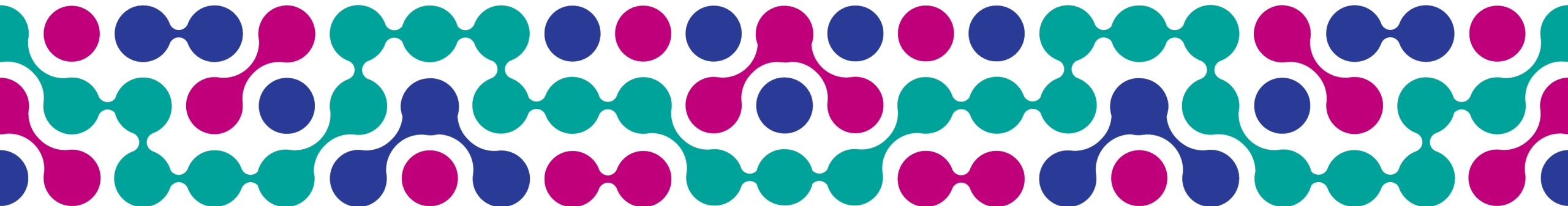


# Children, Adults, Health & Wellbeing Panel - 13th September 2022

## Integrated Care Board Update

19<sup>th</sup> October 2022



# Content

- Purpose of an Integrated Care System
- Integrated Care Strategy

Links to short videos with additional information

BSW ICS Explainer video

<https://www.youtube.com/watch?v=PjRzwwL9vvk>

NHS England video: Development of health and care System:

[About BSW Together \(icb.nhs.uk\)](https://www.nhs.uk/about-bsw-together/)

Kings Fund video: How the NHS in England is changing:

[How does the NHS in England work and how is it changing? - YouTube](https://www.kingsfund.org.uk/news/2019/12/how-does-the-nhs-in-england-work-and-how-is-it-changing?utm_source=twitter&utm_medium=social)

# Purpose

The purpose of ICSs is to bring partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- support broader social and economic development.



**Inequality**

Despite overall low levels, we still see pockets of relative 'deprivation'...

B&NES is ranked 269 out of 317 Local Authorities in England for overall deprivation, making it one of the least deprived in the county...

But two areas are within the most deprived 10% nationally.

Twerton West  
Whiteway

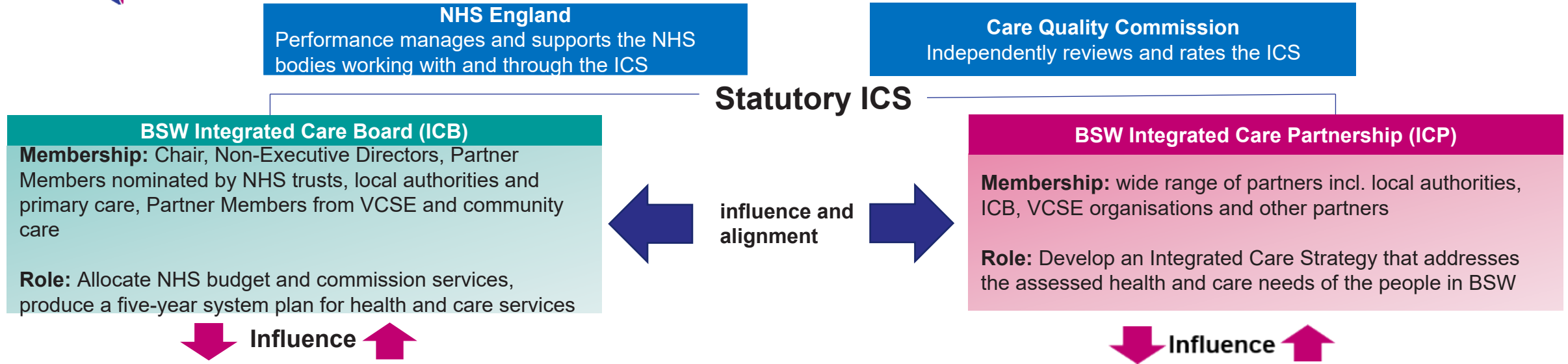
...and inequalities affect a wide range of local life outcomes.

81 Most deprived, 91 Least deprived: Life expectancy is improving, except for those in most deprived areas.

76 Most deprived, 81 Least deprived: Gaps in education attainment are present for the Free School Meal cohort and Special Educational Needs & Disability at all stages and between boys and girls.

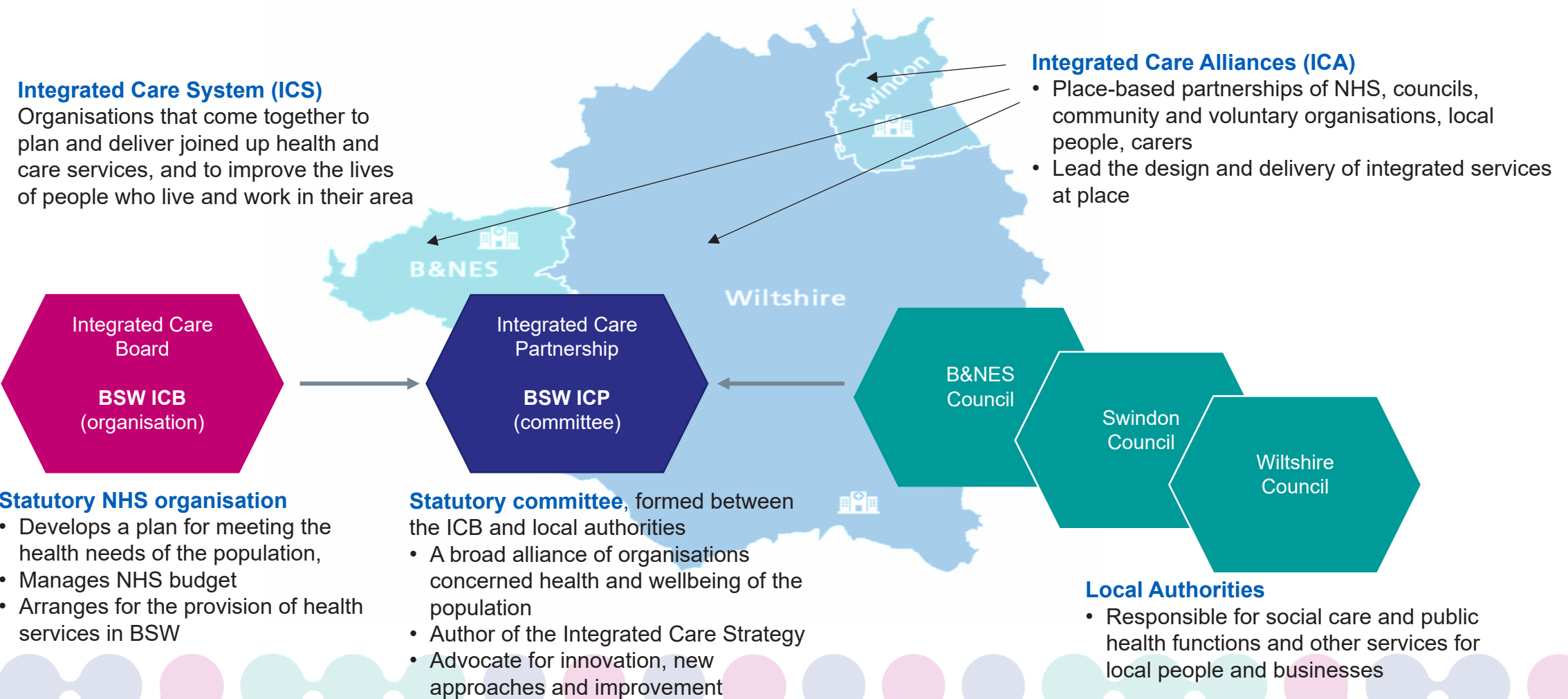
Smoking is the greatest risk factor for mortality in B&NES. 1 in 4 workers in routine & manual occupations smoke.

# BSW Integrated care system



| Partnership and delivery structures              |                                    |  |
|--|------------------------------------|--|
| Geographical footprint                           | Name                               | Participating organisations  |
| <b>System</b><br>Populations of 1-2m             | <b>Provider collaboratives</b>     | NHS trusts (including acute, specialist and mental health), VCSE sector and the independent sector. Can also operate at place level                              |
| <b>Place</b><br>Populations of 250,000 – 500,000 | <b>Health and wellbeing boards</b> | ICS, Healthwatch, local authorities and wider membership as appropriate. Can also operate at system level  |
|  | <b>Place-based partnership</b>     | Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care |
| <b>Neighbourhood</b><br>Populations of 30-50,000 | <b>Primary care networks</b>       | GPs, community pharmacists, dentistry, opticians   |

# How the BSW ICS is made up



# Role of the Integrated Care Partnership (ICP)

## What is an Integrated Care Partnership?



A broad alliance of organisations concerned with health and wellbeing of the population



The author of the Integrated Care Strategy, and other system-level integration strategies



An advocate for innovation, new approaches and improvement

Cllr Richard Clewer (Wiltshire) will be the first Chair of the ICP.

## Our expectations for Integrated Care Partnerships

We have five expectations for Integrated Care Partnerships, that they will...



be a core part of Integrated Care System, driving their direction and priorities.



be rooted in the needs of people, communities and places.



create a space to develop and oversee population health strategies to improve health outcomes and experiences.



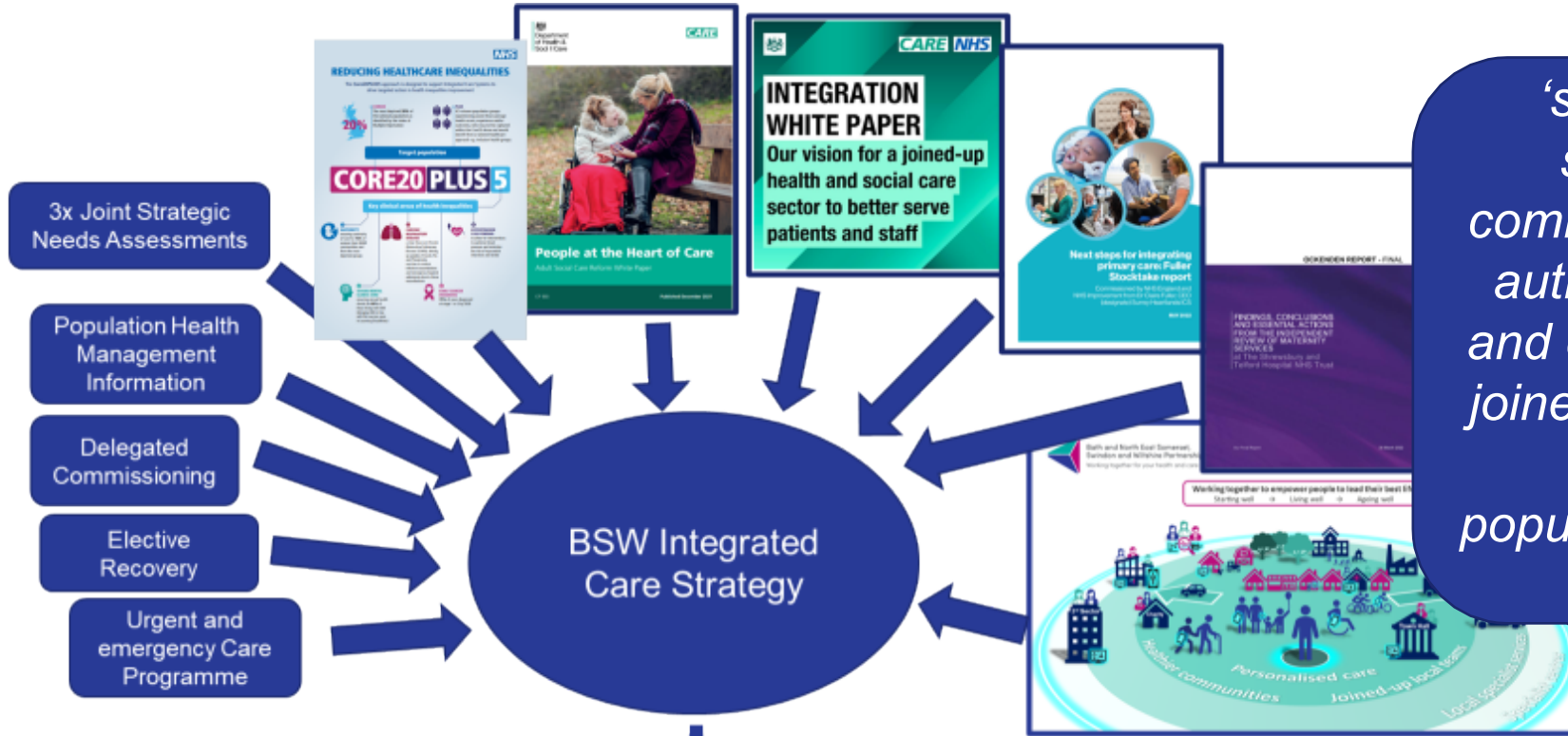
support integrated approaches and subsidiarity.



Be open and inclusive in strategy development and leadership, involving communities and partners to utilise local data and insights.

The Integrated Care Partnership will be responsible for overseeing the development of the Integrated Care Strategy. A Steering Group is being established to coordinate the production of the Integrated Care Strategy on behalf of the ICP. Membership will be drawn from local organisations, Healthwatch, the Voluntary and Community Sector and will include strong representation from Public Health.

# Integrated Care Strategy



*‘should set the direction of the system’ ...., ‘setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life’.*



## Link to the Guidance

<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>

# Board members of BSW Integrated Care Board



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board



**Sue Harriman**  
Chief Executive Officer



**Stephanie Elsy**  
Chair



**Gary Heneage**  
Chief Finance Officer



**Gill May**  
Chief Nurse



**Dr Amanda Webb**  
Chief Medical Officer



**Dr Claire Feehily**  
Non-Executive Director for Audit



**Paul Miller**  
Non-Executive  
Director for Finance



**Suzannah Power**  
Non-Executive  
Director for  
Remuneration and  
People



**Julian Kirby**  
Non-Executive  
Director for Public  
and Community  
Engagement





# Board members of BSW Integrated Care Board, continued



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board



**Professor Rory Shaw**  
Non-Executive Director  
for Quality and  
Performance



**Stacey Hunter**  
NHS Trusts and NHS  
Foundation Trusts  
Partner Member –  
acute sector



**Dominic Hardisty**  
NHS Trusts and NHS  
Foundation Trusts  
Partner Member –  
mental health sector



**Douglas Blair**  
Community Provider  
Partner Member



**Will Godfrey**  
Local Authority Partner  
Member – Bath and  
North East Somerset



**Susie Kemp**  
Local Authority Partner Member -  
Swindon



**Terence Herbert**  
Local Authority Partner  
Member - Wiltshire



**Pam Webb**  
Partner Member -  
Voluntary Community  
and Social Enterprise



**Dr Francis Campbell**  
Partner Member -  
Primary Care



# BSW Care Model



**Bath and North East Somerset,  
Swindon and Wiltshire**  
Integrated Care Board

We are focussing on a range of initiatives that will improve the health and wellbeing and experience of care including:

- Population health, Prevention and Wellbeing focussed programmes
- Integrated Neighbourhood Teams
- Care Coordination
- 2 Hour community response
- Mental Health and wellbeing
- Learning Disabilities and Autism
- Virtual wards
- Maternity
- Recovery of elective care services
- Urgent care services

From April 2023 the ICS will also take on delegated commissioning responsibility for dental services, general ophthalmic services and pharmaceutical services



## Questions and discussion



# Appendix

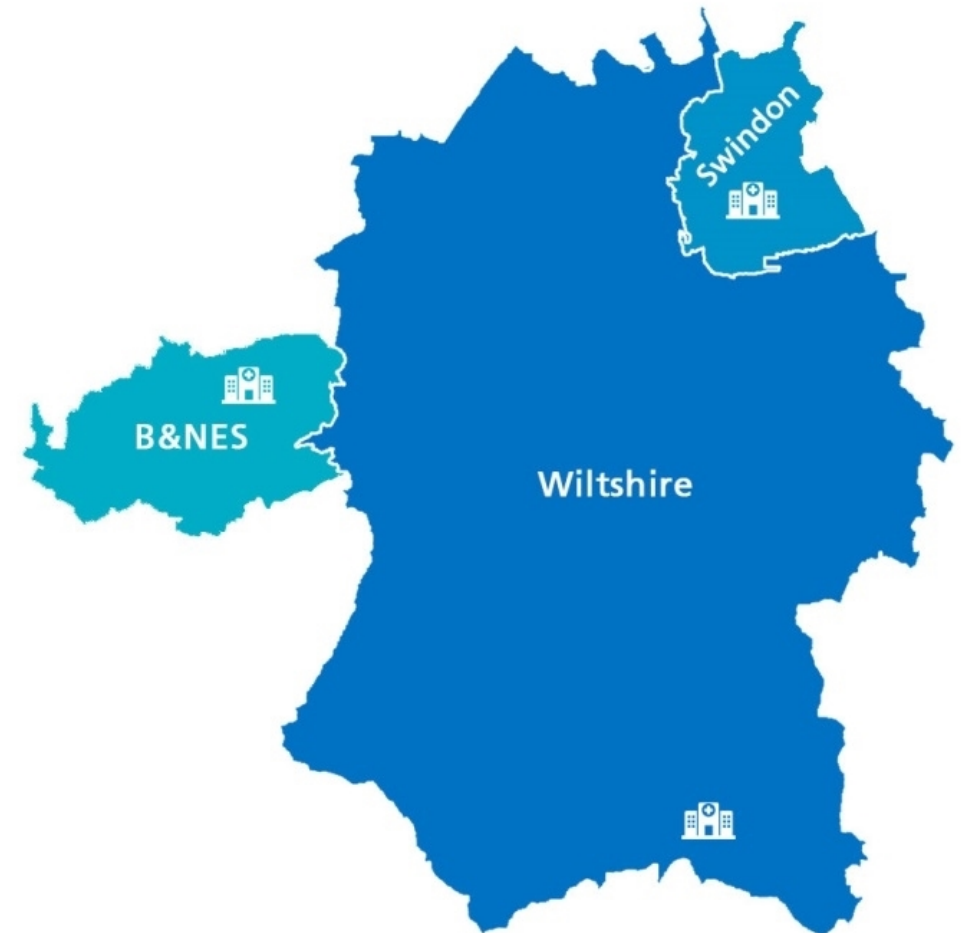
1. Who we are
2. Key population demographics and issues in BSW
3. Our vision and partner organisations
4. BSW Design Principles





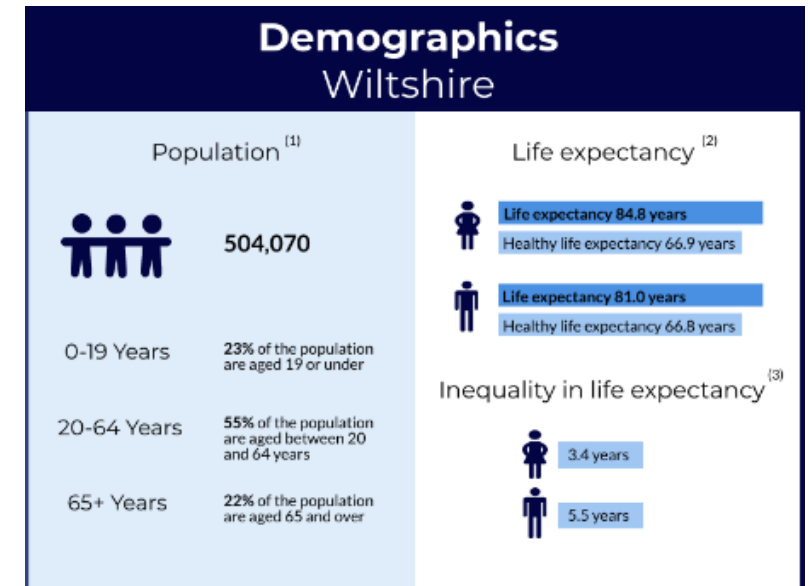
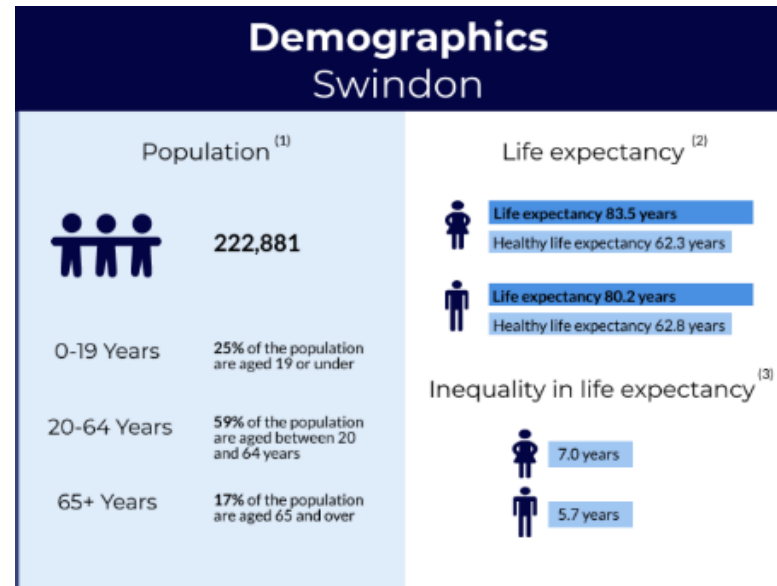
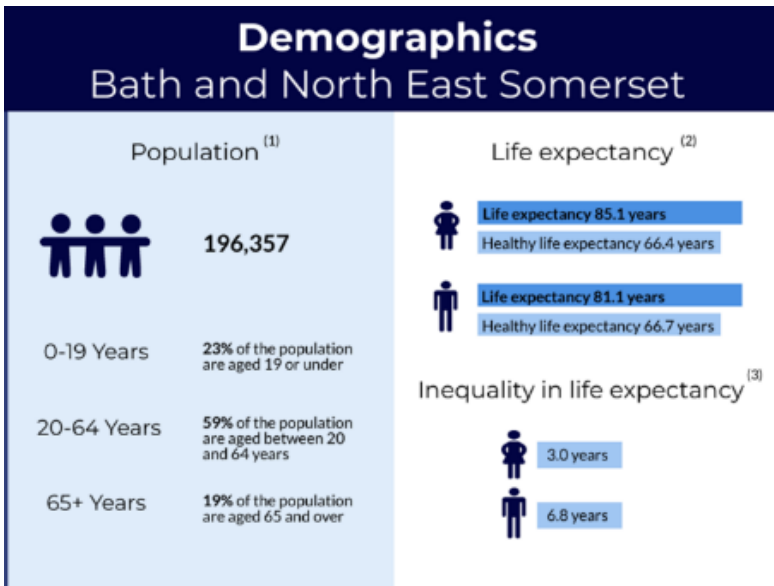
## Who we are

- We serve a combined population of 940,000
- We directly employ 37,600 colleagues and benefit from the contribution of many more carers and volunteers
- We are made up of 88 GP practices, 26 Primary Care Networks, two community providers, three acute hospital trusts, two mental health trusts, an ambulance trust, an Integrated Care Board (ICB), three Local Authorities, 2,800 Voluntary, Community and Social Enterprises





# Key population demographics and issues in BSW





## Our vision and partner organisations

*Working together to empower people to lead their best life*



Plus, a wide range of voluntary and community sector organisations that help provide invaluable support to our populations and our health and care services

# Appendix 4: BSW design principles



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board

1. We will improve the health of our population through prevention of illness, early intervention and promoting wellbeing and independence through all stages of life.
2. We take responsibility for addressing the wider determinants of health and will reduce health inequalities in our communities.
3. We work as one system without boundaries with parity of esteem between services.
4. We make the best use of our combined available resources to deliver the highest quality care.
5. We use shared evidence, listening, learning and co-designing care around the individuals we serve.
6. We treat and support people at home or as close to home as possible.
7. We nurture a flexible and ambitious workforce.
8. We innovate and maximise the use of digital technology to improve care and access to care while supporting those with limited access to technology.
9. We make decisions as close as possible to those people they affect.
10. We are a learning system in everything we do.

