

Health Scrutiny Committee

(Sub-Committee of the
People Scrutiny Commission)

6 December 2021



Report of: Bristol, North Somerset and South Gloucestershire CCG

Title: Integrated Care Partnership Update including new Community Mental Health Framework and three ICPs in Bristol

Ward: All

Officer Presenting Report: David Jarrett, Area Director

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Summary

Please find attached:

PowerPoint presentation on Integrated Care Partnerships, outlining:

- principles of how we work
- an overview of the Community Mental Health Programme, the first programme to go live under the new ICS and a supporting Overview of BNSSGs CMH Target Operating Model paper.

In addition, also attached are presentations from the three Bristol-based ICPs:

- North & West Bristol Shadow ICP
- Inner City and East Bristol Shadow ICP
- South Bristol Shadow ICP

Points to note:

The Overview of the Target Operating Model (TOM) paper was developed and shared in June 2021. Since June ICPs have been working to develop proposals to align with the TOM. The latest developments on this work are covered in the first ICP presentation and are being shared with HOSC to provide an overview of the aims of the Community Mental Health programme and what is envisaged to change for the Bristol population as a result of this programme.



1. Context

NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) is part of the Healthier Together Integrated Care System (ICS), a partnership of local health and care organisations working together to improve the health and wellbeing of the 1.1 million residents of the BNSSG area.

In BNSSG we have developed a shared vision between our partners to transform the experience of health and care to one of personalised, preventative and proactive care.

This is particularly important for people with complex needs, who often have the poorest experience. Local people have told us about the difficulties they face when services are not connected or joined up making it hard and frustrating to navigate. We want to make sure we deliver the right care and support for the person as early as possible, as close to home as possible, with the lowest level of acuity as possible and empowering the person as much as possible. By doing this we not only improve experience but we protect the capacity in our acute and emergency services so they are able to respond quickly when people really need them.

Key to achieving this vision is the development of integrated place-based partnerships of health and care organisations working together locally to design and deliver person-centred services.

In BNSSG these [Integrated Care Partnerships](#) (ICPs) are formal partnerships of provider organisations working together to deliver care by collaborating rather than competing. They include hospitals, community services, councils, mental health services General Practice, Social Care and voluntary/ community sector providers

ICPs will focus on delivering integrated services at ‘place’ level and develop as accountable care systems evolving the services that their population need and want. While ICPs will be determined by their population, they will still be required to meet the same quality standards both nationally and locally defined; to improve the health and care of the people they serve, integrate services for the benefit of the local population and to reduce health inequalities.

Our draft ICP model of care is one of fundamental integration, partnership and place-based working. The key attributes of our draft model of care are as follows:

- Leaves no-one behind and promotes wellbeing and prevents ill health for everyone in the community throughout their lives
- Directly and urgently addresses the inequalities in health outcomes meeting needs earlier to mitigate against disadvantage and the health impacts of disadvantage
- Really works with and mobilises communities to co create health and wellbeing
- Works with people to promote healthy, fun, safe and caring places where everyone feels that they belong
- Listens to people to understand what matters to them, their family, carers and their community.
- Is seamless and coordinated around the individual using a single assessment of their needs and a coordinated care plan.

- Identifies who needs care and support and offers them help early on, restoring them to best possible health.
- Is available 24/7 to people when they have a crisis or need support urgently.
- Works alongside people when their needs become more complex or urgent so they can easily get the care and support that works for them.
- Ensures that as far as possible people receive the care they need close to their home
- Is based on good quality relationships and networks that enable a thriving ecosystem of provision to support people with their health and wellbeing.

Our ICPs are currently responding to requirements to deliver new community mental health services starting from April 2022.

Members may want to consider how ICPs might collaborate more closely with elected representatives?

Currently collaborating with: Adult Social Care, Public Health, Neighbourhood and Communities. Emerging ideas for other areas of collaboration include Community Safety Partnerships, Education (primary, secondary and tertiary), Care Leavers. Additional suggestions welcome.

3. Policy – not applicable

4. Consultation – not applicable

a) Internal

b) External

5. Public Sector Equality Duties

- 5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
 - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --

- remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
 - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
- tackle prejudice; and
 - promote understanding.

Appendices:

- Powerpoint ICP and Community Mental Health Presentation
- Overview of BNSSGs CMH Target Operating Model paper
- X3 Bristol ICP presentations