AGEAND ITEM 9 - BRIEFING NOTE

BRISTOL HEALTH SCRUTINY COMMITTEE

20 March 2023

TITLE: BNSSG Integrated Care System Strategy

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1. Purpose of briefing note:

To respond to the Committee's request for an update on the development of a system-wide integrated strategy for Bristol, North Somerset and South Gloucestershire.

2. Background / summary of issues for Scrutiny members to note / consider:

In December 2022, the BNSSG Integrated Care Partnership signed off and published a Strategic Framework for our Integrated Care System. This framework sets out the key principles and an overall approach that all partners have signed up to in how we will develop a BNSSG wide integrated strategy. The Framework is summarised in **Appendix 1**.

As a next step, it is intended that a first draft of the Strategy itself, setting out the structure and proposed contents, will be produced by the end of March, with a first full edition to be drafted by the end of June. This will be followed by an implementation phase of the agreed system priorities contained within the Strategy and then a refresh of the Framework in December. The refresh of the framework, which sets the overall direction of travel for BNSSG's System Strategy, will enable an annual review of the 1st edition of the strategy in 2024, and on a rolling basis from then on. A summary of the timeline for 2023 can be found at **Appendix 2**.

3. Specific comments sought from scrutiny members (if applicable):

The contents of the System Strategy will respond directly to the requirements set out in the Strategic Framework. Key amongst these is the requirement for the strategy to prioritise a handful of key issues to focus on, using the whole system's resources to deliver – with a starting assumption that locality partnerships will be the key delivery vehicle for this work.

On the back of work done in the development of the Strategy, both in terms of public / stakeholder engagement and quantitative analysis of the health and care needs of our population, a shortlist has been developed. This will support a prioritisation process which is currently being finalised. A draft shortlist of key conditions and challenges (many of which overlap in practice) is listed in **Appendix 3**.

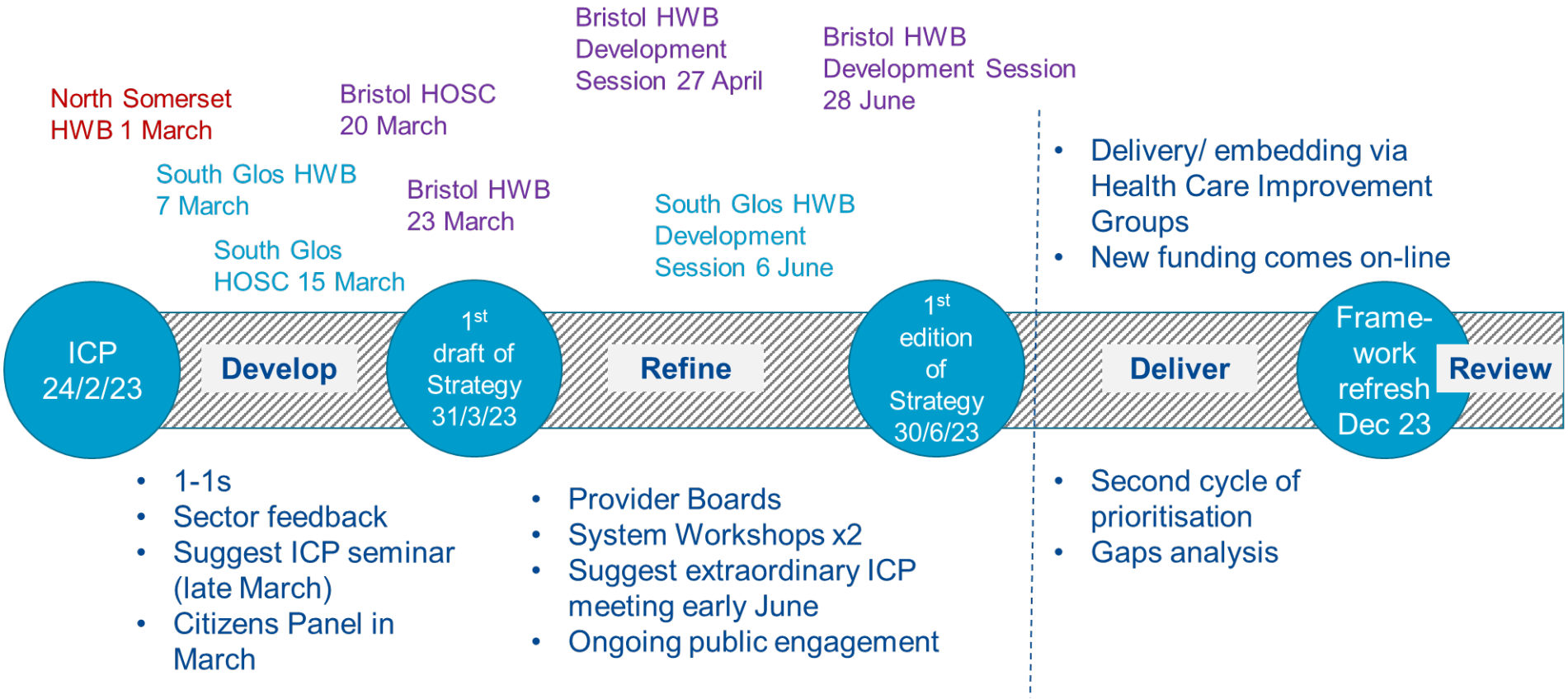
Members of the HOSC are asked to:

- Comment on the engagement approach and timeline
- Comment on the draft shortlist in preparation for a process to agree a first round of system priorities

Appendices:
Appendix 1 – *BNSSG Strategic Framework on a page*
Appendix 2 – High level timeline
Appendix 3 – Draft (unranked) shortlist for consideration under a prioritisation process

Appendix 1: BNSSG Strategic Framework on a page

Appendix 2: high level timeline



Appendix 3: draft (unranked) shortlist for consideration under a prioritisation process

1. **Anxiety and depression** – especially in children and young people
2. **Chronic pain**
3. **Coronary Heart Disease**
4. Support for people with **drug and/or alcohol misuse** or dependency to prevent them developing or exacerbating other conditions, leading to poor outcomes
5. Prevent **Type 2 diabetes** in people at high risk and its progression/complications
6. Exponential growth in children and families unable to maintain a **healthy weight** which increases key risk factors for poor population health outcomes and increased inequalities
7. Support people to **stop smoking** who are at high risk of experiencing poorer outcomes (e.g. pregnant women who are smokers; smokers with long term conditions linked to smoking)
8. **Cancers** – prevention and earlier diagnosis
9. **Chronic Obstructive Pulmonary Disease** – reducing avoidable exacerbations and addressing ongoing risk factors
10. Variation in diagnosis rates and access to support for people living with **dementia**, resulting in poorer outcomes and inequalities
11. **Learning Disabilities and Autism** (rising incidence/referrals of autism and waiting times for elective care for those with LD)
12. Children and young people experiencing **Adverse Childhood Events** and other trauma, or who are excluded from school or in the care system, are going on to experience poor health, educational social and employment outcomes
13. People with **multi-morbidity** whose needs (prevention and management) are poorly met by provision arranged around single disease / specialty pathways are developing avoidable complications, resulting in poorer outcomes, higher costs and widening inequalities
14. **Frail and elderly people** experiencing loneliness and isolation who are at high risk of rapid deterioration in their health and wellbeing
15. Actual and perceived challenges for people in **accessing primary care** resulting in displaced demand into services less suited to meet need