinated
- Fragmented carer support
- Lack of a clear asset-based community development approach

Recommended actions include mapping and using assets such as **libraries, colleges and civic spaces**, developing multi-use community hubs, and creating a coordinated infrastructure plan for neighbourhood hubs. The Board is asked to champion shared use of buildings and assets.

**Data sharing and evidence are critical enablers**

The conversations repeatedly identified better use of data as essential to neighbourhood working. Current barriers include fragmented data systems, perceived or actual GDPR barriers, weak evidence of prevention impact, inconsistent datasets and insufficient use of population health data.

The recommended approach is practical rather than over-engineered. It calls for:

- Shared datasets and common data standards
- Population health management data to identify demand and target cohorts
- Heat maps and segmentation to guide service design
- A shared data platform or interoperability approach
- “Good enough evidence” to support action rather than waiting for perfect evaluation

The underlying point is that data should be used to target need, redesign services and demonstrate prevention impact in a proportionate way.

**Workforce change is needed to support new models**
The document recognises that neighbourhood working will require changes in workforce planning, culture and deployment. Current barriers include limited shared workforce planning, workforce models not aligned to community delivery, and cultural resistance to moving more care out of hospitals.
The proposed response includes:

- Identifying clinical and system champions
- Developing a workforce strategy for neighbourhood working
- Reallocating existing clinical sessions into community settings
- Supporting flexible workforce models across organisational boundaries
- Ensuring changes improve staff experience, not just system efficiency

This suggests that workforce development and culture change are as important as service redesign.

**Engagement and co-production need to be more locally grounded**
The workshop highlighted that trust in statutory services is limited in some communities and that engagement is not always meaningful or locally specific. The document recommends that local voice should be embedded systematically in service design, including children's voice and broader community experience.
The proposed direction is to:

- Use place-based engagement approaches
- Work through local geographies such as wards and neighbourhoods
- Co-design services with residents
- Use lived experience and community voice systematically
- Ask Health and Wellbeing Board members to convene dialogue between the system and communities

The emphasis is on moving beyond consultation towards genuine co-production.

**Funding needs to shift towards prevention and neighbourhood delivery**
A core issue is that resources remain tied up in reactive services, with limited investment in prevention and fragmented funding across organisations. The document also notes that carers and VCSE funding are not sustainable.
Recommendations include:

- Reviewing allocation of existing resources
- Exploring shared investment models
- Developing business cases for prevention
- Creating pooled or aligned budgets for neighbourhood delivery
- Moving towards a **"money follows the person"** approach
- Progressing the **carers investment proposal of approximately £128k per year for three years**

**Role of the Health and Wellbeing Board**
The Board is expected to play an active leadership and convening role. The document identifies four areas where the Board should lead:

- Remove barriers to shared services and data sharing
- Sponsor asset-based community development

- Drive integration across organisations
- Champion prevention and best start in life

The immediate 3–6 month priorities are clear:

- Agree a neighbourhood model blueprint
- Identify **1–2 pilot areas** for integrated delivery
- Establish a shared data approach
- Develop a community asset map
- Create an engagement plan
- Progress the carers business case and funding decision
- Develop and confirm the Neighbourhood Wellbeing and Health Plan to meet the national expectation of publication by the end of March 2027

**Main decisions and takeaways**

- North Somerset should build on existing good practice rather than create entirely new models.
- The future model should be neighbourhood-based, integrated and preventative.
- Simplified access, including a single front door or single point of access, is a key priority.
- Data sharing, shared records and practical evidence of impact are essential enablers.
- Community infrastructure and VCSE capacity need investment if neighbourhood working is to succeed.
- Funding should be redirected or aligned towards prevention and local delivery.
- The Health and Wellbeing Board should provide visible leadership, remove barriers and sponsor the next phase of implementation.

As a follow up to this session, another workshop will be held on 30 September looking in more detail at how the Board evolves into the new landscape of health and care reform, considering its developing role and responsibilities. It will review what infrastructure is needed to provide Place leadership whilst also supporting neighbourhood development and system level action. The aim is to invest resources across partners to create a core operations/delivery unit that drives improvement in outcomes and reducing inequalities.

2. Current issues:

There is a need for continued dialogue about the emerging approaches in each Place and the neighbourhoods that it serves. There is a risk that duplication of effort could exist, key learning is not captured and shared or that opportunities to work together are missed where there could be benefits for population health outcomes for all residents across BNSSG and the emerging new cluster. The Board is well placed to encourage that shared learning approach and enable key agencies and stakeholders to engage well with action at all levels of geography in our system.