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Date: 10 February 2021

**Virtual Meeting

Dear Sir or Madam

The Health and Wellbeing Board – Thursday, 18 February 2021, 2.00pm

A meeting of the Health and Wellbeing Board will take place as indicated above. Councillors will be sent a Teams Meeting invitation to place the meeting in their Calendar and can then access the meeting from the link in that calendar item.

Please Note that any member of the press and public may listen in to proceedings at this 'virtual' meeting via the weblink below –

The agenda is set out overleaf.

Yours faithfully

Assistant Director Governance and Monitoring Officer

To: Members of the Health and Wellbeing Board

Councillors:

Mike Bell (Chairman), Georgie Bigg, Colin Bradbury (Vice-Chairman), Ciaran Cronnelly, Mark Crosby, Catherine Gibbons, Wendy Griggs, John Heather, Sarah James, Matt Lenny, Shruti Patel, Sheila Smith, Hayley Verrico and Emmy Watts.

This document and associated papers can be made available in a different format on request.

Agenda

1. Terms of Reference and Membership (Pages 5 - 8)

The Health and Wellbeing Board's Terms of Reference (attached) has been revised to include the proposed (non-voting) appointment to the Board of a nominee from the North Somerset Wellbeing Collective (Mark Graham).

The Board is asked to approve this appointment and the revised Terms of Reference.

2. Public Participation (Standing Order 17, as amended by SO 5A)

To receive written submissions from any person who wishes to address the Board. The Chairman will select the order of the matters to be received.

Please ensure that any submissions meet the required time limits and can be read out within five minutes.

Requests and full statements must be submitted in writing to the Head of Legal and Democratic Services, or to the officer mentioned at the top of this agenda letter, by noon on the day before the meeting and the request must detail the subject matter of the address.

3. Apologies for absence and notification of substitutes

4. Declaration of disclosable pecuniary interest (Standing Order 37)

A Member must declare any disclosable pecuniary interest where it relates to any matter being considered at the meeting. A declaration of a disclosable pecuniary interest should indicate the interest and the agenda item to which it relates. A Member is not permitted to participate in this agenda item by law and should immediately leave the meeting before the start of any debate.

If the Member leaves the meeting in respect of a declaration, he or she should ensure that the Chairman is aware of this before he or she leaves to enable their exit from the meeting to be recorded in the minutes in accordance with Standing Order 37.

5. Minutes (Pages 9 - 14)

17 September 2020, to approve as a correct record (attached)

6. Health and Wellbeing Strategy and Action Plan Development (Pages 15 - 36)

Report of the Consultant in Public Health (attached).

7. Update on COVID response (Pages 37 - 54)

Report of the Director of Public Health (attached).

8. SEND Peer review (Pages 55 - 60)

Report of the Director of Children's Services (attached)

9. Integrated Care System and Integrated Care Partnership Development (Pages 61 - 76)

Report of the BNSSG Clinical Commissioning Group (attached).

Exempt Items

Should the Health and Wellbeing Board wish to consider a matter as an Exempt Item, the following resolution should be passed -

"(1) That the press, public, and officers not required by the Members, the Chief Executive or the Director, to remain during the exempt session, be excluded from the meeting during consideration of the following item of business on the ground that its consideration will involve the disclosure of exempt information as defined in Section 100I of the Local Government Act 1972."

Also, if appropriate, the following resolution should be passed –

"(2) That members of the Council who are not members of the Health and Wellbeing Board be invited to remain."

Mobile phones and other mobile devices

All persons attending the meeting are requested to ensure that these devices are switched to silent mode. The chairman may approve an exception to this request in special circumstances.

Filming and recording of meetings

The proceedings of this meeting may be recorded for broadcasting purposes.

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting.

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NORTH SOMERSET HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Revised February 2021

1. Introduction

1.1 The Health & Wellbeing Board will provide senior strategic oversight of health and wellbeing matters across North Somerset.

1.2 The board meets the statutory requirement for a Joint Health and Wellbeing Board. It will meet as a full committee of North Somerset council at least three times each municipal year to undertake the statutory duties proscribed for the board in the Health and Social Care Act 2012.

2. Priorities, Outcomes and Responsibilities

2.1 The Board will work in partnership to achieve a range of priorities and outcomes. These will be informed by the Joint Strategic Needs Assessment (JSNA), outlined in a Health and Wellbeing Strategy and reviewed and revised on an annual basis.

2.2 The key responsibilities for the Board will be:

- Development, sign-off and monitoring the implementation of the North Somerset Health & Wellbeing Strategy.
- Overseeing and advising on the development of the Joint Strategic Needs Assessment (JSNA)
- Overseeing development of effective co-production and public involvement and engagement in all areas of the board's activity
- Supporting the development of local joint commissioning arrangements
- Strategic coordination of health and wellbeing matters with safeguarding functions, including consideration where appropriate of Domestic Homicide Reviews, Child Death Overview Panel outcomes and Serious Case Reviews
- Monitoring and responding to the performance of local health and wellbeing services in the statutory, voluntary and commissioned sectors as well as consider the development and performance of services that impact on the wider determinants of health and wellbeing
- Liaison with other Health & Wellbeing Boards across the region in order to share learning, coordinate activity and identify joint commissioning opportunities.

3. Work Plan

3.1 The Health and Wellbeing Strategy will be the overarching document from

which the board's workplan will be developed. The workplan will be agreed on an annual basis.

4. Membership, Decision-Making and Quorum

4.1 All members should be decision-makers at a strategic level within their organisations who can influence the commissioning or delivery of services to meet partnership priorities.

4.2 Where a member of the Board is unable to attend, every effort should be made to ensure that a deputy is appointed, suitably authorised to act on behalf of the organisation concerned in all matters considered by the Board.

4.3 The core membership of the board will be:

4.3.1 Statutory Voting Members

- Executive Member – Adult Social Care & Health
- Executive Member – Children & Young People
- Director of Children's Services
- Director of Adult's Services
- Director of Public Health
- Chief Officer, BNSSG CCG
- Chief Officer or Trustee, Healthwatch North Somerset

4.3.2 Non-Statutory Voting Members

- Chief Officer or Trustee, Voluntary Action North Somerset
- Representative of Avon Local Councils Association

4.3.3 Non-voting Members

- Chair of Children & Young People Scrutiny Panel
- Chair of Adult Social Care Scrutiny Panel
- Chair of Health Overview & Scrutiny Panel
- Chief Officer, Acute NHS Trust
- Chief Officer, Community Health Provider
- Chief Officer, Mental Health NHS Trust
- GP Representatives (One member for each of the commissioning localities in North Somerset)
- Nominee from the North Somerset Wellbeing Collective

4.4 The Board may revise its non-voting membership at any time by agreement, to take account of changing requirements, local reorganisation or other priorities.

4.5 The Board may also decide to co-opt additional members on a temporary or permanent basis in order to inform specific areas of work.

4.6 In the spirit of effective collaboration and partnership working the board will always seek to come to agreement through consensus and unanimity following debate and discussion where all members will be encouraged to participate.

4.7 In the unlikely event that a vote is required, the quorum for making formal decisions will be five voting members (from 4.3.1 and/or 4.3.2 above) unless statutory provisions require certain members to vote on specific matters.

4.8 A situation may occur where there would be a conflict of interest for any board member. Any such conflict of interest should be declared to the chair prior to the meeting, who will take the advice of the Head of Legal & Democratic Services as required.

4.9 The Health & Wellbeing Board is not constituted to take formal decisions on the part of its member organisations, therefore matters considered will not normally be referred to Scrutiny Panels. The chairs of relevant panels have been included as a non-voting member to encourage joint work planning and oversight.

5. Chair and Vice Chair

5.1 The board will usually be chaired by the Executive Member – Adult Social Care & Health, with a Senior BNSSG CCG officer acting as Vice Chair.

5.2 If the Chair is unable to attend a board meeting the meeting will be chaired by the Vice Chair or another voting member as appointed by the Chair or Vice Chair.

5.3 A situation may occur where there is a conflict of interest for the chair or vice chair regarding an item on the agenda. In this case the chair or vice chair of the board will discuss with the Head of Legal & Democratic Services as to how this matter should be resolved prior to the meeting.

6. Support, Substructures and Working Groups

6.1 The board will be supported by an Officer Support Group drawn from member organisations, who will assist in coordinating delivery of the Board's work plan, developing the Board's meeting agenda, and assuring the quality of papers and agenda items.

6.2 The Officer Support Team will include membership from:

- NSC Public Health Team
- NSC, People & Communities Directorate
- BNSSG, North Somerset Area Directorate
- NSC, Policy & Partnerships Team

6.3 All formal meetings will be scheduled, convened and minuted by North Somerset Council's Democratic Services Team.

6.4 The board will not maintain a formal substructure, but will where necessary, convene working groups tasked with undertaking and reporting back on specific activities for the Board.

6.5 The Board encourages the use of an Appreciative Inquiry to examine in depth issues affecting the local area. Such meetings will not be formal meetings and will not usually be open to the public.

7. Meeting Frequency, Resourcing and Accessibility

7.1 The board will meet at a frequency to be decided by the board, no less frequently than required by statute. Where possible meetings will be held at publicly accessible venues, ideally points of service delivery across North Somerset.

7.2 All formal meetings of the Health and Wellbeing Board will be open to the public and will be held in accessible venues. All agendas and minutes of meetings will be published on the North Somerset Council website.

8. Review

8.1 The terms of Reference will be reviewed and revised annually by the Board.

Minutes

of the Meeting of the

The Health and Wellbeing Board
Thursday, 17th September 2020

held in the Virtual Meeting.

Meeting Commenced: 14:00 Meeting Concluded: 15:50

Statutory voting Members:
P Cllr Mike Bell (Board Chairman and Executive Member Adult Social Care and Health)
P Colin Bradbury (Board Vice-Chairman and Area Director BNSSG CCG)
P Cllr Catherine Gibbons (Executive Member Children and Young People)
P Sheila Smith (Director People and Communities, NSC)
P Matt Lenny (Director Public Health, NSC)
P Georgie Bigg (Chair Healthwatch)

Non-statutory voting Members:
P Paul Lucock (VANS)
P Jeremy Blatchford (ALCA)

Non-voting Members:
P Cllr Mark Crosby
P Cllr Wendy Griggs
P Cllr Geoff Richardson (substitute for Richard Tucker)
A Cllr Richard Tucker
P Cllr Steve Bridger
A Sarah James (UHBW)
A Emmy Watts (AWP)
P Dr John Heather (GP representative)
A Dr Shruti Patel (GP representative)

P: Present
A: Apologies for absence submitted

Officers in attendance: Georgie MacArthur (NSC Public Health Specialist) Leo Taylor, Brent Cross (NSC Democratic Services)

HWB 1 Declaration of disclosable pecuniary interest (Standing Order 37)

None

HWB 2 Minutes

Resolved: that, subject to the attendance list being amended to reference the attendance of Health Improvement Specialist, the minutes of the last Board meeting held on 5th March 2020 be approved as a correct record

HWB 3 One minute's silence in memory of those lost during the pandemic

The Board and all others present at the meeting held a minute's silence in memory of people who how had lost their lives during the Covid-19 pandemic.

HWB 4 Understanding the new Health and Wellbeing landscape (attached)

The Director of Public Health presented the report which set out a proposed framework for discussion, enabling partners to review recent challenges, evaluate potential new responses and frame these as part of the development of the forthcoming Joint Health and Wellbeing strategy.

4.1 It was proposed and agreed that the Board work through the discussion prompts as set out in the report appendix:

- What has been the local impact of Covid-19 and how does it impact on the development of the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHSWS), including local priority actions?
- What do we need a sharp focus on now?

There was broad recognition of the impressive community response to the epidemic with the emergence of the "North Somerset together" volunteer network - but also of the critical need to preserve and build on that momentum as circumstances evolved going forward.

Paul Lucock (VANS) noted the important role played by the voluntary sector in supporting services during Covid and referred to the need to better integrate the sector with community voluntary networks.

Georgie Bigg (Healthwatch) recommended recent national and local Healthwatch reports, which captured feedback from service users on service access and outcomes during the crisis, as a useful resource to feed into the work of matching strategy with need.

There was discussion around the challenges associated with public and community transport as a means of accessing healthcare services, particularly for villages and other rural communities, and a pressing need to find sustainable solutions where there were gaps in provision.

Colin Bradbury (BNSSG CCG) said that sharp focus was needed on the approaching winter pressures period and the potential impact of a second Covid-19 wave. He also referred to expected significant increases in demand for mental health services. These pressures were being mitigated through demand management strategies such as 111 First, encouraging more self-care, the use of digital technology etc. He emphasised, however, that there was a need to get messaging about this right, ensuring that people understood that, despite these pressures, the service was open for routine care. There was a concern that perception about the implications of these challenges had led to reluctance from some use healthcare services.

John Heather (GP representative) highlighted the adaptability of GPs, evolving digital technology to support the service during the crisis whilst maintaining face-to-face contact where this was needed.

Some present, however, referred to a perception in the community that GP services were difficult to reach and that remote access via the internet or telephone was distrusted. There was an urgent need to address these perceptions due to the risk that people would "switch off" and potentially fail to seek help when it was needed.

This led to a wider discussion about communications and issues around the confusing and occasionally contradictory messaging coming from a wide range of sources including the press, the health sector, local and national government and other organisations. There was a need to better join-up communications to ensure greater consistency and reach.

In linking discussion about effective messaging back to the JSNA and JHWS, The Director of Public Health (NSC), Matt Lenny, emphasised the need to get the context right. Sharp focus was needed on outcomes and key health drivers around inequalities including mental health, weight, physical activity and high-risk activities such as smoking and drug/alcohol use – and where support needed to be most effectively directed.

In seeking to achieve this in the development of the JSNA and JHWS, he emphasised the importance of engaging with local/community networks, particularly around key "wellbeing settings" – eg schools, care homes etc. These provided both valuable insight into what works in local settings and effective communications channels for getting clear messaging back out into the community.

The Chairman summarised key points arising from discussion as follows:

- the general importance of clear and consistent messaging across the system and the need to address public misconceptions and anxieties.
- the corresponding need to effectively develop and articulate the JSNA and JHWS (including local priority actions);
- focus on inequalities and the need for more definition around how to put health determinants into practice;
- the need to take account of the wider responsibilities that sit within the system: implications of strategic conversations at regional and national level.

4.2 Process for developing the JHWS

The Director of Public Health introduced Georgie MacArthur (Public Health Consultant) who was leading on inequalities and the work to develop the JHWS. A project plan was being put together with the aim to complete the Strategy by March 2021. Following this, there would be an engagement phase with key stakeholders, working across a series of work streams towards the development of an Action Plan.

It was agreed that there would be continuous discussions with the Board during the Strategy development process (outside the formal Board meeting cycle) and the relevant data would be provided to inform these discussions.

4.3 Process for developing the JSNA

The Director of Public Health reported that the JSNA process was about to launch. It had been delayed due to technical issues around the data system tool. Work was however now back on track and it drafts would be shared with Members shortly. He added that the fully activated data system would be in place by December and on-line tutorials would be offered to partners on how to use it effectively. He agreed to provide a briefing for Members in due course.

The Chairman encouraged all Members to reflect feedback to the Public Health team going forwards.

4.4 Update on Covid-19 and testing

The Director of Public Health updated the Board on the current situation with respect to Covid-19 incidence in the district and the testing regime. He referred to a number of challenges including some loss of local oversight and control due to the precedence of the overarching national test and trace system and consequences of priority focus elsewhere in the country.

Although there now appearing to be on a downward trajectory after a period of increases in Covid-19 incidence, there was concern that the picture was not as clear as it could be due to the above issues.

Board Members sought and received clarification on the following:

- local implications of the planned dissolution of Public Health England (PHE);
- concerns about inconsistencies across decisions and actions taken at schools – *Officers reported that they had worked hard ensuring consistency with guidance but the situation was complex and nuances could look like inconsistency. The situation was further complicated by a recent change requiring schools to report directly to the Department of Education as opposed to PHE.*

Resolved: that the report be noted.

HWB 5 Mental Health and Wellbeing Strategy Group proposal (attached)

The Director of Public Health presented the report which proposed the establishment of an all-age Mental Health and Wellbeing Strategy Group (MH&WSG) in order to facilitate a more coherent and joined-up approach, by monitoring existing activity and providing a steer for future activity.

There was discussion about the proposed aims of the MH&WSG which included a question around whether the group's role could be absorbed within existing BNSSG structures.

The Chairman added that further consideration could also be given to:

- how the work of this group fitted in with the development of the Health and Wellbeing Strategy (and the relevant working groups)
- how the particular needs identified in North Somerset would be articulated to the wider system
- the role of the Board and elected Members in the group's work.

Resolved:

(1) that further work be undertaken on refining the Terms of Reference of the MH&WSG; and

(2) that this be presented to the next meeting of the Health and Wellbeing Board.

HWB 6 Message of thanks from the Chair - for those who have played their part in the system response

In closing the meeting, Members endorsed a statement from the Chairman thanking the many individuals and organisations that had contributed to the system-wide response to the ongoing Covid-19 crisis.

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Chairman

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North Somerset Council

REPORT TO THE HEALTH AND WELLBEING BOARD

DATE OF MEETING: 18 FEBRUARY 2021

SUBJECT OF REPORT: APPROACH AND TIMESCALES FOR DEVELOPMENT OF HEALTH AND WELLBEING STRATEGY AND ACTION PLAN

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: GEORGIE MACARTHUR, CONSULTANT IN PUBLIC HEALTH

KEY DECISION: YES

REASON: UPDATED TIMELINES FOR PUBLICATION OF HEALTH AND WELLBEING STRATEGY

RECOMMENDATIONS

Members of the Health and Wellbeing Board are asked to endorse the suggested approach to developing and delivering the Health and Wellbeing Strategy and Action Plan, the overarching narrative, and the slightly extended timescales suggested, which would move publication of the strategy from March 2021 to July 2021. Members of the Health and Wellbeing Board are also asked to contribute views regarding themes, priorities and relevant programmes and services to be considered in the strategy and to consider how best to support and champion the strategy and engagement process externally.

1. SUMMARY OF REPORT

The joint Health and Wellbeing Strategy aims to meet local health needs identified in the Joint Strategic Needs Assessment, and must be taken into account by local authorities, CCGs and NHS England when preparing or revising commissioning plans.

The Health and Wellbeing Strategy (HWBS) for North Somerset (2021-2024) will provide a unified vision for improving health and wellbeing and reducing health inequalities, priorities for action (taking account of the challenges presented by Covid-19), and a detailed action plan highlighting the process, timeline, lead organisation and target outcomes by which to measure success. It is suggested that the vision could specifically relate to a shared ambition to reduce health inequalities, with this featuring as a helical theme running through the strategy and action plan, with acknowledgement that prevention will be the focus of collective efforts.

The Health and Wellbeing Board endorsed development of a new Joint Health and Wellbeing Strategy following discussion on 17 September 2020 with anticipated completion of a project plan by March 2021. However, between October and December 2020, capacity

within the public health team was significantly diverted to the Covid-19 response. In addition, the HWBS Steering Group (Appendix 1) have a clear and unified view that a collaborative approach, focused around consultation and engagement, and enabling buy-in and ownership of the linked action plan, is required to enhance the likelihood of success. The HWBS Steering Group agree that the HWBS provides a timely and important opportunity to deliver a collectively owned action plan to bring about beneficial improvements in health and wellbeing and inequalities. The group also agree that the HWBS provides an opportunity to encompass North Somerset Council's new way of working openly and collaboratively with members of the public and our partners, building on the momentum of the community Covid-19 response. However, such an approach requires additional time to enable:

1. In-depth engagement to understand a range of views and perspectives regarding challenges, priorities, community strengths and new opportunities.
2. Mapping of existing programmes to avoid duplication and identify gaps in delivery.
3. Extensive consultation and engagement to ensure buy-in to the strategy and to enable partnership and shared ownership and oversight of the action plan.

Additional time would also account for the time pressures of the Covid-19 response on those with whom we need to engage, including community partners and clinical and health professionals.

The Health and Wellbeing Board are asked to endorse:

1. The focus of the vision or overarching theme as a shared ambition to reduce health inequalities.
2. The collaborative approach to development and delivery of the strategy recommended by the HWBS Steering Group.
3. The extended timeline resulting in publication of the strategy in July 2021, which would enable more extensive consultation and collaboration with the public and partners.

The Health and Wellbeing Board are also asked to contribute views regarding themes, priorities and relevant programmes and services to be considered in the strategy and to consider how best to support and champion the engagement process and strategy externally.

2. POLICY

Guidance states that Health and Wellbeing Boards must develop a joint Health and Wellbeing Strategy (HWBS) (*Health and Social Care Act 2012, s193)* and that these HWBS should meet the needs of the local population and must be taken into account by local authorities, CCGs and NHS England when preparing or revising commissioning plans.

3. DETAILS

3.1. Overview of approach and structure

The Health and Wellbeing Strategy will build on an assessment of population need, review of evidence of what works best, and consultation and engagement with residents and stakeholders to understand what matters most to local communities. Together, analysis and synthesis of each of these three workstreams will identify priorities along key themes. Within themes, consideration will be given to a lifecourse approach that addresses needs of children and young people (0-24 years), working age adults (25-64 years) and older people

(>65 years). Overall, it is suggested that the overarching vision and narrative of the HWBS focus on health inequalities, enabling priority areas and actions to focus on improving health and wellbeing, but reducing the gap in outcomes among the living in the most and least deprived areas of North Somerset.

The new HWBS will build on work completed to date regarding the place-based approach to addressing health inequalities and the priority areas already identified (mental health, physical activity, healthy places), with renewed consultation, engagement and data analysis to provide an understanding of the new landscape regarding the wide-ranging impacts of the Covid-19 pandemic. For instance, prevention and management of poor mental health or mental illness is likely to remain a priority area, while risk factors for more serious Covid-19 illness *and* other long-term conditions that are known to be leading causes of premature mortality in North Somerset will also be included. In this way, preventive actions that address leading causes of preventable and premature mortality (cancer, cardiovascular disease, respiratory disease, liver disease) will be a central focus through action on risk factors: tobacco use, alcohol use, physical activity and unhealthy diet. Initial responses to consultation suggest that mental health, physical activity, Covid-19 and healthy diet are key concerns for North Somerset residents. In addition to the factors above, the HWBS will include consideration of how action on the wider determinants of health, such as education, employment, transport and housing can improve health and wellbeing and reduce inequalities, working across North Somerset Council and with our partners.

Lastly, the HWBS will align with the North Somerset Council Corporate Plan, NHS Long Term Plan, Healthier Together strategies and programmes and Integrated Locality Partnership-driven programmes, while drawing on frameworks and reports such as the Health in All Policies approach, Marmot Review of health Equity (10 years on), systems approaches, and place based approach to reducing inequalities.

The HWBS Steering Group will provide strategic oversight to design, structure and content of the strategy, brokering of wider consultation and engagement, strategic appraisal of data and evidence, and monitoring of progress. Membership is outlined in Appendix 1.

3.2. Consultation and Engagement

A consultation and engagement plan has been developed to ensure that views and perspectives of a broad range of groups inform the HWBS, including residents, partner organisations, stakeholders and North Somerset Council (Appendix 2). The plan outlines the local networks and forums with whom we will engage, groups and stakeholders targeted and the method of consultation. Current activities include bespoke surveys for residents, stakeholders and businesses, online workshops for residents and stakeholders, dedicated meetings with Town and Parish Councils and consultation of the VCSE Leaders' Forum, Wellbeing Collective and North Somerset Together, Integrated Locality Groups and a range of engagement activities within North Somerset Council. All activities seek to identify views and perspectives to inform the vision, priority themes and topics, action required, and opportunities for partnership working and collaboration with communities using a strength-based approach.

3.3. Analysis of health need

The public health outcomes framework, data regarding deprivation across North Somerset, and subject-specific data from public health teams and the Business Intelligence team will be used alongside findings from the consultation and engagement exercise to inform the vision, priorities and interventions required in the HWBS and action plan.

4. FINANCIAL IMPLICATIONS

Delivery of the HWBS and action plan, including the consultation and engagement plan, will be met through existing officer time and resources.

Costs

No direct costs will be incurred at this stage apart from officer time. Implementation of the HWBS action plan will require additional resources, to be defined in relation to the Public Health and Regulatory Services budget and partners and returned to the Health and Wellbeing Board for review at a later date, prior to publication of the HWBS.

5. LEGAL POWERS AND IMPLICATIONS

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare a Health and Wellbeing Strategy, through the Health and Wellbeing Board. Full details of the national guidance (2013) can be found here.

6. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The scope of the Health and Wellbeing Strategy is broad and includes wider social, environmental and economic factors that impact on health and wellbeing such as access to green space, air quality, housing, community safety, transport and employment. Consideration will be given to evidence demonstrating the co-benefits to health of action to address climate change.

7. RISK MANAGEMENT

The HWBS is overseen by the Health and Wellbeing Board, with ongoing strategic oversight by the HWBS Steering Group. Any risks to delivery of this work will be identified to the Board for discussion and resolution and will be monitored by the Steering Group on a regular basis during development of the HWBS.

8. EQUALITY IMPLICATIONS

The HWBS will highlight priorities and actions to be implemented to improve the health and wellbeing of all residents of North Somerset, including a focus on how we will act to reduce health inequalities. Consultation and engagement to inform the HWBS will include individuals from equalities groups to ensure that the views and perspectives of individuals with protected characteristics inform strategy development.

9. CORPORATE IMPLICATIONS

The HWBS will link with, and reflect, North Somerset Council's vision and priorities outlined in the Corporate Plan and will incorporate relevant strategies and programmes already in place, such as the Economic Plan and Weston Placemaking Strategy. The HWBS will also reflect Healthier Together plans and priorities.

10. OPTIONS CONSIDERED

The option being presented is to extend the timeline of development of the HWBS so that it is published in July 2021 rather than March 2021.

AUTHOR

Dr Georgie MacArthur, Consultant in Public Health

APPENDICES

Appendix 1: HWBS Steering Group Membership

Appendix 2: HWBS Communication and Engagement Plan
Appendix 3: Summary powerpoint presentation

BACKGROUND PAPERS

None

Appendix

1. HWBS Steering Group Membership

Name	Role, Organisation
Georgie MacArthur (Chair)	Consultant in Public Health, Public Health, North Somerset Council
Matt Lenny	Director of Public Health, Public Health, North Somerset Council
Charlotte Cadwallader	Specialty Registrar in Public Health, Public Health, North Somerset Council
Emma Diakou	Service Leader, Business Intelligence, North Somerset Council
Vanessa Andrews	Marketing and Communications Manager, North Somerset Council
Richard Blows	Transformation Programme Manager, North Somerset Council
Jane Harrison	Head of Economy, North Somerset Council
Kirstie Corns	North Somerset Area Lead, BNSSG CCG
Dr Kevin Haggerty	GP and former Chair, One Weston Partnership
Dr Natasha Ward	GP, Woodspring Integrated Group
Mark Graham Paul Lucock Fiona Cope Ian Morrell	Wellbeing Collective Board (rotating representative): For All Healthy Living Centre Voluntary Action North Somerset (VANS) North Somerset Citizen's Advice Bureau Nailsea Town Council

2. Health and Wellbeing Strategy Communication and Engagement Plan

This Communication and Engagement Plan outlines the process of consultation with stakeholders and residents to hear their views and perspectives regarding:

- The meaning of good health and wellbeing to different groups
- Priority areas for improving health and wellbeing and reducing health inequalities
- Different ways in which health and wellbeing can be improved among different groups and in different areas of North Somerset
- How best communities and stakeholders can work together and build on existing strengths and maximise health and wellbeing.

The process will be led by Georgie MacArthur, Consultant in Public Health, and Charlotte Cadwallader, Specialty Registrar in Public Health, with strategic and practical support from the marketing and communications team and Health and Wellbeing Strategy Steering Group.

Stakeholder/ audience	Channels	Activity	Timeline	Lead
Residents				
• Whole population • Groups with protected characteristics • Service users • Residents in different areas/localities	• E-consult survey • Citizen's Panel • Workshops • Social media • See dissemination section below	• Survey questions • Ideas generation for themes and actions • Prioritisation • Development of themes	Feb-Mar 2021	GJM, CC, ED, VA, AB
Town and Parish Councils				
Town and Parish Councils	• Town and Parish Council meetings	• 3 x workshops (North, Central, South) • Presentation and discussion • Ideas generation for themes and actions • Prioritisation	February 2021	GJM, CC
System-wide stakeholders				
• Voluntary organisations, community groups, support organisations, charities, North Somerset Together, VANS • Community Groups • BNSSG CCG and NS area team • Primary and Secondary Care (GPs, nurses,	• E-consult survey • Online workshops	Online workshop(s) • Presentation and discussion • Ideas generation for themes, actions, interventions • Prioritisation	February 2021	GJM, CC

pharmacists, NHS Trusts- AWP, UHBW, SWAST) • Allied Health professionals • Patient groups • One Weston, Woodspring locality group • Education forums; school networks; children's centres, childcare providers, 0-19 public health nursing team (Sirona) • Social care forum, Senior Community Link • Carers Forum, Care Leavers Forum, North Somerset Parent Carers Working together • Social care and service providers • Police & community safety • Employers representatives • Topic and setting-specific networks (via PH team) • Schools via noticeboard and Healthy Schools link				
North Somerset Together	Workshop (see table below)		February 2021	GJM, CC
VCSE Leaders Forum	Workshop (see table below)		February 2021	GJM
Integrated Locality Group Meetings	Meeting (see table below)		February - March 2021	GJM
Businesses				
Businesses and employers	Bespoke SNAP survey		February 2021	GJM and Jane Harrison
North Somerset Council				
Public Health Team	Team meeting		Mid-October to mid-November	ML, GJM, CC
North Somerset Council Officers	• Pulse Survey • The Knowledge		Mid-December	GJM, CC

	• Staff fora/ special interest groups • Team meetings		to mid-January	
NSC Corporate Leadership Team	CLT meeting		December 2020 – February 2021	GJM, ML
NSC Health Overview and Scrutiny Panel and Members	Workshop		January - March 2021	ML, GJM, CC
NSC Executive	Briefing		January - February 2021	ML
System Partner Boards				
Healthier Together Executive	• Meeting paper and discussion		February - March 2021	ML, GJM
Health and Wellbeing Board	• Meeting paper and discussion		Next meeting: February 2021	ML, GJM
Wider dissemination among residents and stakeholders				
E-consult survey	https://www.n-somerset.gov.uk/hwbconsultation			GJM, VA, AB
The Knowledge				GJM
Social media	Twitter, Facebook, Instagram			VA, AB
Press release				VA, AB
E-life	To n=50,000 residents			NC
Town and Parish Digest				RB, GJM, VA, AB
Stakeholder Update	Media, businesses, NSC members, NST, primary care			VA, AB
Citizen's Panel				GJM, RJ
Members Only	NSC Members			NY

Consultation and Engagement Workshop plan

Workshop/ Event	**Date and Time**
North Somerset Together	Wednesday 3 February: 10:30am
VCSE Leaders Forum	Thursday 11 February: 14:00-15:00
(A) Public workshop	Thursday 4 February: 10:00-11:30
(B) Public workshop	Thursday 11 February: 17:30-19:00
(C) Public workshop	Friday 12 February: 10:30-12:00
(D) Stakeholder workshop	Thursday 4 February: 14:00-16:00
(E) Stakeholder workshop	Tuesday 9 February: 13:00-15:00
(F) Stakeholder workshop	Tuesday 9 February: 17:30-19:00
Town and Parish Council workshop (1) (South/Central/North)	Tuesday 23 February: 17:00-18:30
Town and Parish Council workshop (2) (South/Central/North)	Wednesday 24 February: 17:00-18:30
Town and Parish Council workshop (3) (South/Central/North)	Thursday 25 February: 17:00-18:30
One Weston Partnership Woodspring Integrated Group	TBC

Appendix 3:

Powerpoint presentation summarising the content of this paper, to be presented to the Health and Wellbeing Board on 18/2/21.

Health and Wellbeing Strategy 2021-2024

Dr Georgie MacArthur, Consultant in Public Health

Health-wellbeing@n-somerset.gov.uk

Introduction

- The HWBS is a timely and important vehicle by which to deliver a targeted action plan to bring about beneficial impacts on health and inequalities
- The joint Health and Wellbeing Strategy for North Somerset 2021-24 will outline:
  - Shared ambitions for improving health and wellbeing and reducing health inequalities
  - Priority themes and health and wellbeing challenges that we will address to meet our ambitions
  - A focused action plan, demonstrating how we will meet those ambitions, who owns the action, targeted outcomes by which to measure success, and a timeline
  - Details of how we will work with residents, communities and organisations across North Somerset to achieve our goals

Aims

- Addressing health inequalities will be a central ambition, with inequalities featuring as a helical theme through the strategy and action plan

- The Strategy will encompass and build on existing programmes and strategies within North Somerset Council and the wider system to ensure it is collaborative and avoids duplication e.g.:
  - Economic Plan
  - Corporate Plan
  - Healthier Together strategies and programmes
  - NHS Long Term Plan

Structure & Development of Strategy

- The strategy will be informed by:
  - Quantitative data regarding health need: public health outcomes framework, granular local data
  - Evidence for effective interventions: rapid scoping and evidence review
  - System mapping: existing stakeholders, networks and programmes
  - Consultation with stakeholders, businesses and residents

Together these will enable development of themes to structure the strategy

- Within over-arching structure of best start in life (0-24); living and working well (25-64); ageing well (>65)
- Incorporating clear action plan with timelines and measurable outcomes

Approach

Build on work completed regarding place-based approach to addressing health inequalities

- Priorities identified: mental health, physical activity, healthy places

Renewed analysis and consultation to take account of impacts of Covid-19

- Prevention and management of poor mental and emotional health and mental illness
- Risk factors for preventable and premature mortality (CVD, cancer, respiratory disease) and severe Covid-19 illness e.g. tobacco, physical activity, diet, alcohol use

Including consideration of wider determinants of health e.g. education, transport, housing, employment & skills

Strategic Oversight

The HWB Strategy Steering Group (meeting every 4-5 weeks)

Name	Role, Organisation
Georgie MacArthur (Chair)	Consultant in Public Health, Corporate Services, North Somerset Council
Matt Lenny	Director of Public Health, Corporate Services, North Somerset Council
Charlotte Cadwallader	Specialty Registrar in Public Health, Corporate Services, North Somerset Council
Emma Diakou	Service Leader, Business Intelligence, North Somerset Council
Vanessa Andrews	Marketing and Communications Manager, North Somerset Council
Richard Blows	Transformation Programme Manager, North Somerset Council
Jane Harrison	Head of Economy, North Somerset Council
Kirstie Corns	North Somerset Area Lead, BNSSG CCG
Dr Kevin Haggerty	GP and Former Chair, One Weston Partnership
Dr Natasha Ward	GP, Woodspring Integrated Locality Group
Mark Graham	Wellbeing Collective Board

Additional practical support via University of Bristol placement and Biomedical Scientist volunteer

Process and next steps

- Health and Wellbeing Board endorsed development of new HWBS September 2020

- Steering Group agree that collaborative approach is required to maximise likelihood of success
  - Focused around consultation and engagement
  - Enabling buy-in and ownership of linked action plan
  - Implements North Somerset's new way of working openly and collaboratively with the public and partners, building on momentum of collaboration from the community Covid-19 response

Next steps and maximising impact

- This requires additional time, to enable:

  - In-depth engagement to understand a range of views and perspectives regarding challenges, priorities, community strengths and new opportunities.
  - Mapping of existing programmes to avoid duplication and identify gaps in delivery
  - Extensive consultation and engagement to ensure buy-in to the strategy and to enable partnership and shared ownership and oversight of the action plan
  - Accounting for time pressures of the Covid-19 response on those with whom we need to engage (community partners, clinical and health professionals etc)
  - Accounts for time diverted among public health team to Covid-19 response October-December 2020.

Consultation and Engagement

- Consultation and engagement activities include:

  - E-consult survey for residents and stakeholders (open until 18 February)
  - Tailored survey for businesses (to be disseminated w/c 1 February)
  - Citizen's Panel
  - Online public and stakeholder workshops (n=4)
  - Press release, social media, E-life, the Knowledge, Town and Parish Digest, professional networks
  - Town and Parish Council meetings (n=3: north, south, central)
  - Consultation with VCSE Leaders Forum; Wellbeing Collective; North Somerset Together
  - Integrated locality groups (Weston and Worle; Woodspring)
  - North Somerset Council Executive, CLT, HOSP, officers
  - Regular update and consultation with Health and Wellbeing Board

Updated timeline

Updated timeline suggested to enable meaningful collaboration and engagement

For decision

- Proposed approach to developing and delivering the Health and Wellbeing Strategy and action plan
- Overarching narrative of the strategy
- Extension of timescales, which shifts the date of publication to July 2021

For discussion

- Views regarding themes, priorities, interventions and services to be considered
- Support for engagement process and championing the strategy

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North Somerset Council

REPORT TO THE PEOPLE AND COMMUNITIES HEALTH AND WELLBEING BOARD

DATE OF MEETING: 18 FEBRUARY 2021

SUBJECT OF REPORT: UPDATE ON COVID RESPONSE

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: MATT LENNY, DIRECTOR OF PUBLIC HEALTH

KEY DECISION: NO

REASON: THE REPORT IS A REVIEW OF ACTION NOT A DECISION

RECOMMENDATIONS

Members of the Health and Wellbeing Board (HAWB) are asked to note the update on the pandemic response, comment on progress so far and provide any suggested priorities for future action to meet the needs of our community during the continued response and recovery from the pandemic.

1. SUMMARY OF REPORT

The impact of the COVID-19 pandemic has been felt across North Somerset through a series of national lockdowns, personal and community restrictions and sadly, the heavy local cost from illness and death caused by the virus.

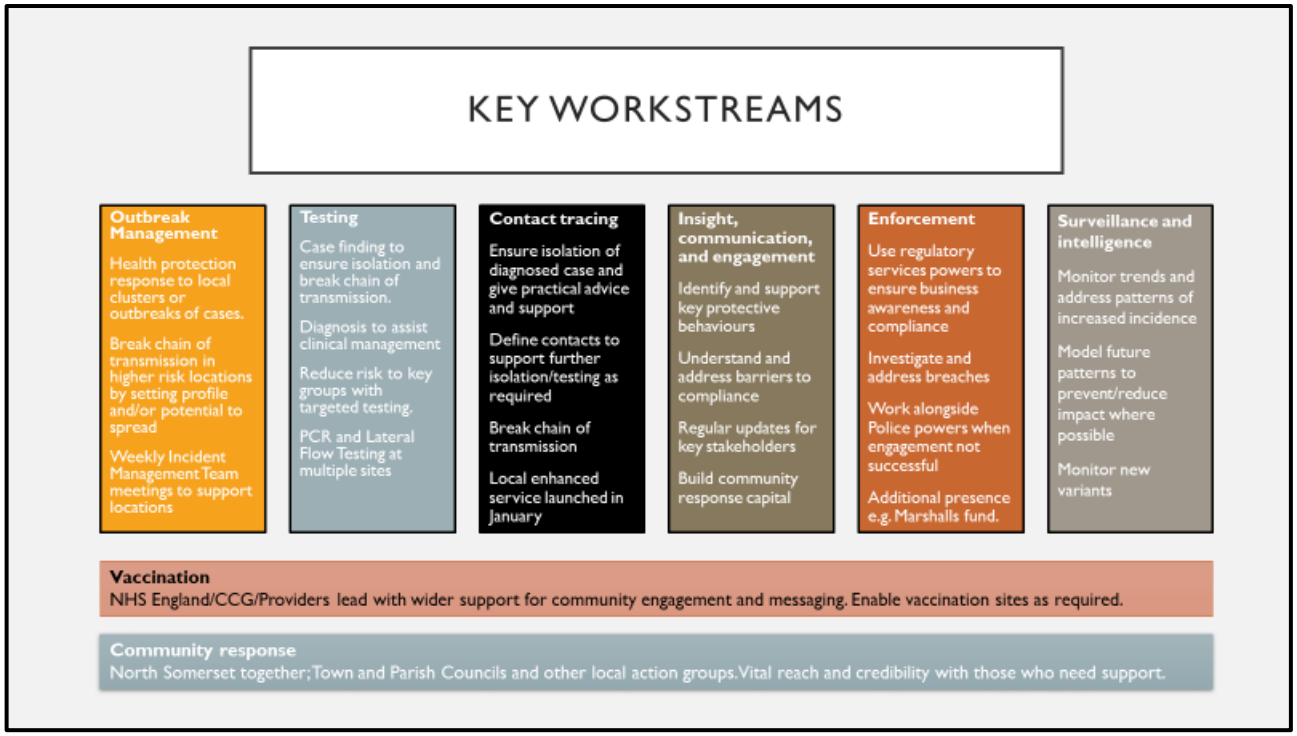
The response has been in progress for almost a year and the presentation provided in Appendix A gives a broad overview of key aspects of the public health and health and care system response. The presentation provides the latest information on patterns of infection, a summary of key areas of the public health response and a review of impact on local health and care services.

2. POLICY

In responding to the pandemic, the local authority, Clinical Commissioning Group and other local partner organisations, for example, the business community, the police and community organisations have needed to adapt to fast changing guidance and new legislation designed to reduce spread and limit the impact of the virus. Roles and responsibilities have been based on existing plans and structures and adapted to the changing needs and circumstances of the pandemic.

3. DETAILS

Appendix 1 provides the overview of key aspects of the public health response to the pandemic in a summary slide:



It recognises that local teams and partnerships have been working in a number of key areas, notably:

1. Outbreak management
2. Testing
3. Contact tracing
4. Insight, communications and engagement
5. Enforcement
6. Surveillance and intelligence
7. Vaccination
8. Community response

It should be noted that these workstreams have linked to other important aspects of the response, for example, adaptation of children and adult services, support for the business community, grant promotion and administration and targeted help for more vulnerable cohorts, for example, the homeless population.

4. CONSULTATION

Where possible, the pandemic response has been developed with the input and leadership from local community organisations. Some elements of response have necessarily been driven by a more directive approach through national guidance to reduce the risk of infection and minimise health and care impacts.

5. FINANCIAL IMPLICATIONS

The pandemic response has been supported by a reprioritisation of existing resources within key agencies and effective use of government grants targeted at different priority actions, for example, support for local businesses, financial support for those needing to self-isolate and extension of testing in the community to find cases and minimise the risk of onward transmission.

6. LEGAL POWERS AND IMPLICATIONS

A wide range of new legislation and statutory guidance has been published to support local, regional and national responses to the pandemic.

7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The pandemic has had a significant impact on living and travel patterns for local people with the potential for some longer-term benefits, for example, reduced car use, greater enjoyment of active travel and outdoor activity and linking communities to local food sources.

8. RISK MANAGEMENT

Risks associated with the pandemic have been managed through a range of individual organisation risk registers or within partnerships working over wider footprints, for example, the Healthier Together system response across Bristol, North Somerset and South Gloucestershire and the Avon and Somerset Local Resilience Forum.

9. EQUALITY IMPLICATIONS

New legislation, guidance and local response methods have taken into account the needs of different population groups and this will need to continue through the rest of the response and into recovery to effectively tackle the inequalities that are likely to have been widened by the pandemic.

10. CORPORATE IMPLICATIONS

The pandemic response has had a considerable impact on planned work which will require review as part of recovery. However, it has also shown how established approaches can be reset to the benefit of local communities, for example, the development of North Somerset Together as a means of understanding and responding to local needs more effectively.

11. OPTIONS CONSIDERED

The pandemic response has primarily been driven by new legislation and national guidance but dialogue has been maintained with a wide range of local partners to help shape the response to local needs.

AUTHOR

Matt Lenny, Director of Public Health and Regulatory Services

APPENDICES

Appendix 1: Overview of the pandemic response

BACKGROUND PAPERS

None

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Minutes

of the Meeting of the

The Health and Wellbeing Board
Thursday, 17th September 2020

held in the Virtual Meeting.

Meeting Commenced: 14:00 Meeting Concluded: 15:50

Statutory Voting Members:

P Cllr Mike Bell (Board Chairman and Executive Member Adult Social Care and Health)
P Colin Bradbury (Board Vice-Chairman and Area Director BNSSG CCG)
P Cllr Catherine Gibbons (Executive Member Children and Young People)
P Sheila Smith (Director People and Communities, NSC)
P Matt Lenny (Director Public Health, NSC)
P Georgie Bigg (Chair Healthwatch)

Non-voting Members:

P Cllr Mark Crosby
P Cllr Wendy Griggs
P Cllr Geoff Richardson (substitute for Richard Tucker)
A Cllr Richard Tucker
P Cllr Steve Bridger
P Paul Lucock (VANS)
P Jeremy Blatchford (ALCA)
A Sarah James (UHBW)
A Emmy Watts (AWP)
P Dr John Heather (GP representative)
A Dr Shruti Patel (GP representative)

P: Present
A: Apologies for absence submitted

Officers in attendance: Georgie MacArthur (NSC Public Health Specialist) Leo Taylor, Brent Cross (NSC Democratic Services)

HWB 1 Declaration of disclosable pecuniary interest (Standing Order 37)

None

HWB 2 Minutes

Resolved: that, subject to the attendance list being amended to reference the attendance of Health Improvement Specialist, the minutes of the last Board meeting held on 5th March 2020 be approved as a correct record

HWB 3 One minute's silence in memory of those lost during the pandemic

The Board and all others present at the meeting held a minute's silence in memory of people who how had lost their lives during the Covid-19 pandemic.

HWB 4 Understanding the new Health and Wellbeing landscape (attached)

The Director of Public Health presented the report which set out a proposed framework for discussion, enabling partners to review recent challenges, evaluate potential new responses and frame these as part of the development of the forthcoming Joint Health and Wellbeing strategy.

4.1 It was proposed and agreed that the Board work through the discussion prompts as set out in the report appendix:

- What has been the local impact of Covid-19 and how does it impact on the development of the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHSWS), including local priority actions?
- What do we need a sharp focus on now?

There was broad recognition of the impressive community response to the epidemic with the emergence of the "North Somerset together" volunteer network - but also of the critical need to preserve and build on that momentum as circumstances evolved going forward.

Paul Lucock (VANS) noted the important role played by the voluntary sector in supporting services during Covid and referred to the need to better integrate the sector with community voluntary networks.

Georgie Bigg (Healthwatch) recommended recent national and local Healthwatch reports, which captured feedback from service users on service access and outcomes during the crisis, as a useful resource to feed into the work of matching strategy with need.

There was discussion around the challenges associated with public and community transport as a means of accessing healthcare services, particularly for villages and other rural communities, and a pressing need to find sustainable solutions where there were gaps in provision.

Colin Bradbury (BNSSG CCG) said that sharp focus was needed on the approaching winter pressures period and the potential impact of a second Covid-19 wave. He also referred to expected significant increases in demand for mental health services. These pressures were being mitigated through demand management strategies such as 111 First, encouraging more self-care, the use of digital technology etc. He emphasised, however, that there was a need to get messaging about this right, ensuring that people understood that, despite these pressures, the service was open for routine care. There was a concern that perception about the implications of these challenges had led to reluctance from some use healthcare services.

John Heather (GP representative) highlighted the adaptability of GPs, evolving digital technology to support the service during the crisis whilst maintaining face-to-face contact where this was needed.

Some present, however, referred to a perception in the community that GP services were difficult to reach and that remote access via the internet or telephone was distrusted. There was an urgent need to address these perceptions due to the risk that people would "switch off" and potentially fail to seek help when it was needed.

This led to a wider discussion about communications and issues around the confusing and occasionally contradictory messaging coming from a wide range of sources including the press, the health sector, local and national government and other organisations. There was a need to better join-up communications to ensure greater consistency and reach.

In linking discussion about effective messaging back to the JSNA and JHWS, The Director of Public Health (NSC), Matt Lenny, emphasised the need to get the context right. Sharp focus was needed on outcomes and key health drivers around inequalities including mental health, weight, physical activity and high-risk activities such as smoking and drug/alcohol use – and where support needed to be most effectively directed.

In seeking to achieve this in the development of the JSNA and JHWS, he emphasised the importance of engaging with local/community networks, particularly around key "wellbeing settings" – eg schools, care homes etc. These provided both valuable insight into what works in local settings and effective communications channels for getting clear messaging back out into the community.

The Chairman summarised key points arising from discussion as follows:

- the general importance of clear and consistent messaging across the system and the need to address public misconceptions and anxieties.
- the corresponding need to effectively develop and articulate the JSNA and JHWS (including local priority actions);
- focus on inequalities and the need for more definition around how to put health determinants into practice;
- the need to take account of the wider responsibilities that sit within the system: implications of strategic conversations at regional and national level.

4.2 Process for developing the JHWS

The Director of Public Health introduced Georgie MacArthur (Public Health Consultant) who was leading on inequalities and the work to develop the JHWS. A project plan was being put together with the aim to complete the Strategy by March 2021. Following this, there would be an engagement phase with key stakeholders, working across a series of work streams towards the development of an Action Plan.

It was agreed that there would be continuous discussions with the Board during the Strategy development process (outside the formal Board meeting cycle) and the relevant data would be provided to inform these discussions.

4.3 Process for developing the JSNA

The Director of Public Health reported that the JSNA process was about to launch. It had been delayed due to technical issues around the data system tool. Work was however now back on track and it drafts would be shared with Members shortly. He added that the fully activated data system would be in place by December and on-line tutorials would be offered to partners on how to use it effectively. He agreed to provide a briefing for Members in due course.

The Chairman encouraged all Members to reflect feedback to the Public Health team going forwards.

4.4 Update on Covid-19 and testing

The Director of Public Health updated the Board on the current situation with respect to Covid-19 incidence in the district and the testing regime. He referred to a number of challenges including some loss of local oversight and control due to the precedence of the overarching national test and trace system and consequences of priority focus elsewhere in the country.

Although there now appearing to be on a downward trajectory after a period of increases in Covid-19 incidence, there was concern that the picture was not as clear as it could be due to the above issues.

Board Members sought and received clarification on the following:

- local implications of the planned dissolution of Public Health England (PHE);
- concerns about inconsistencies across decisions and actions taken at schools – *Officers reported that they had worked hard ensuring consistency with guidance but the situation was complex and nuances could look like inconsistency. The situation was further complicated by a recent change requiring schools to report directly to the Department of Education as opposed to PHE.*

Resolved: that the report be noted.

HWB Mental Health and Wellbeing Strategy Group proposal (attached)

The Director of Public Health presented the report which proposed the establishment of an all-age Mental Health and Wellbeing Strategy Group (MH&WSG) in order to facilitate a more coherent and joined-up approach, by monitoring existing activity and providing a steer for future activity.

There was discussion about the proposed aims of the MH&WSG which included a question around whether the group's role could be absorbed within existing BNSSG structures.

The Chairman added that further consideration could also be given to:

- how the work of this group fitted in with the development of the Health and Wellbeing Strategy (and the relevant working groups)
- how the particular needs identified in North Somerset would be articulated to the wider system
- the role of the Board and elected Members in the group's work.

Resolved:

(1) that further work be undertaken on refining the Terms of Reference of the MH&WSG; and

(2) that this be presented to the next meeting of the Health and Wellbeing Board.

HWB Message of thanks from the Chair - for those who have played their part in the system response

In closing the meeting, Members endorsed a statement from the Chairman thanking the many individuals and organisations that had contributed to the system-wide response to the ongoing Covid-19 crisis.

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Chairman

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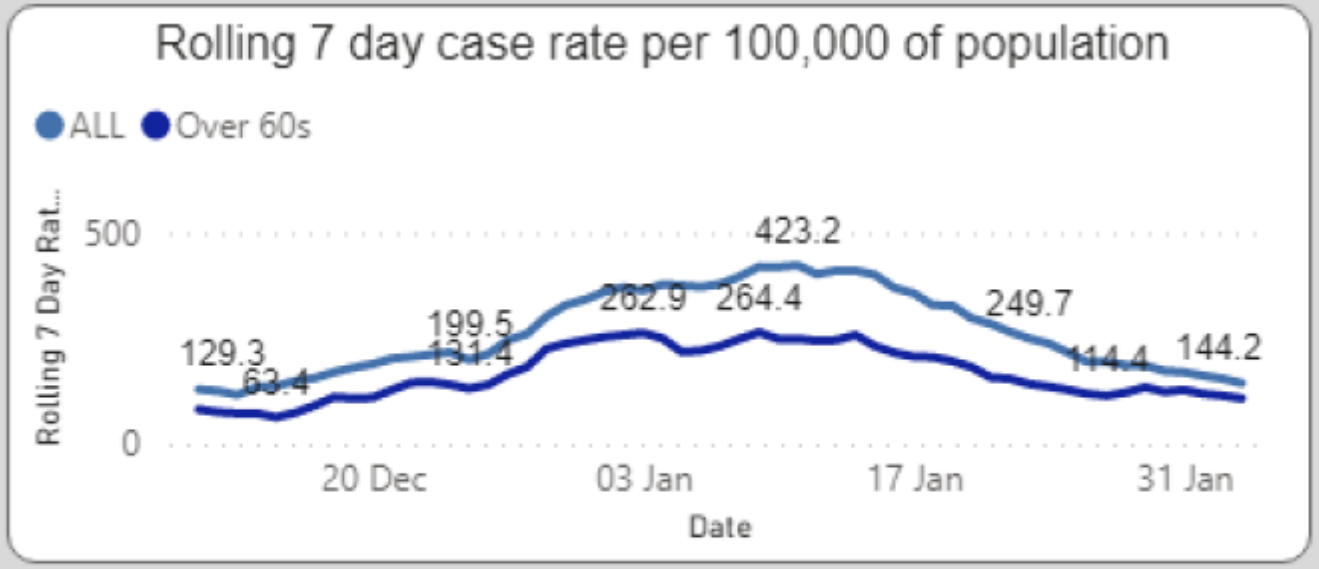
HEALTH PROTECTION BOARD: PANDEMIC RESPONSE

Appendix 1: Overview and update

@ 08/02/2021



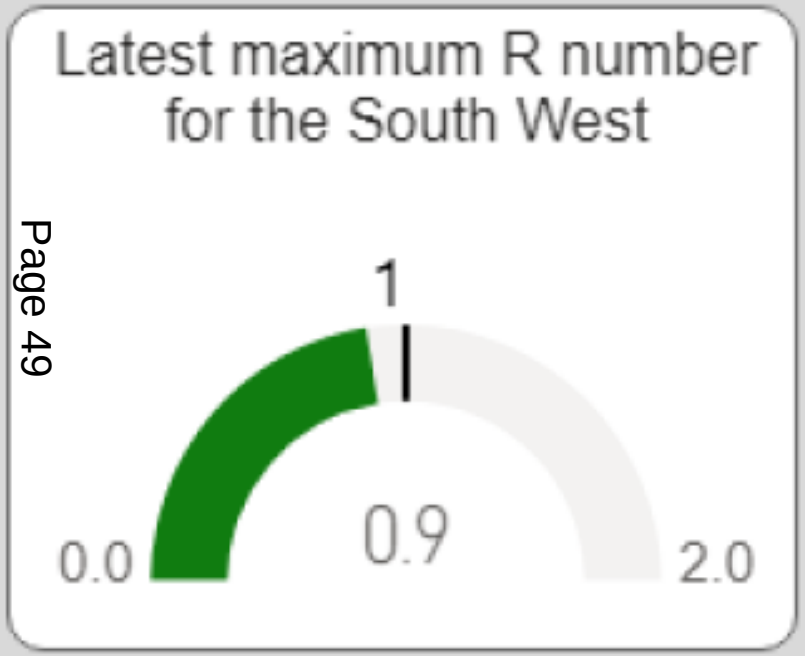
Cases last 7 days in North Somerset for full weeks data

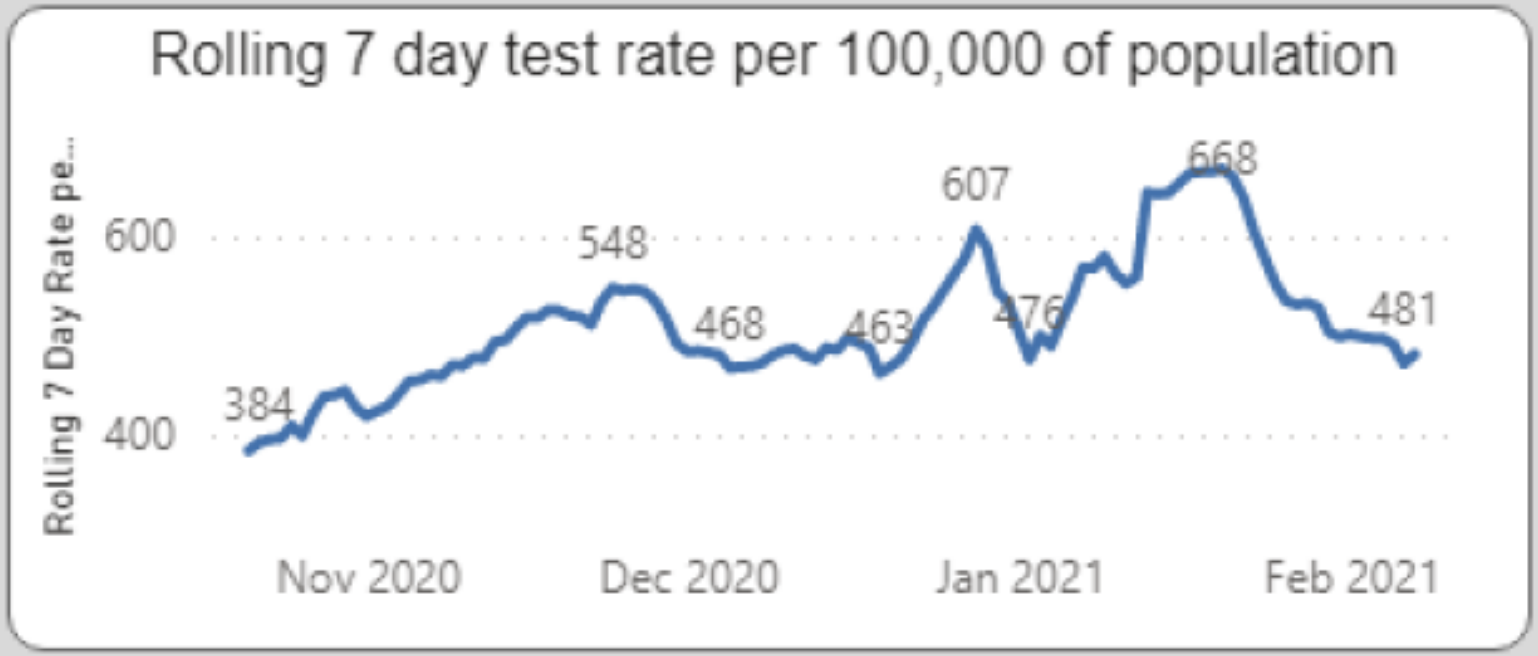
310

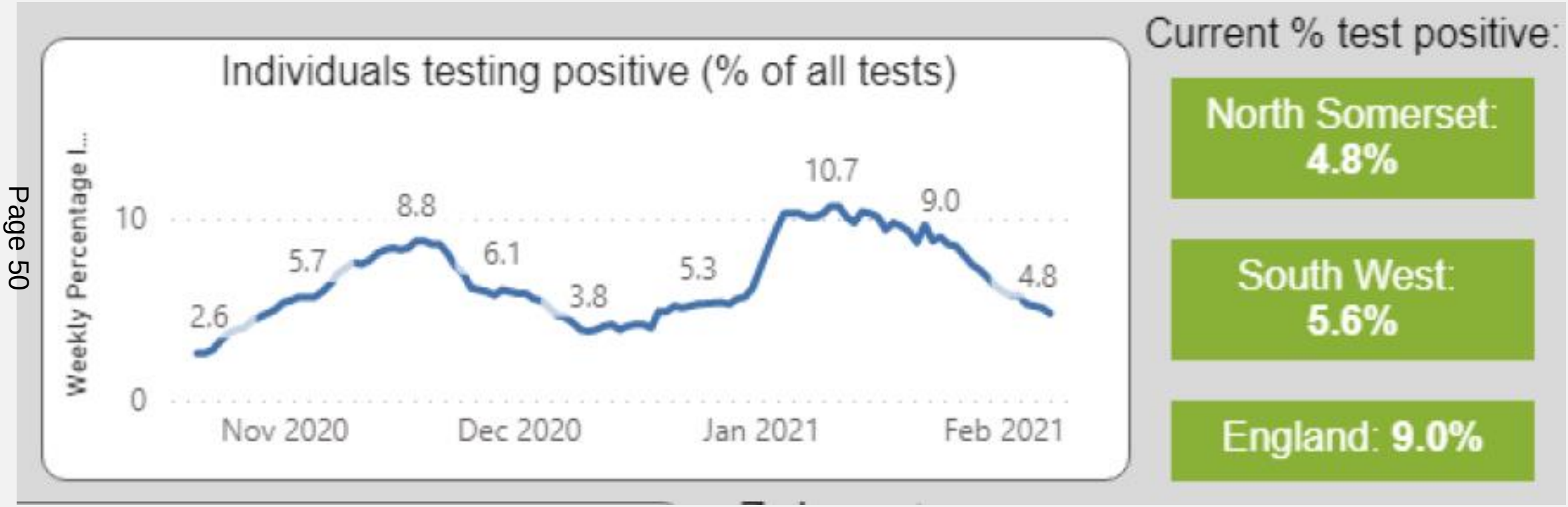
7-day rate

	ALL	Over 60s
North Somerset	144.2 per 100,000	108.2 per 100,000
South West	146.7 per 100,000	121.3 per 100,000
England	222.7 per 100,000	England data not available

SW testing average = 426 per 100,000






Individuals testing positive (% of all tests)
Weekly Percentage I...
10
0
2.6
5.7
8.8
6.1
3.8
5.3
10.7
9.0
4.8
Nov 2020
Dec 2020
Jan 2021
Feb 2021
Current % test positive:
North Somerset: 4.8%
South West: 5.6%
England: 9.0%

CASES BY AGE

Area	0 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75+
North Somerset	76.3	190.2	210.6	148.2	84.9	142.6
South West	64.8	157.5	212.2	147.1	65.6	141.1

@ 08/02/2021

KEY WORKSTREAMS

Outbreak Management

Health protection response to local clusters or outbreaks of cases.

Break chain of transmission in higher risk locations by setting profile and/or potential to spread

Weekly Incident Management Team meetings to support locations

Testing

Case finding to ensure isolation and break chain of transmission.

Diagnosis to assist clinical management

Reduce risk to key groups with targeted testing.

PCR and Lateral Flow Testing at multiple sites

Contact tracing

Ensure isolation of diagnosed case and give practical advice and support

Define contacts to support further isolation/testing as required

Break chain of transmission

Local enhanced service launched in January

Insight, communication, and engagement

Identify and support key protective behaviours

Understand and address barriers to compliance

Regular updates for key stakeholders

Build community response capital

Enforcement

Use regulatory services powers to ensure business awareness and compliance

Investigate and address breaches

Work alongside Police powers when engagement not successful

Additional presence e.g. Marshalls fund.

Surveillance and intelligence

Monitor trends and address patterns of increased incidence

Model future patterns to prevent/reduce impact where possible

Monitor new variants

Vaccination
NHS England/CCG/Providers lead with wider support for community engagement and messaging. Enable vaccination sites as required.

Community response
North Somerset together; Town and Parish Councils and other local action groups. Vital reach and credibility with those who need support.

VACCINATION

- Within the Bristol, North Somerset and South Gloucestershire (BNSSG) health area the latest figures (published on 4 February) show that by the end of January 130,424 adults have had their first dose in the BNSSG area. 93% of over 80s have had at least the first dose and 88% of 75-79 year olds.

Local vaccination sites

- These sites include hospital hubs located at Southmead Hospital, Bristol Royal Infirmary and Weston General Hospital, a super vaccination centre at Ashton Gate Stadium, seven pharmacies and 19 vaccination sites run by GPs.
- GP vaccination sites, managed by Primary Care Networks, include these in North Somerset: Riverbank Medical Centre, Weston-super-Mare; Pudding Pie Lane Surgery, Langford; Brockway Medical Centre, Nailsea; Portishead Medical Centre,
- Ashton Gate Stadium in Bristol is our local super vaccination centre which is vaccinating people from 8am – 8pm, 7 days a week.
- Locking Pharmacy, Weston-super-Mare

HEALTH AND SOCIAL CARE SYSTEM RESPONSE

- Most recent wave has created significant capacity pressures across all health and social care providers. Peak reached in late January/early February but significant challenges remain. Voids in residential and nursing care remain high as self-funders opt for care at home
- Targeted additional support from multi agency partners for care sector through various grants and wrap around infection prevention and control measures
- Issues include numbers of positive cases in care homes and hospital beds, staff absence and routes in and out of hospital for those needing care
- Impact on routine care and need to 'catch up' with planned procedures being planned for in health system
- Planning for longer-term health and care impacts, for example, mental and emotional wellbeing needs; deterioration of physical health because procedures not happening; missed opportunities for earlier intervention meaning higher dependency on services
- Overarching need to recognise and tackle widening of health and other inequalities e.g. child development, worklessness, informal carers.

North Somerset Health & Wellbeing Board

Date of meeting: 18 February 2021
Agenda Item: 8
Title of report: LGA Remote Peer Review of Special Educational Needs and Disabilities (SEND)
Author: Sheila Smith, Director of Children's Services, North Somerset Council

1. Recommendations

1.1 The Health and Wellbeing Board is recommended to:

i. Review the preliminary summary of the LGA's findings following the Peer Review
ii. Consider how the board can support and influence positive outcomes to meet the recommendations
iii. Note the intention to revise the SEND action plan in the light of this review, and for the Children's Improvement Board to drive delivery of identified activity

3. Details

3.1 Introduction

The LGA conducted a remote peer review of local area SEND services in North Somerset during late November-early December 2020. This was undertaken with a focus on readiness for an imminent re-inspection following Ofsted's 2018 Local Joint Area Review (LJAR). The review centred on four themes:

The impact of Covid-19

- Impact of Covid on 'business as usual' activity
- Impact of Covid on improvement work
- Effectiveness of the SEND Programme Board

Parent / carer perspectives

- Parents' expectations and experiences
- Quality of collaboration
- Evidence of co-production

Relationships with health partners

- Support for Education, Health and Care plans (EHCPs)
- Health provision
- Joint commissioning

Education, Health and Care plans

- The quality and effectiveness of EHCPs
- Partnership roles and responsibilities around EHCPs
- Assessment approach

The following sections detail the findings of the review team, along with their key recommendations. Please note that at the time of writing this report remains a draft, and is therefore subject to amendment.

3.2 Summary of Findings

Services across the SEND system in the North Somerset area are regarded by partner organisations and parents alike as having responded actively to the needs of children, young people and families in the face of the challenges presented by the Covid-19 pandemic. Responding to the crisis has strengthened aspects of partnership working and prompted some innovation.

The Council's relatively new political leadership, supported by the Chief Executive, have recognised the importance of Children's Services and are making it a priority and ensuring that it is appropriately resourced. The recent separation of the post of Director of Children's Services from that for Adult Services should ensure that the Director has the capacity to drive the SEND agenda. It is important that this additional capacity is enhanced by an early appointment to the post of Head of Education and Partnerships.

The senior leaders of the NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) recognise that there has been significant underinvestment in North Somerset and intend to level up funding to that of other areas across the wider CCG. The commissioning of new providers for community and mental health and wellbeing services from April 2020 is also regarded as a positive development. Taken together, these changes in arrangements in the Council and key health partners provide a real opportunity to step up the pace in improving SEND services. Other strengths to build on include an active parent / carer forum that is connected to the key statutory stakeholders; examples of good partnership and multi-disciplinary working at the front line and in new quality assurance procedures and a focus on developing better outcomes for Education, Health and Care Plans (EHCPs).

The SEND system across the area faces some significant challenges. The DfE acknowledged in February 2020 that there had been progress in some areas against the issues identified in the Written Statement of Action following the 2018 SEND inspection. However, in the view of the peer team, progress is not as advanced as it should be and more improvement should have been secured before the Covid-19 pandemic took hold. There is a need to refocus and streamline governance structures across the partnership to drive improvement at pace and provide clear

leadership of the SEND agenda, including clarifying the relationship between the newly established Children's Improvement Board and the current SEND Programme Board. This would help leaders across the partnership to take greater ownership of SEND improvement work.

There should be a much clearer communication of vision, intention and impact across the partnership at all levels, including a shared ownership of and responsibility for the information that comprises the Local Offer. Partners should ensure that there is sufficient capacity, with the right skills mix and focus, in key roles across the SEND system and that people feel empowered and have the authority to act, or the confidence to approach senior managers to resolve obstacles that may arise.

Work is required across the partnership to establish a genuinely participative approach with children, young people, parents and carers in both service development and delivery. A culture shift is required to one in which early involvement of these key stakeholders in service design and delivery is the default position as the basis for genuine co-production.

Relationships with and between schools need to be further strengthened, enabling greater challenge to build confidence and capacity in mainstream provision to meet the needs of children and young people with SEND. The partnership between mainstream and special schools should be further developed to provide a continuum of provision to enable each child's needs to be met in the most appropriate setting and reduce the pressure on special school places. This should be an early priority for the new Head of Education and Partnerships along with the Education Excellence Partnership Board which brings together schools and the Council.

3.3 Key recommendations

The following are the main recommendations of the peer challenge:

Governance and leadership

a) Refocus and streamline governance structures to drive improvement at pace and provide clear leadership of the SEND agenda by partners across the local area
b) Review the membership of the SEND Programme Board and refocus as an improvement board, including consideration of a smaller group of decision makers to drive change, and clarify the relationship with the Children's Improvement Board
c) All partners should make better use of performance information and comparative data to acquire insight and understanding to drive improvement actions. The self-evaluation should be reworked to reflect this insight, progress against objectives and inform a review of the SEND Strategy and action plan

Capacity

d) The CCG should ensure that the appropriate level of funding for services in North Somerset is provided, reflecting that in other local authority areas covered by the CCG
e) All partners should ensure they have sufficient capacity in place to drive the SEND agenda, with the appropriate skills, experience, focus and seniority and consider how to address this when reviewing structures and responsibilities
f) The Council should recruit to the post of Head of Education and Partnerships as a priority
g) The Council and CCG should identify any existing budget provision for specialist school nursing and consider if this should be used to provide nursing leadership for health services for school aged children with SEND
Partnership working and engagement
h) Health partners and the Council should work together to meet their shared responsibility for the Local Offer and ensure that comprehensive and timely information about services is readily available to children, young people and families
i) Health partners and the Council should establish a participative approach with children, young people, parents and carers in both service development and delivery, whereby their early involvement is the default position as the basis for genuine co-production
j) Relationships with and between schools need to be further strengthened and they should be challenged to build confidence and capacity in mainstream provision to meet the needs of children and young people with SEND
k) The council should monitor the implementation and impact of the plans to reduce out of area placements to ensure these realise the projected budget savings

Effectiveness of EHCPs

l) Establish and meet clear expectations around the nature and timescales for responses to enquiries and the EHCP process and encourage parents to liaise with officers for progress updates
m) Ensure that councillors have access to appropriate advice and support when meeting parents and carers
n) Embed the recently established quality assurance procedures around EHCPs across the partnership and use this to achieve further improvement in the quality and impact of those plans

Policy and Legal Implications

4.1 SEND services are delivered under the Children and Families Act 2014, the Children Act 1989 and associated regulations. The Council is regarded as the lead organisation for these services, but the cooperation and participation of schools and the CCG are required by legislation as part of the wider ‘local area’ partnership.

4.2 In 2018, Ofsted & CQC required North Somerset to deliver a Written Statement of Action based on eight areas of significant weakness. This Peer review supports work to judge our progress in advance of a revisit by regulatory bodies.

Risk Management

5.1 No risks arise as a result of this review. However, a continued legal, reputational and financial risk is associated with situations where the Local Area does not effectively identify, assess or meet SEND needs.

Finance and Resource Implications

6.1 There are no specific resource implications arising from this report or the Peer Review, however actions determined to address the areas raised and deliver recommendations will require consideration in terms of resources and joint commissioning activity.

Equality Implications

7.1 Our SEND services are delivered to support the education, health and care needs of children with a range of learning needs and disabilities.

Climate Change and Environmental Implications

8.1 None

Engagement Undertaken or required

9.1 The SEND Programme Board has published a Co-production Charter which secures the participation of children and young people, parents and carers in work to review and change SEND services across the partnership.

9.2 Our local Parent Carer Forum were a key participant in the Peer Review and will remain engaged in work to address the recommendations.

9.2 Engagement with children and young people is an area for further development and is both complex and challenging under the current Covid-19 restrictions. Further plans in this area will be developed as the situation changes.

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Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

Developing our Integrated Care System in service of the people of Bristol, North Somerset and South Gloucestershire

Our Partnership was established in 2016 and designated as an Integrated Care System (ICS) in December 2020

We established *Healthier Together* as a Partnership in 2016 to work together across the NHS, local government and social care to improve health and wellbeing for the people of Bristol, North Somerset and South Gloucestershire (BNSSG). Background information on the membership, governance and structure of *Healthier Together* is set out at Appendix 1.

In December 2020, our Partnership was recognised as a 'maturing' Integrated Care System (ICS) by NHS England. The designation was supported by the BNSSG Chief Executives and is a welcome recognition of the progress we have made in developing collaborative ways of working and integrating services to deliver better outcomes for BNSSG residents. A copy of the signed letter of support from our Chief Executives for our designation as a 'maturing' ICS is set out at Appendix 2

As a Partnership, we have agreed to develop a Memorandum of Understanding to set out agreements on how we will work together in the next phase of our development as an ICS, in service of our common purpose. We are undertaking a facilitated process of engagement with partners to develop these agreements so that we build shared ownership and commitment to collaborative ways of working moving forwards.

Our Chief Executives met on 18 January 2021 to kick off this work. We are now engaging with the leadership of each of our constituent organisations and we met with a group of elected members and officers from North Somerset Council on 4 February.

Our shared ambition to improve health and wellbeing for BNSSG residents

In December 2019 the Partnership Board signed off our draft '5 Year System Plan', which summarised our shared ambition as follows:

"Our ambition is to build an integrated health and care system where the community becomes the default setting of care, 24/7, where high quality hospital services are used only when needed, and where people can maximise their health, independence and be active in their own wellbeing. We want to increase the number of years people in BNSSG live in good health; reduce inequality in health outcomes between

social groups; and help to create communities that are healthy, safe and positive places to live. In redesigning our system, we also want to make it easier for staff to work productively together and develop a healthy and fulfilled workforce."

Our chief executives have confirmed strong support for continuing our pursuit of this ambition and our commitment to build on the stronger partnerships we have forged during the Covid-19 pandemic. This is the common purpose that we aim to serve in developing our Memorandum of Understanding.

What is an Integrated Care System (ICS)?

Over the last two years, integrated care systems have been formed across England. In an integrated care system, NHS organisations work in partnership with local councils and others to take collective responsibility for managing resources, delivering integrated services, and improving the health and wellbeing of the populations they serve.

Integrated care systems have allowed organisations to work together and coordinate services more closely, to make real, practical improvements to people's lives. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. As integrated care systems mature they will better understand data about local people's health, allowing them to provide care that is tailored to individual needs.

The Local Government Association has highlighted six principles for achieving integrated care, based on engagement with councils throughout England:

- **Collaborative leadership**
- **Subsidiarity** - decision-making as close to communities as possible
- **Building on existing, successful local arrangements**
- A **person-centred and co-productive** approach
- A **preventative, assets-based** and population-health management approach
- Achieving **best value**

NHS England has highlighted four development themes for the next phase of development for integrated care systems, drawing learning from experience nationally and internationally:

- Stronger **partnerships in local places** between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- **Provider organisations** being asked to step forward in formal collaborative arrangements that allow them to operate at scale; and
- Developing **strategic commissioning** through systems with a focus on population health outcomes;
- The use of **digital and data** to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

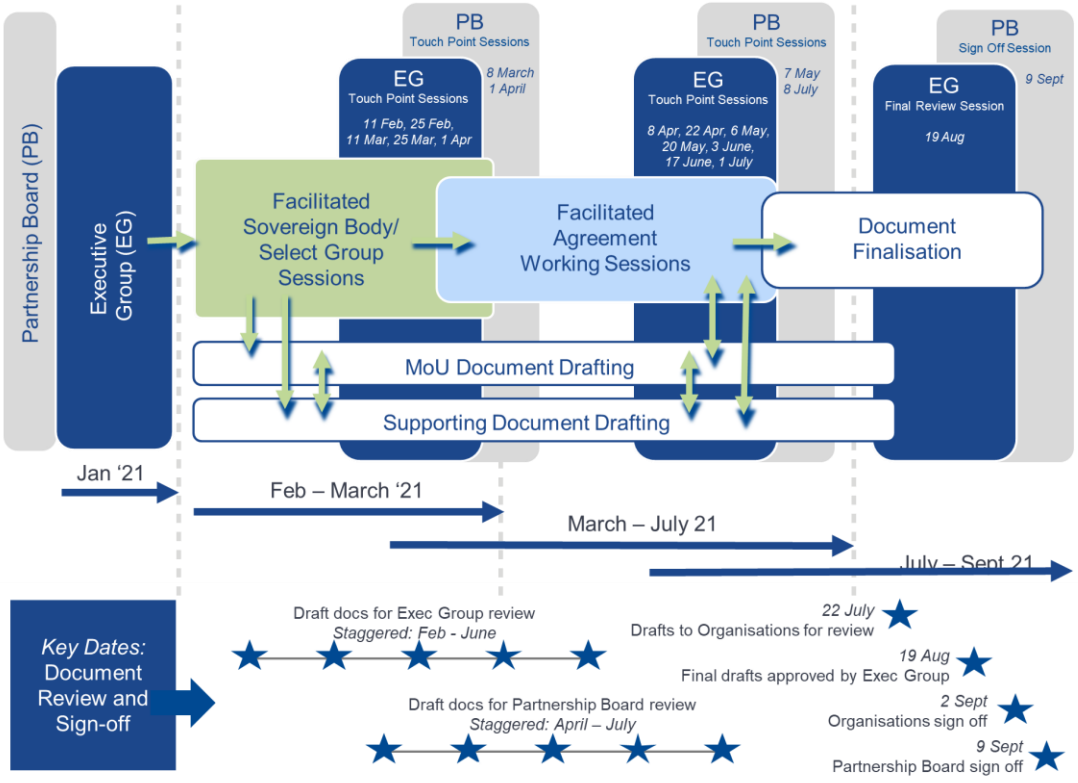
These principles and development themes will all be important in developing our Memorandum of Understanding for how we will work together as an integrated care system for BNSSG.

Programme of work to develop a Memorandum of Understanding on how we will work together as a BNSSG Integrated Care System moving forwards

The reason for developing a Memorandum of Understanding is to set out agreements on how we will work together in the next phase of our development as an ICS. We are undertaking a facilitated process of engagement with partners to develop these agreements so that we build shared ownership and commitment to collaborative ways of working moving forwards.

The BNSSG Partnership Board approved the initiation of this programme of work in October 2020 and agreed to commence the engagement process from January 2021.

Figure 1 – Timeline for developing our Memorandum of Understanding



Key areas for agreement in our Memorandum of Understanding

Our initial engagement has identified some of the key focus areas for agreement in developing our Memorandum of Understanding.

Theme	Example areas of agreement
Parties	**Who are the parties to the agreement?** Core parties to the agreement are: AWP, BCC, BNSSG CCG, NBT, NSC, OneCare, Sirona, SGC, SWASFT and UHBW This theme will review whether we wish to extend parties to the agreement. This could include, for example, other local health and care or third sector organisations. We may also consider a framework for 'groups' within the Partnership to reflect different relationships between partners that may wish to make supplementary agreements. This could include, for example, agreements between acute or other providers, at locality level or between commissioners.
Scope	**What will be in and out of scope?** This will cover services we commission and provide, and those we may wish to take on in the future (e.g. specialised commissioning, primary care commissioning (dental, optometry and pharmacy). We will also cover other activities where we may agree to work together (e.g. workforce development, communications, information technology, data collection and analytics, estates).
Structure, governance & accountability	**What is the structure of our ICS and how will we make decisions in the Partnership?** We will confirm the organisation and governance structures of our ICS at system, place and locality level. This will include considering the relationship of the ICS to its constituent parts, including the Integrated Care Partnerships (ICPs) we are establishing, and confirming the role of Health & Wellbeing Boards in the oversight of our ICPs and ICS. We will agree how we will make decisions, where, and under what principles and rules (e.g. subsidiarity).
Commissioning	**How will commissioning work within our ICS?** We will agree how commissioning functions will be exercised within the ICS, including the potential for joint commissioning between health and social care, and delegated commissioning

Theme	Example areas of agreement
	responsibilities to providers and/or ICPs.
Delivery model(s)	**How will we get things done?** We will agree a framework for collaborating to deliver joint programmes and projects, and for delegating responsibilities for delivery within our Partnership
Public accountability	**How will the ICS be accountable publicly?** As a Partnership we uphold the Nolan Principles of Public Life. We will agree how we will ensure transparency and clear public accountability within our Partnership. This will include how the Partnership relates to Health and Wellbeing Boards and accounts to Health Oversight and Scrutiny Committees.
Community engagement and co-production	**How will the ICS involve residents and service users?** We will agree how the Partnership will work to engage all the communities within our ICS, utilising citizen insights and involving people from BNSSG in strategy, policy development and service design.
Resources	**How will we allocate resources within the ICS?** We will agree a process for value-based resource prioritisation and develop a 'scheme of delegation' for the ICS. We will consider a range of potential opportunities, which may include agreements for pooling resources (e.g. finance, workforce, estates) or establishing shared functions (e.g. programme teams; improvement teams; analytical teams; or corporate services functions)
Risk ownership and management	**How will risk be managed within the ICS?** We will consider how risks can be shared and managed collectively.

Developing Integrated Care Partnerships at place level within BNSSG

We have a shared ambition to create thriving and dynamic integrated partnerships at place level within BNSSG to plan and deliver integrated services and better outcomes. Our ambition is that Integrated Care Partnerships (ICPs) will:

- Focus on population health and wellbeing
- Work with communities and the voluntary sector to build on the asset base of individuals and communities
- Join up care in the community, delivering a preventive, proactive model of care
- Make the community the default setting of care, meeting the majority of people's needs close to where they live
- Engage with communities in co-design
- Optimise our resources to deliver efficient and effective services

This will build on the progress we have made over the last three years in developing integrated care in six BNSSG localities (see Appendix 1).

In July the BNSS Partnership Board agreed to establish an Oversight Group to deliver the ICP discovery programme, and work on this began in October 2020. The group will explore the options for moving from informal locality-based working to formalising Integrated Care Partnerships (ICPs), with shared accountability for delivering local joined up care.

The ICP Discovery Oversight Group is chaired by Mike Jackson, Chief Executive of Bristol City Council, and has representatives from all the Healthier Together partners and the voluntary sector. The group reports into the BNSSG Integrated Care Steering Group and Healthier Together Partnership Board (see Appendix 1).

Next Steps

Next Steps

- Feb-March: Constituent sovereign body workshops to engage the leadership of each partner organisation
- March-May: Facilitated working groups to develop and review key areas of agreement for the MOU and supporting documents (see below), including non-executive and elected member engagement
- Regular touchpoints with CEOs through the *Healthier Together* Executive Group
- July-August: Partner Board meetings review and feedback on draft documents
- September: Documents approved at the *Healthier Together* Partnership Board

The supporting documents to the Memorandum of Understanding will include:

- Population health outcomes framework
- Quality improvement framework

- Performance improvement framework
- Financial framework
- Organisation development plan
- Communications and engagement strategy

As a group of Chief Executives we identified some of the design principles that will help guide this work:

- Purposeful, focussed on enabling improvements for the populations we serve
- Person centred, responding to what matters to individuals
- Coproductive, engaging with residents to understand their needs and preferences
- Proactive and preventative, embedding population health management approaches
- Progressive, setting incremental goals for improvement and celebrating success
- Mutuality, recognising our collective responsibilities and our interdependency
- Subsidiarity, delegating functions and decisions to a local level wherever appropriate
- Equality, in respecting the importance of each other's voices in the Partnership

We will be inviting partners to join facilitated working sessions to develop areas of agreement within the Memorandum of Understanding and supporting documents from February through to June. We are asking partners to identify suitable representatives to participate in these working sessions so that we can schedule dates at the earliest opportunity.

Appendix 1 – Healthier Together membership, governance and structure

Background

Healthier Together is a partnership of organisations that is committed to improving population health and wellbeing in Bristol North Somerset and South Gloucestershire. The partners are:

Clinical Commissioning Group:
- Bristol, North Somerset and South Gloucestershire CCG (CCG)

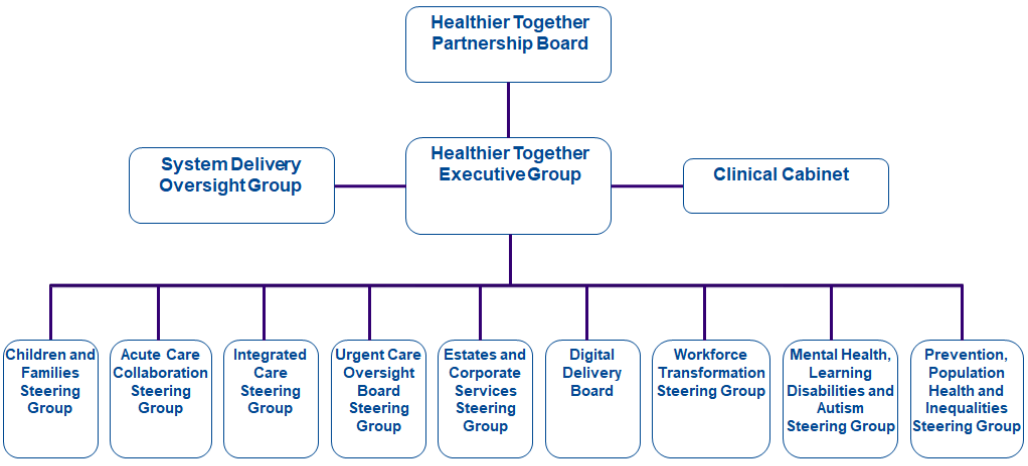
Local Authorities:
- Bristol City Council (BCC)
- North Somerset Council (NSC)
- South Gloucestershire Council (SGC)

Healthcare Providers:
- Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)
- North Bristol NHS Trust (NBT)
- One Care (BNSSG) Ltd (One Care)
- Sirona Care and Health (Sirona)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)
- University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

The Healthier Together governance structure is shown in Figure 1.

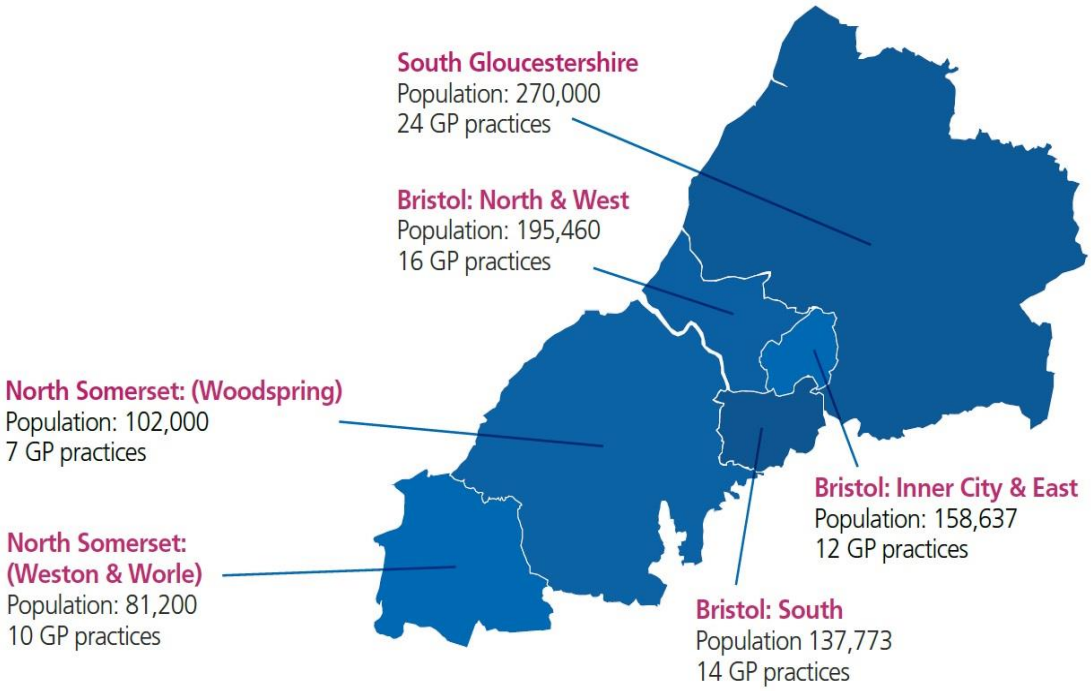
Figure 1 – Healthier Together governance

Healthier Together Programme Structure



Over the last three years we have been developing integrated care at place level within six localities, as shown in Figure 2.

Figure 2 – Map of BNSSG Localities



Appendix 2 – Letter of support for designation of BNSSG as a 'maturing' Integrated Care System

25 November 2020

Elizabeth O'Mahony
South West Regional Director
NHSEI

Dear Elizabeth

Integrated Care System (ICS) Designation

Thank you for your letter of 20 November confirming the decision of the NHS South West Region to put forward Bristol North Somerset and South Gloucestershire (BNSSG) to NHS England/Improvement (NHSEI) nationally, for designation as an ICS.

We wrote to you on 19 October confirming our collective support to come together as an Integrated Care System (ICS) for BNSSG, working as partners to improve the health and wellbeing of our population.

We submitted information separately, using the template provided by your team, to demonstrate that BNSSG is meeting the consistent operating requirements of an ICS that NHSEI has set out nationally. Some examples of the evidence we set out includes:

- Planning and co-ordinating system transformation:
    - Nine system transformation portfolios each sponsored by one of our Chief Executives, under a distributed leadership model.
    - Integrated workforce planning and development programmes overseen by our People Steering Group, including a BNSSG Learning Academy and retention pilot programme.
    - System wide approaches to quality improvement led by our Directors of Nursing.
- Managing system performance:
    - System oversight of performance and operations, which has strengthened in response to the Covid-19 pandemic and is enabling significant improvements in patient flows.
    - Using Outcomes Frameworks in commissioning, primary care, public health and social care and working with our Health and Wellbeing Boards to develop a single Outcomes Framework for BNSSG.
- ICS Leadership and governance:
    - Strategic direction set by a Partnership Board with a Non-Executive Chair and a membership that includes the Chairs of our NHS commissioner and

provider organisations and the Chairs of our three local Health and Well-Being Boards.
    - Oversight by our Joint STP Leaders and an Executive Group comprising of our ten Chief Executives, supported by a Clinical Cabinet and a system Planning and Oversight Group.
- ICS Partner Engagement:
    - Our three Local Authorities Health and Wellbeing Boards meet together several times a year and have established a Joint Health Oversight and Scrutiny Committee.
    - Healthwatch sit in attendance on our Partnership Board , and as individual members of the Health and Wellbeing Boards.
    - All BNSSG GP Practices are part of the OneCare GP Collaborative. OneCare is represented on our Partnership Board and Executive Group.
    - Developing place-based partnerships in six localities, built around natural communities and led by GPs.
    - Voluntary and Community Sector and Social Enterprise (VCSE) sector are active partners in our six localities (place-based partnerships).
- ICS Financial management:
    - c£70m-£100m of productivity/efficiency improvements delivered each year since 2016, with oversight from our Directors of Finance working to shared principles.
- Streamlined Commissioning:
    - Merger of three CCGs to establish a single CCG covering the whole of BNSSG.
- System Capabilities:
    - Full time STP Programme Director and programme team.
    - Strategic communications group, coordinating public messaging.
    - Comprehensive population health management datasets.
    - Bespoke system leadership development programme for BNSSG, ‘Peloton’.
- Patient partnerships:
    - National Voices 5 principles embedded within our insights and engagement programme.
    - Citizen’s Panel generating regular actionable insights on population views.
    - 200+ people from our learning disabled, older people’s and BAME communities attended listening events to help inform learning from Phase 1 of the pandemic.
- Shared care record:
    - BNSSG is part of the One South West (OSW) Local Care and Health Records (LCHR) programme and has undertaken system leadership and SRO roles on behalf of the region.
    - Our integrated care record system ‘Connecting Care’ includes all NHS records, spanning primary care, community, acute and mental health, and linked data from Local Authorities.

We see designation as an ICS as part of an ongoing development journey for our partnership. In September 2019, we self-assessed our progress towards becoming

an ICS and concluded that our system is “maturing”. We have since made further progress in our development journey as a maturing ICS:

- In December 2019 our Partnership Board approved a 5 Year System Plan for BNSSG. This sets out strategies for improving health and wellbeing for all our residents and reducing the gap in healthy life expectancy between our most deprived and least deprived neighbourhoods.
- In April 2020 we took significant steps forward in integrating hospital and community services:
    - Firstly, with the merger of University Hospitals Bristol NHS Foundation Trust and Weston Area Healthcare Trust, as one of two main providers of acute services.
    - Secondly, in establishing Sirona Health and Care as a single provider of community health services across BNSSG.
- In May 2020 we were delighted that Bristol Health Partners was designated one of only eight Academic Health Science Centres in England.
- In July 2020 our Partnership Board approved proposals to undertake an Acute Services Review to identify opportunities to build on the Acute Care Collaboration strategy, which we developed in 2019.

In responding to the Covid-19 pandemic in BNSSG we have strengthened collaborative working and accelerated delivery of our transformation programmes in key areas. Some examples of our achievements include:

- Primary care – 100% of GP practices offering telephone and video consultations.
- Integrated Care – Accelerated implementation of multi-disciplinary Integrated Network Teams, aligned to our 18 Primary Care Networks, and roll out of our Integrated Frailty Service.
- Mental Health – Providing 24/7 telephone access for all age mental health crisis support.
- Urgent Care – Secured an Integrated Urgent Care Service, bringing together NHS 111 with the GP out of hours service and a successful launch of our ‘NHS 111 First’ programme in November.
- Care Homes– Providing multi-disciplinary wraparound support to care homes with a 24/7 single point of access telephone line to help prevent avoidable hospital admissions.
- Outpatients – >1500 video consultations in place of face-to-face outpatient appointments per week during Phase 1 of the pandemic, with up to 89% of patients reporting they would be happy to have another outpatient appointment by video call.
- Cancer Care – Implementing FIT testing for colorectal cancer screening with system wide clinical support.
- Hospital discharge – Transforming hospital discharge pathways, integrating NHS, Social Care and VCSE support to reduce Medically Fit For Discharge (MFFD) delays by 60-70% in Phase 1 of the pandemic.

Our ambition to thrive as an ICS is to deliver on our aims for improving health and wellbeing for our residents. Some of the key components of our ambition to thrive are to:

- Work in partnership with our communities to tackle the wider determinants of health and address inequalities, including by leveraging our influence as anchor institutions.
- Embed population health management approaches to inform strategic, operational and clinical and professional decision making at all levels across BNSSG.
- Progress the discovery programme approved by our Partnership Board to develop Integrated Care Partnerships in our six BNSSG localities, bringing together primary care, community services, mental health, local authorities and VCSE partners at a place level.
- Support the ongoing development of our eighteen Primary Care Networks.
- Strengthen the role of our hospitals as centres of excellence in providing specialist physical and mental health services, at a sub-regional and regional level.
- Promote research and innovation through the ongoing development of Bristol Health Partners as an Academic Health Science Centre.
- Deliver our priorities for system transformation in key areas such as Mental Health, Urgent & Emergency Care and Stroke.
- Continuously improve quality of service in all that we do.
- Make BNSSG the best place to work that we possibly can.

A key priority for the next phase of our development journey is to develop a Memorandum of Understanding (MoU) between the partnership. The MoU will set out how we will work together as we move forward as an ICS.

We will develop the MoU through a process of facilitated engagement with our system leaders and the leadership of our sovereign organisations, including engagement with our Boards, Governing Bodies and Elected Members. We have no presumptions at this point about the future form that our ICS will take, especially the role of the Local Authorities in the ICS and of the Ambulance Service as a regional provider, as these will be key focus areas of our engagement in developing the MoU.

We acknowledge the suggested development priorities set out in your letter, which we discussed when we met with you on 21 October, and we will review these as we take forward our ICS development programme. We have established six workstreams to address our development priorities and strengthen our capabilities to thrive as an ICS. The six workstreams, which have been approved by our Partnership Board, are:

- Developing an outcomes framework
- Performance improvement
- Quality improvement
- Financial management

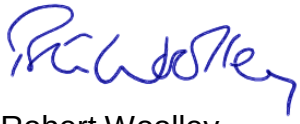
- Organisation development
- Communications and engagement

We are now progressing these six workstreams, which will in turn be informed by the development of our MoU.

We are proud of the progress we have made through collaboration in service of the people of BNSSG since our partnership was established in 2016 and we look forward to working with you during the next phase of our journey.

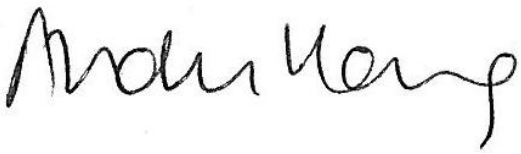
Yours sincerely,

Julia Ross
Joint STP Lead Executive and Chief Executive of Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group



Robert Woolley
Joint STP Lead Executive and Chief Executive of University Hospitals Bristol and Weston NHS Foundation Trust

Countersigned by:

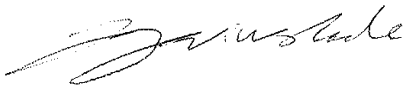


Andrea Young
Chief Executive of North Bristol NHS Trust

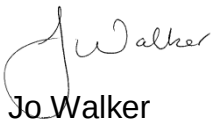
Dave Perry
Chief Executive of South Gloucestershire Council

Dominic Hardisty
Chief Executive of Avon and Wiltshire Mental Health Partnership NHS Trust

Janet Rowse
Chief Executive of Sirona Health & Care

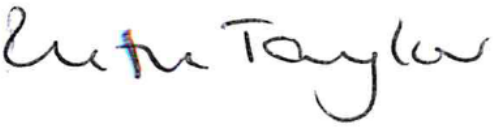


Jennifer Winslade
Executive Director of Quality and Clinical Care, South Western Ambulance Service NHS Foundation Trust



Jo Walker
Chief Executive of North Somerset Council

Mike Jackson
Executive Director of People, Bristol City Council



Ruth Taylor
Chief Executive of One Care