



Bristol Health and Wellbeing Board

Title of Paper:	ICS Strategy – Update including <ul style="list-style-type: none">• Strategy Development• Strategic Needs Assessment• Role of HWBs
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Date of Board meeting:	7 September 2022
Purpose:	Information and discussion

1. Executive Summary

The development of the Strategy for the Health and Care Partnership is underway with the first phase ending shortly. A key output has been the development of a Strategic Needs Assessment to guide the direction of the strategy.

This document summarises the steps that will take place to develop the strategy, providing the Board with the opportunity to identify how they might become involved and particularly more about the Partnership Day planned for October.

2. Purpose of the Paper

- To brief members on the emerging outputs from the “deep understanding” phase, including emerging themes from a system-wide overview of needs across our population
- To brief members on the ICS strategy development process and their role within it
- To inform members about and encourage attendance to Partnership Day

3. Background, evidence base, and what needs to happen

1. Strategic Needs Assessment

A high-level strategic overview of needs across the BNSSG population has been produced. This has been developed largely using existing resources in the 3 local authority JSNAs and other local reports, with some additional new analysis using a combined set of data from sources across the local health system. This overview takes a population level approach to understand the major health and wellbeing issues for BNSSG, to complement rather than replace existing intelligence at place and neighbourhood level.

This overview has highlighted three high level themes to be built into the strategy. Alongside this, there are several health needs and issues identified as having a major impact on our population’s health. These will require further in depth work up to define strategic priorities for the strategy.

The three themes are:

- **Prevention** across all stages of life, in all settings, and each step of a care pathway
- Designing for the **clustering** of risks and ill health conditions within individual people, families and communities.
- Reducing **inequalities in health** will have wide ranging impacts for the whole population

2. ICS Strategy Development

Background

The establishment of the new Integrated Care Partnership (ICP) for BNSSG offers an opportunity to harness the collective powers of the NHS, Local Authorities, community providers, the voluntary and community sector, and a wide set of partners to drive significant improvement in the physical and mental health and wellbeing of our population and the reduction of inequalities.

This strategy will define the commitment of our partnership to improve outcomes for our population and be published as a final draft in December 2022. Further consultation and governance will be conducted in the New Year.

Strategy Development Process

This diagram sets out the timeline and key decision points that forms the framework for the strategy.



Phase 1: Deep Understanding

The Strategy will be built on a strong foundation of evidence building on what we already know. This evidence will come through several different lenses:

1. Strategic Needs Assessment
2. “Have Your Say” exercise and insights from previous engagement
3. A synthesis of existing strategies, including the 3 Local Authority Health and Wellbeing strategies
4. National policy legislation

5. Constraints assessment- to ensure the strategy is grounded in the financial, workforce and performance reality of today so that it is credible and realistic.

Bringing these five perspectives together should give us a rich understanding of our System as it is now, and a solid foundation to build a strategy from.

Phase 2 – Defining our priorities

The long-listing process will focus on turning the outputs from Phase 1 into a set of specific, potential strategic priority areas. These will be processed through a filter to ensure they are in scope of the system strategy – that they are tackling a clearly identified health need for a cohort, and that they are complex issues requiring cross-partnership action to solve them.

We expect this to leave us with a list of 10-12 potential strategic priorities. These will then be put to the Partnership Day, see below, to give a wider range of stakeholders an opportunity to play a substantive role in deciding what our priorities should be as a partnership.

Partnership Day – aims:

- decide on the problems that we are trying to solve as a partnership
- begin to design the shared vision for our population
- enable a wide group of stakeholders to participate in decision making.

Senior leaders in the ICB and the ICP have been clear these new structures must not simply be rebranding what came before and that we must have a fundamentally different relationship with partners, local authorities, the VCSE sector and communities. The Partnership Day is an opportunity to show our commitment to these new ways of working.

In addition to the ICP and ICB Boards, invitees include:

- health and care professional leads
- the 9 Local Authority Directors from the 3 Local Authorities for Adult Social Services, Children’s Services and Public Health
- Council Leaders.

Each ICP Board member has been asked to bring 4 guests; consideration should be given to the diversity of the area they represent to have a wide range representation of ethnic backgrounds, socio-economic status, sexual orientation, age, gender etc

It is currently scheduled for 18 October.

Phase 3 – Strategy development

Sprint Teams, aligned to the emerging strategic priorities will bring in expertise to define the problem and strategic solutions further. This will also develop the content of the strategy. It is expected that Sprint Teams will cover:

- Outcomes that can be improved and setting goals related to those outcomes
- Assessment of evidence for best solutions to address the problem
- Outline of action plan

Phase 4 – Bringing the strategy together

Once the Sprint Teams have completed their work, the strategy will come together as a first draft; this should be completed by the end of November.

This will then go through required system and partner governance processes during the month of December so that we have a final draft, ready for publication at the end of December.

Phase 5 – Communicating our strategy

The final phase will be to communicate the strategy. This phase will include working with our population to see if the draft we have arrived at meets their expectation and their ambition for where they live. There will also be an opportunity to do further engagement with partner organisations and their boards. The aim will be to have a Final Complete Strategy signed off ready for publication in March, alongside the Joint Forward Plan and NHS Operational Plan for the coming years.

Role of Health and Wellbeing Boards

At the end of July 2022, the Department for Health and Social Care published guidance for Health and Wellbeing Boards¹ for consultation (see Appendix for Summary)

As the strategy is being developed for BNSSG, Health and Wellbeing boards are involved in the ICS Strategy development process by:

1. Three Health and Wellbeing Board chairs are chairing the ICP Board on a rotational basis and form the leadership team for the ICP. This Board is directing the strategy and accountable for its delivery
2. The Strategic Needs Assessment reflects the three HWB JSNAs (Joint Strategic Needs Assessments) and JLHWS (Joint Local Health and Wellbeing Board Strategies) and identifies system-wide population health issues
3. A full analysis of the three Health and Wellbeing Board strategies has been undertaken to identify where there are opportunities to address local plans at the scale of the system
4. Each of the six Locality Partnerships are developing their own priorities and plans for their area. The ICP strategy will ensure that it enables these local level plans to be delivered

4. Community/stakeholder engagement

Please see associated paper on 'Have Your Say'

5. Recommendations

Members are asked to:

- Take note of the contents of the paper
- Participate in the Partnership Day and play a role in ensuring representative participation

6. City Benefits

People's ability to stay healthy and well is dependent on factors such as social connection, employment, housing and education. To make a real difference in people's lives, health and

¹ [Health and wellbeing boards: draft guidance for engagement - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/health-and-wellbeing-boards-draft-guidance-for-engagement)

care services need to reflect the importance of these wider factors and the role they play in our health and wellbeing.

The establishment of the Integrated Care System (ICS) in statute gives us the opportunity to build on the successes of the Healthier Together Partnership to date and accelerate progress on behalf of the people and communities we serve. This exercise will help us shape priorities for health and care in the years ahead and set clear shared goals.

7. Financial and Legal Implications

N/A

8. Appendices

Note on Role of Health and Wellbeing Boards

The guidance set out how Health and Wellbeing Boards, as well as place level integration of health and care should interface with a system-level strategy.

Some key points to note from the guidance:

- ICPs should identify priorities that can best be addressed at system level. HWBs will continue to provide leadership across place level
- ICPs should use the insight and data held by HWBs around place in developing the integrated care strategy.
- The integrated care strategy is intended to build on and not duplicate or supersede the JLHWS (Joint Local Health and Wellbeing Strategy). The 5-year joint forward plan produced by the ICB must have regard to the integrated care strategy and must set out any steps on how the ICB proposes to implement any JLHWS that relates to the ICB area.
- The integrated care strategy is for the whole population (covering all ages) and it must, among other requirements, consider whether their needs could be met more effectively by using integration arrangements under section 75 of the National Health Service Act 2006. When they receive integrated care strategy, HWBs must consider whether to revise the JLHWS. Alongside the JLHWS, the integrated care strategy should be the set direction for the system as a whole.