

# Children, Adults, Health & Wellbeing Panel Integrated Care Board Update

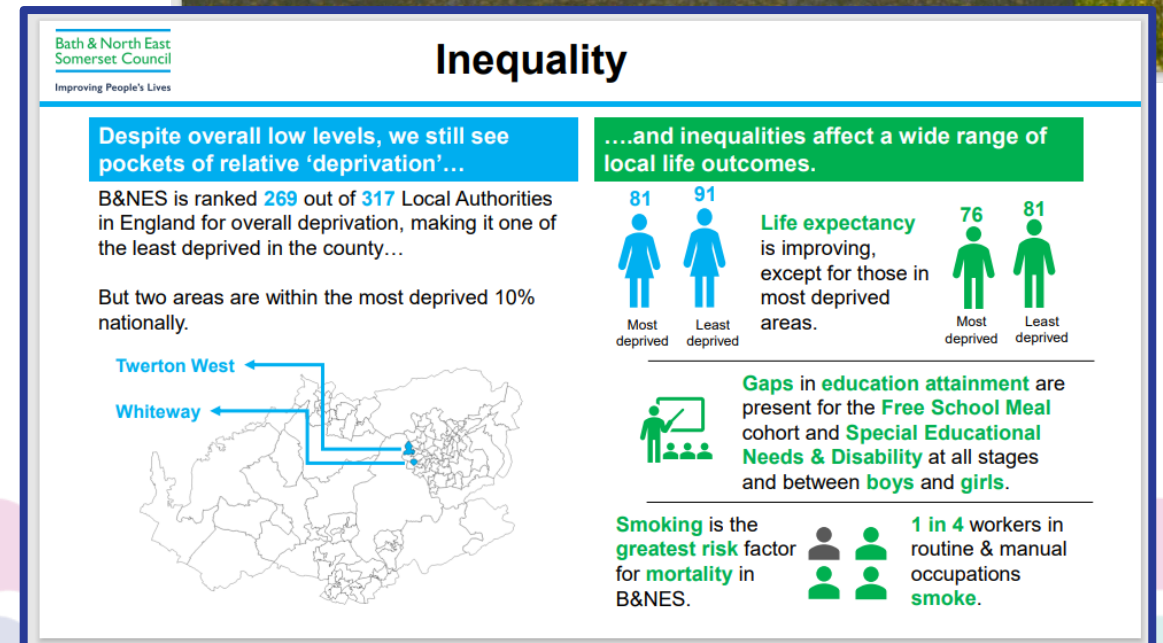
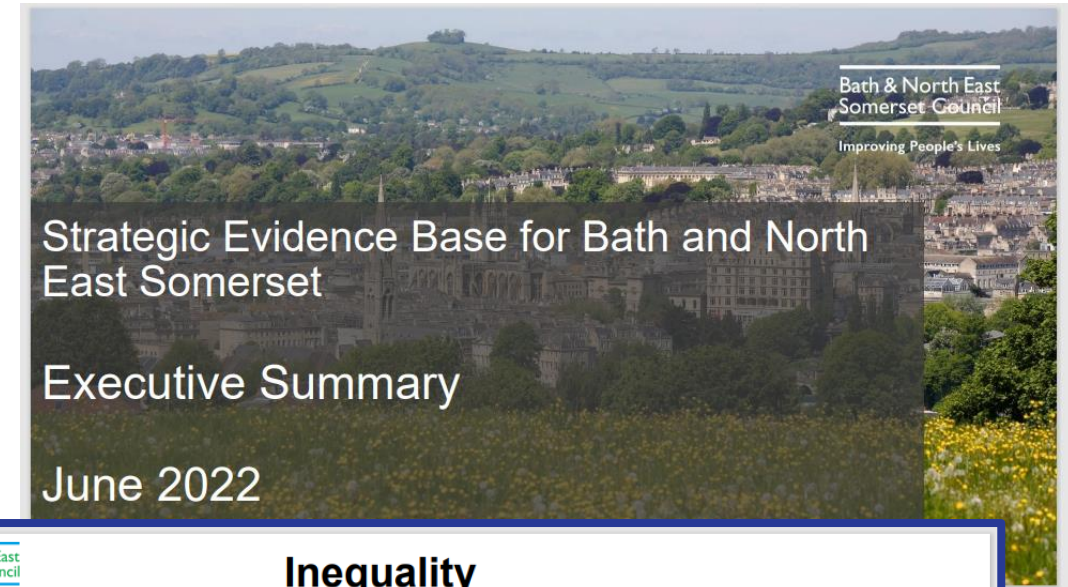
10<sup>th</sup> July 2023



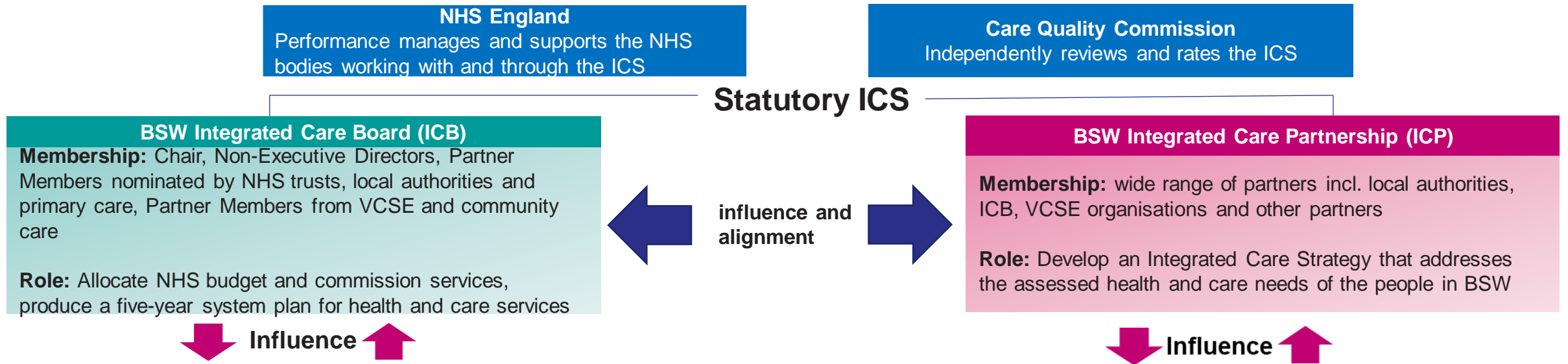
# Purpose and functions

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.



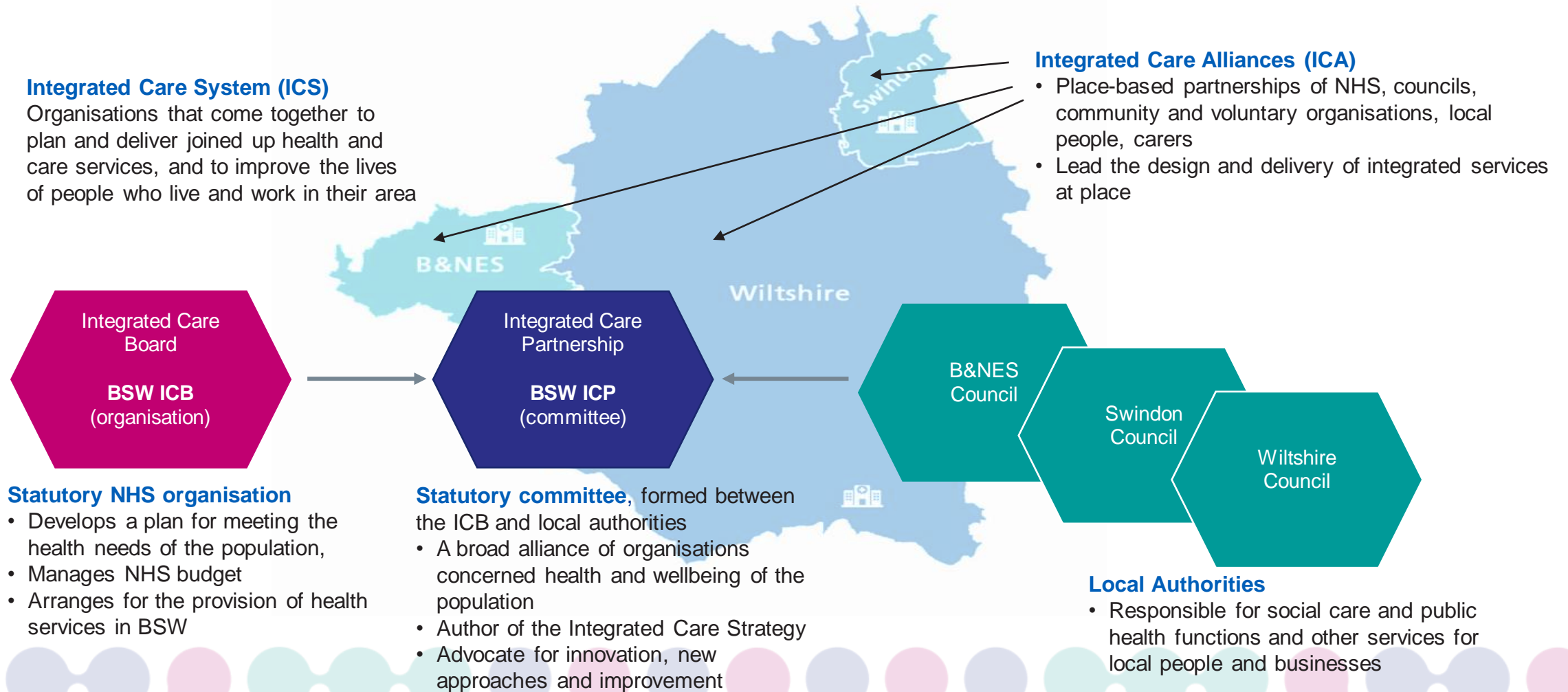
# BSW Integrated care system



Partnership and delivery structures		
Geographical footprint	Name	Participating organisations
<b>System</b> 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> 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> Populations of 30-50,000	<b>Primary care networks</b>	GPs, community pharmacists, dentistry, opticians

# BSW Integrated care system

## • How the BSW ICS is made up



# Board members of BSW 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



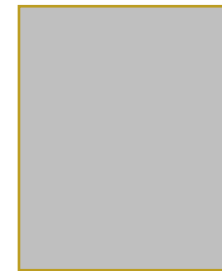
**Professor Rory Shaw**  
Non-Executive Director  
for Quality and  
Performance



**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



**Vacant**  
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



# 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

 Department of Health & Social Care

Cllr Richard Clewer (Wiltshire) is the 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.



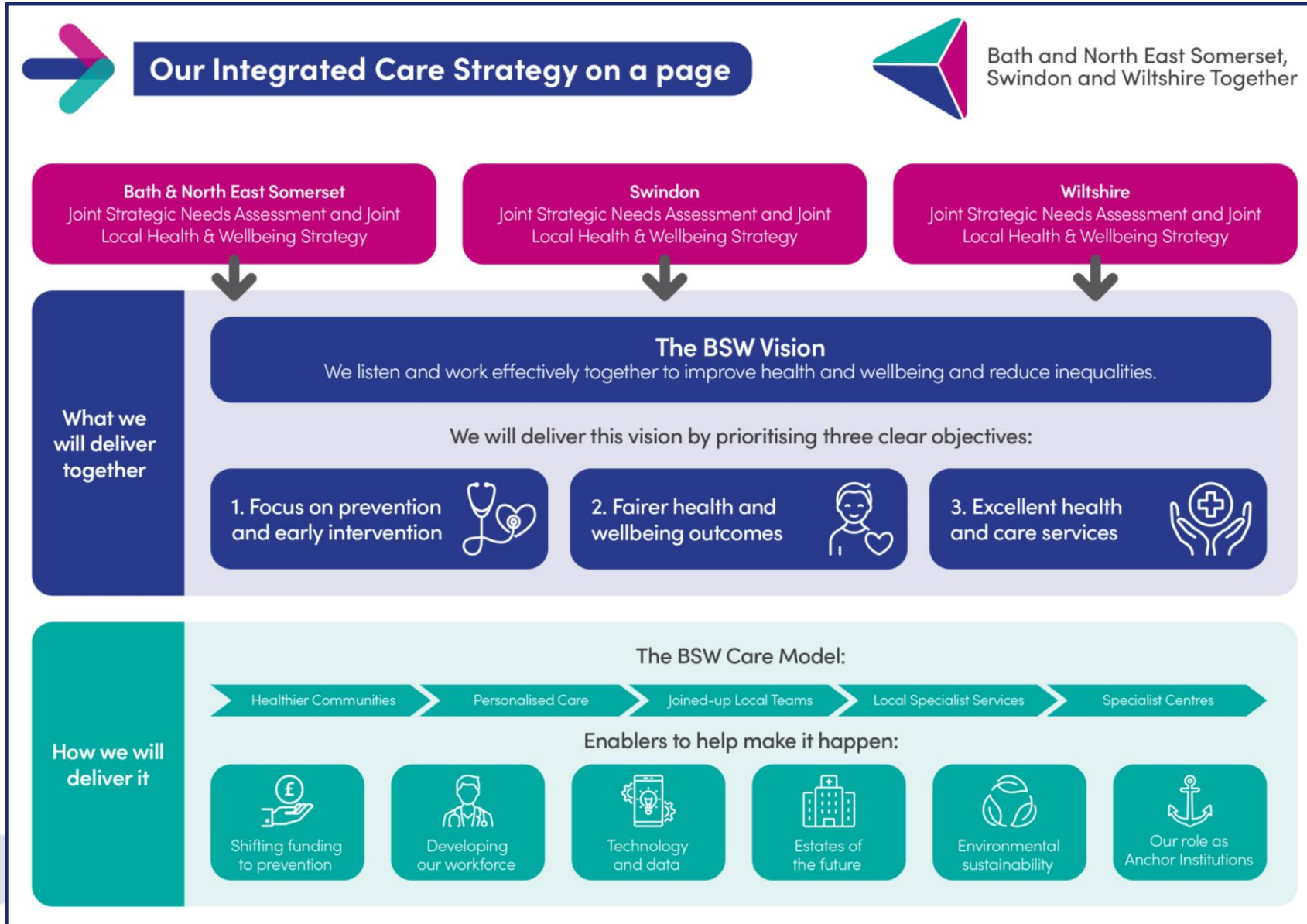
Be open and inclusive in strategy development and leadership, involving communities and partners to utilise local data and insights.

 Department of Health & Social Care

The Integrated Care Partnership is responsible for overseeing the development of the Integrated Care Strategy.



# Setting the scene – ICS vision and strategy







# Setting the scene – ICS vision and strategy



Section 5

## What do we want to achieve?



### 5.3 What achieving our vision will look like

#### Healthy pregnancy, birth and neonatal care

1. Mothers have a healthy pregnancy and good birth experience
2. Babies are born in good health
3. Parents approach parenting with confidence

#### Start well 0-25 years

1. Children, young people and families have a healthy environment in which they can grow up in
2. Mental health support is available for children and young people who need it
3. The most vulnerable children and young people are well-supported, including those in and leaving care, as well as those who need to be kept safe
4. Children are ready to start education
5. There are better links between health and care services and schools

#### Live well 25-64 years

1. Individuals are supported to look after their own health and wellbeing
2. All residents benefit from living and working in places that promote health and wellbeing
3. Those with physical disabilities, learning disabilities and mental health conditions are in good health. Their care and support includes access to opportunities such as accommodation, housing and employment

#### Age well +64 years

1. Older people feel that they are happy, healthy, independent and in control of their own care
2. The health and wellbeing of carers is prioritised and supported
3. When needed, health and care services are delivered at home, or as close to home as possible

#### Die well

1. Individuals are consulted on where they would like their life to end and how they would like to be cared for in the final months of their life
2. Individuals feel that their wishes are respected by staff and those around them
3. Comprehensive support services are provided for individuals and their loved ones through palliative care, including bereavement support for families



← Shift of care and provision



The proportions of how much is spent in different sectors are expected to change over time.



# BSW Care Model

Working together to empower people to lead their best life  
Starting well → Living well → Ageing well



[BSW Care Model Video](#)



## Priorities of the Fuller Stocktake Report

- Streamlining access to care and advice
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals; and
- Helping people to stay well for longer.

## 1. Personalised care

*We want everyone who lives in BSW to experience a personalised approach, however, they interact with health and care*

## 2. Healthier communities

*We want every community in BSW to be a healthier community with reduced health inequality so that everyone has a better chance to live a healthy life*

## 3. Joined-up local teams

*Multi-disciplinary teams, designed for and based in healthier communities, will be able to work together seamlessly to serve local people*

## 4. Local specialist services

*We will make more specialist services available at home and closer to where people live*

## 5. Specialist centres

*Our network of specialist centres will develop to focus more on the most specialist care and less on routine services which we can provide elsewhere*



# What outcomes are we seeking?

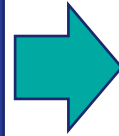
## The BSW Vision

We listen and work together to improve health and wellbeing and reduce inequalities



## Strategic objectives

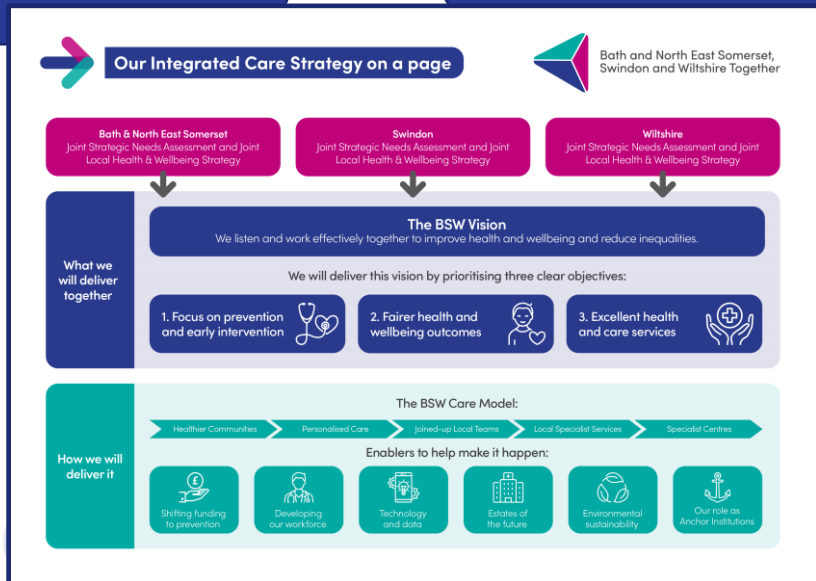
1. Focus on prevention and early intervention
2. Fairer health and wellbeing outcomes
3. Excellent health and care services



## If we are successful we will see long-term improvements:

1. An overall increase in life expectancy across our population
2. A reduction in the gap between life expectancy and healthy life expectancy across our population
3. Reduced variation in healthy life expectancy by geography, deprivation, ethnicity and other characteristics

Overarching Outcome Measures



# BSW Implementation Plan



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

The BSW Implementation Plan sets out how we and our partners working together at a system level and in our places, Bath and North East Somerset, Swindon and Wiltshire, will deliver our Integrated Care Strategy over the period 2023 – 2028. The constituent strategies that have informed the Integrated Care Strategy are listed in the appendix and these are where you will find the detail for the components of the strategy.

## Purpose of the Implementation Plan:

The purpose of this plan is to enable our local populations, our partners and our stakeholders to have a clear picture of the programmes and plans that will be delivered in support of our partnership strategy.

It should be noted that the Implementation Plan is our version of the Joint Forward Plan that all Integrated Care Boards (ICBs) across England are required to produce for their respective systems.

A link to the plan is provided here for ease of reference: <https://bswtogether.org.uk/about-us/our-integrated-care-strategy/>



# Implementation Plan Structure

The structure of the plan reflects our intention for it to be used as a working document setting out the plan for this year as well as providing a summary of how the ICB will meet each of its legislative duties.

1. Introduction
2. Our population
3. Our local implementation plans
4. Our outcome measures
5. Strategic Objective 1: Focus on Prevention and Early Intervention
6. Strategic Objective 2: Fairer Health and Wellbeing Outcomes
7. Strategic Objective 3: Excellent Health and Care Services
8. Enabling workstreams
9. Monitoring performance and delivery
10. Ongoing engagement and involvement
11. Appendices (covering ICB statutory duties)



# BaNES ICA priority work areas and themes

## BSW ICB Priorities

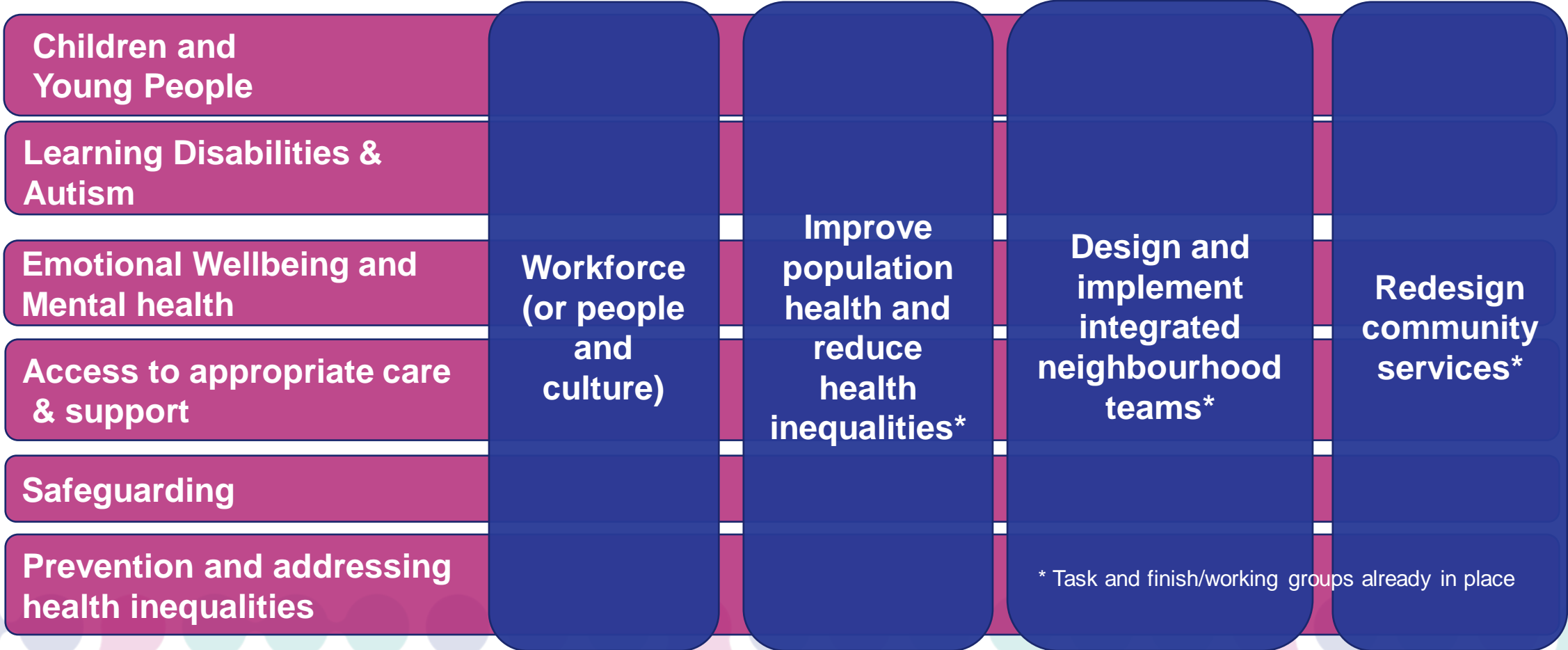
- Provide better joined-up care
- Enhance productivity and value for money
- Reduce health inequalities
- Help the NHS support broader social and economic development

## Priorities

All priorities to be driven by working groups to develop and implement the plans

## Themes

All themes to be prominent when delivering the priorities



\* Task and finish/working groups already in place

# BSW Implementation Plan

Our ICA priorities and the BaNES Implementation Plan themes:

- Context – Health and Wellbeing Priorities
- Workforce, culture, and people
- Reducing health inequalities
- Integrated neighbourhood teams
- Redesigning community services
- Children and young people
- Learning Disabilities & Autism, Mental Health, Safeguarding
- How will we deliver



# So how do the implementation plans of the B&NES Health and Wellbeing Strategy and the B&NES part of the BSW Integrated Care Strategy align?

- The role of the B&NES Health and Wellbeing Board is to set the vision to improve health and reduce health inequalities within the B&NES population.
- The Health and Wellbeing Strategy (H&WBS) is based on meeting needs identified in the Joint Strategic Needs Assessment (JSNA), referred to locally as the Strategic Evidence Base.
- The H&WBS sets out the Board's strategic direction for B&NES population level outcomes and four broad high-level priorities for system partners to operationalise.
- The H&WBS has an implementation plan which gives further detail on the actions that organisations will take place to address those priorities.
- There are three actions in this plan that are the responsibility of the ICA to lead on. They have been identified as actions that align particularly well with the role of the Board's terms of reference, and that directly align with the ICA priorities and actions in the BaNES Locality Implementation Plan:
  - ❑ 3.3 Strategic approach to social prescribing- (ICA's priorities 2,3 and 4 and relevant cross cutting themes)
  - ❑ 4.4 Improve access to physical and mental health services for all ages via the development of Integrated Neighbourhood Teams (INTs), community-based specialist services and our specialist centres. ICA's priorities 1, 2,3 and 4 and relevant cross cutting themes)
  - ❑ 4.5 The NHS, LA, Third Sector and other partners to increasingly embed prevention and inequalities action into their planning and prioritisation. (Cross referenced to ICA's priorities 2 and relevant cross cutting teams)

