Bristol, North Somerset and South Gloucestershire Integrated Care System Strategy

Version for ICP Board comment (16 June 2023)

Contents

Our vision: 'Healthier together by working together' People enjoying healthy and productive lives, supported by a fully integrated health and care system - providing personalised support close to home for everyone who needs it.

Foreword

Our work has the power to change lives and the opportunities for improving health, wellbeing and care are even greater when our organisations and communities work as one.

We have a lot to be proud of in Bristol, North Somerset and South Gloucestershire (BNSSG). In recent years we have seen great improvements in areas like *(Note: will select from examples offered to exemplify change under chapters that follow).*

Good health and wellbeing requires us to work together to seek every opportunity to help people to build this into their lives. 'Working together' is about our relationships – whether that be between the staff that represent our organisations or with the communities and people that we serve.

More can and should be done to also identify people that need our support earlier on to help them achieve good outcomes. We want to build a sustainable high-quality health and care system founded on the strengths and assets of our local communities.

But there is more for us to do. Like other areas of the country, lives in BNSSG are being cut short and too many people are spending long periods of their lives in ill health. Local analysis shows concerning trends around the stalling or declining of life expectancy gains for some population groups and a growing impact of harm in areas like dementia and liver disease.

The burden of poor health is felt more by some communities. People in poorer areas are unfairly impacted, and we know that your ethnicity, gender and disability usually makes these issues even worse.

This is at a time when pressure on health and care services has never been greater. Things need to change.

We believe there are five opportunities that we need to focus on over the coming years which will help us to realise the better health and wellbeing and improved services our local population deserve. They are:

- Tackling inequalities
- Strengthening building blocks
- Prevention and early intervention
- Healthy behaviours
- Strategic prioritisation of key conditions

Further details on each of these areas are provided in the corresponding chapters.

This document has been developed with input from many people and grown from analysis of local needs, public and staff views and evidence about how best to secure better outcomes. We'd like to thank everyone who has helped to shape and develop this work.

We are committed to delivering on our vision and look forward to working with everyone to make our communities even happier and healthier places to live and thrive in.

X3 Chairs of the Health and Wellbeing Boards

June 2023

Introduction

The foreword of this document sets out the key challenges and opportunities we will embrace as a health and care system. The rest of the document describes what has helped to inform the development of this strategy, the five key opportunities that can support system change and improvement and also how we will go about implementing those changes (with a recognition of more work to follow in making those broad commitments turn into detailed plans and measurements of success).

This strategy has been developed from several important sources. It includes public views, including those who have used our health and care services, information showing our communities' local health and care needs, and the insights of practitioners working in our organisations.

The strategy is overseen by the Integrated Care Partnership (ICP) for BNSSG and is delivered by a partnership of the voluntary and community sector, our three local authorities, our six locality partnerships and our Integrated Care Board (ICB) which includes representation from the providers of services in our area.

A Strategic Framework was published in December 2022, which set out ambitions for what we want to achieve as a health and care system. This strategy builds on the challenges set out in that document. It sets out our critical opportunities for improvement that we can deliver, together for the population of BNSSG when we work together effectively. It is essential to be aware that improvements happen in our system constantly. We have many important strategies and plans to address key issues, such as how we support the needs of people coming in and out of hospital and those plans remain essential. This strategy is setting out what we can do better together. This document is a reflection of our thinking at this point in time but as we have learnt over the last year of the ICS, we will constantly review and adapt what we do using the latest evaluation and intelligence about what we must prioritise and how best to implement change for better outcomes.

We want this strategy to improve both what we do and how we do it to help us further build the right culture and approach for securing sustainable positive change.

How we will make these improvements will be set out in our Joint Forward Plan and delivered through various partnership structures. More detailed planning documents will flow from this vision for change and the key opportunities we must embrace together. We will look to build on key strategies and plans for change that have already been developed, for example, the Acute Provider Collaborative Joint Clinical Strategy and Primary Care Strategy, and meet the challenge of new national guidance that is important for improving poor outcomes in our local population, for example, the Women’s Health Strategy.

We will track our impact on people’s lives through our Joint Outcomes Framework, which describes what matters to keep us healthy and happy in our everyday lives.

What is driving our strategy?

Our new strategy will describe how we will meet the specific challenges in our system while meeting the four national aims of an Integrated Care System (ICS). To do this, we need to know our population and understand what the aims mean for us.

Our area is home to a diverse population of around 1.1 million people. Roughly half live in Bristol; while the remaining half is split relatively evenly between North Somerset and South Gloucestershire (BNSSG). Bristol and its fringes have an urban character, but large rural areas are also punctuated by big towns such as Weston-super-Mare and Thornbury.

A report into health and care needs, called *Our Future Health* (Appendix 1) and an extensive survey of people in BNSSG, *Have Your Say* (Appendix 2), have highlighted the key issues summarised below.

ICS AIM 1: IMPROVING OUTCOMES IN POPULATION HEALTH AND HEALTHCARE

We need to improve health and wellbeing for everyone in BNSSG. We also need to keep improving services and access to them, so that everyone can access the care they need.

Much of the ill health in BNSSG is preventable, and despite an ageing population, we can improve population health[1]. **A new approach to habits like smoking and obesity should be a focus**. We can improve outcomes and reduce the impacts elsewhere in the system.

The healthcare system could be providing better outcomes. Unfortunately, people are still waiting too long for care[2], and *Have Your Say* shows , for example, how much of a concern primary care access is for our residents. We need to understand how we can do better and how we can support people waiting.

During the pandemic, existing issues with health and healthcare got worse. For hospitals, this meant longer waiting lists. For local councils, it meant considerably more being spent on adult and children's social care. For people with anxiety or depression, it meant worsening mental health[3].

The pandemic also highlighted specific inequalities that need to be addressed.

In BNSSG, certain racial groups have worse outcomes than others, particularly Bangladeshi, Caribbean and Pakistani people[4]. This is often

ICS AIM 2: TACKLING INEQUALITIES IN OUTCOMES, EXPERIENCE AND ACCESS

Some groups of people in BNSSG have worse health and wellbeing than others. This is unacceptable, and so we need to pay special attention to improving things for these groups.

[1] *Our Future Health,* BNSSG ICB (2022), page 23
[2] https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/
[3] https://www.mind.org.uk/media/8962/the-consequences-of-coronavirus-for-mental-health-final-report.pdf
[4] *Our Future Health,* BNSSG ICB (2022), page 16

due to 'structural inequality' that needs to be broken down and addressed.

Deprivation also impacts health and well-being. For example, in the most deprived areas, people live 15 years less in good health than in the least deprived areas[5]. So we need to make it so that where you live or who you are stops defining your health and well-being.

This is especially true for disabled people. For example, people with learning disabilities die an average of 21 years earlier than the average person[6], and we also need to understand how we can provide better support and enable them to access services.

ICS AIM 3: ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

The money that the NHS or local Councils spend comes from the taxpayer. Value for money means we are caring for as many people as possible in the best way.

We want to ensure that we can invest public money in a way that supports people to stay healthy in their own homes and communities, whilst also ensuring that services are available when they do need them. Proactive approaches and working with communities can help to reduce demand for complex care in the short, medium and long term and ensure that capacity is retained for high quality and easy to access support for those who need it most

Nothing we try to do in this strategy is possible without our staff, so we need to value them and make them central to our efforts for improvement.

The Voluntary, Community and Social Enterprise sector is vital in supporting social development. Proxy measures for community cohesion, such as crime rates or loneliness[7], demonstrate a need to do more. In *Have Your Say*, people listed family and community as the number one thing that keeps them happy, healthy and well.

ICS AIM 4: SUPPORTING BROADER SOCIAL AND ECONOMIC DEVELOPMENT

Our partnership employs 45,000 people and spends over £1bn (check). We need to use that power to grow the economy in BNSSG and understand our role in supporting stronger

Our system partners – civic, service and community - have the power and the responsibility to address the issues identified above. Focusing on what we can do together as an Integrated Care System can have a lasting impact on health and well-being in Bristol, North Somerset and South Gloucestershire, now and into the future.

[5] *Our Future Health,* BNSSG ICB (2022), page 14
[6] *Our Future Health,* BNSSG ICB (2022), page 17
[7] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/subnationalindicatorsexplorer/2022-01-06
Note: Check referencing

Key Opportunity 1: Tackling Inequalities

Why is this important?

The social, economic and environmental conditions in which people live have an impact on health. They include income, education, access to green space and healthy food, people's work, and their homes. Differences in these things are a significant cause of health inequalities. Health inequalities are the unjust and avoidable differences in people's health across and between specific population groups.

Over time, organisations have planned opportunities (health, education, housing, jobs), organised our services and made value decisions (worthy or unworthy, full of potential or not) which led to bias based on race; ethnicity; gender; "disability"; sexual orientation; age; where people live; people's income; immigration status; language; housing status; criminal justice history. This has unfortunately had unintended consequences, meaning that we have:

- Unfairly disadvantaged some individuals and communities
- Unfairly advantaged other individuals and communities and
- Sapped the strength of the whole society through the waste of human resources [Reference - Professor Camara Phyllis Jones]

It often shows up as indifference and inaction by us in the face of need. This contributes to health inequalities

We are committed to correcting this.

Who is impacted and why does that matter to them, their communities and our system?

In BNSSG, some children, young people, adults, families and communities do not get to (or find it much harder to get to) the support (education, health, housing) they need. If they get to the support, their experiences of using it, and sometimes the quality of that support are poorer than other people's. As a result of poorer access, the poorer experiences and the poorer quality of care, their outcomes (whether they achieve what matters to them) are poorer than other people's.

This poorer access, experience and outcomes often means that people don't have the opportunity to lead the lives they want to lead in the way that they want to lead them.

What needs to change?

1. The way that the unfair disadvantaging and unfair advantaging happens in BNSSG is through our:

- Structures – the who, what, when and where of decision-making
- Policies – the written how of decision-making
- Practices – unwritten how of decision-making
- Norms – how we expect you to do things
- Values – the why and things that matter to us

These are all elements of decision-making and we need to change how these are currently done so that they are more inclusive. The initial national response to Covid-19 arguably didn't include enough different perspectives which led to poor communication with and support for communities experiencing health inequalities. Our system will learn from those lessons.

2. Equity means that we recognise that each person has different circumstances and gives the exact resources and opportunities needed to reach an equal outcome. "Equality is giving everyone the same pair of shoes. Equity is giving everyone a pair of shoes that fits". We need to use the following three principles to achieve health equity:

a) Valuing all individuals and populations equally
b) Recognising and rectifying historical injustices
c) Providing resources according to need

Achieving health equity will reduce or even eliminate health inequality.

What are our commitments?

Commitment	Short term impact	Medium term impact	Longer term impact
1. Decision-making as a way of valuing all individuals and populations equally Working with communities, continuously review the decision-making processes and groups and make necessary changes to ensure that people who experience health inequalities influence or are part of the processes.			
2. Valuing all individuals and populations equally Our system will routinely review quantitative and qualitative data that shows what patterns of fairness and unfairness exist and actively plan to close the gap for those experiencing poorer outcomes. We will consistently challenge ourselves to correct our course when patterns of injustice are clear.			
3. Recognising and rectifying historical injustices Health equity in all (not just health) policies – as we review and develop new approaches, we will check how they can improve health equity and that they won't make things worse. There will be many ways of doing this. For example, using our staff networks, supporting our staff to be 'ambassadors' within their teams/departments and improved ways of working with our communities to do this across all aspects of civic, service and community impacts. We will also look at the themes of what people and communities experiencing health inequalities have been telling us for many years, for example, giving people information in a way they can understand. Finally, we will invest time in fixing the problems.			
4. Providing resources according to need We will change how we spend money to provide funding in a way that supports people who			

experience health inequalities to get what they need so that they can achieve what matters to them. We will target resources to those most in need and who will benefit the most.			

Key Opportunity 2: Strengthening Building Blocks

Why is this important?

The foundations of good health and well-being are built upon a range of factors including: family and community relationships; a safe environment with quality housing, places to exercise and clean air to breathe; good education; meaningful work; and freedom from discrimination. Unfortunately, for too many people in BNSSG, these fundamental 'building blocks' of good health and well-being are missing. This worsens peoples' social and job opportunities, their habits, their well-being and ultimately, their health.

We want to see change where everyone in BNSSG will live in homes and communities where they feel connected with others, safe from harm, free from discrimination, and able to access nutritious food, physical activity, green space and clean air. We do not pretend to have everything in our power that is needed to address these wider determinants of health. However, we do have significant power to influence these issues for the better: as major local employers and purchasers with a large estate, and in our relationships with people as health and care providers, and as civic, community and professional leaders.

Who is impacted and why does that matter to them, their communities and our system?

BNSSG residents have told us that positive social connections are the most significant contributors to health and well-being[8]. Yet in our Citizens Panel survey of a representative sample of BNSSG residents, 29% of people reported feeling lonely in March 2023.

Poverty and social exclusion are causing more people in BNSSG to die younger and to spend more years in poor health. For example:

- Early deaths from all causes occur most often in the most deprived areas of Bristol and Weston-super-Mare
- Local analysis has shown cold homes are linked to increased hospital admissions for COPD and CVD. These homes are also in some of the most deprived areas of BNSSG
- Research shows that people who experience trauma are more likely to experience poor physical and mental health in their lives

Where the building blocks for good health are weak or missing, this also has a detrimental impact on children and young people:

- About 25,000 children in BNSSG growing up in poverty are more likely to experience health problems from birth and throughout life
- Measures of school readiness at age five show a 20-25% gap between the most and least deprived areas of BNSSG
- More people in BNSSG aged 16-17 are not in education, employment or training compared with the national average

[8] *DN. Insert reference to Have Your Say thematic analysis, published as an Annex to the Strategic Framework in Dec 2022*

What needs to change?

We can strengthen the building blocks for good health by helping build a fairer, more inclusive, prosperous, socially cohesive, and greener society in BNSSG. Over and above our roles in providing health and care services, we can make a difference:

- As the largest of all local employers, by recruiting a diverse workforce, treating our staff well and supporting staff in their roles as parents, carers, volunteers and as members of their local community;
- As large purchasers of goods and services, by buying from local suppliers and organisations with a social purpose and/or that can demonstrate ethical practices
- By lowering our carbon footprint and reducing air pollution;
- By providing early help to support families to give their children the best possible start in life; and,
- Working in partnership with voluntary, community and social enterprise organisations to support people whose health is at risk due to their social and economic situation or the impact of previous trauma and adversity.

What are our commitments?

Commitment	Short term impact	Medium term impact	Longer term impact
1. We will support the c45,000 people in our health and care workforce, c20,000 VCSE staff and c60,000 volunteers to live healthily well and to help make BNSSG a better place to live and work. This means we will work in partnership with staff to identify opportunities to support them in strengthening the building blocks for good health and well-being for themselves, the people that they care for, and the communities in which they live. We will then engage staff and volunteers to find out whether they feel we are listening and taking effective action.			
2. We will contribute to inclusive growth in our local economy by: • **Increasing recruitment from deprived communities and amongst under-represented groups** to levels that reflect the demographic distribution of BNSSG • **Increasing the proportion of spend on goods and services that are sourced locally**, and increasing the social return on investment			
3. We will embed trauma-informed practice in our approach to improvement, starting with training and development for ICS staff to			

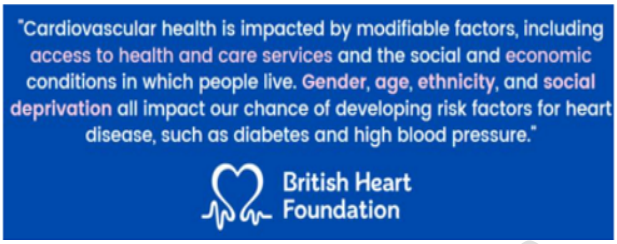
strengthen a compassionate approach to how we understand what matters to people and how they can be supported to make changes they value most			
4. We will work with Voluntary, Community and Social Enterprise organisations to identify and support people most at risk because of their life circumstances, for example, financial or housing situation, social isolation, or caring responsibilities, by: • Providing targeted support for vulnerable people at risk due to cold or poor-quality homes • Increasing support for carers to enable more people in BNSSG to provide or continue providing informal care • Providing befriending support for vulnerable people that are living alone			
5. We will work together to provide support for families with children during the first 1000 days of life. We will prioritise support for households in the most deprived areas of BNSSG and we will work in partnership with communities to codesign this support so that it meets people's needs and is accessible and culturally appropriate			

Key Opportunity 3: Prevention and Early Intervention

Why is this important?

Even before the pandemic, life expectancy was decreasing in parts of the UK, and in our patch, we know that some people are dying earlier than they should be. One of the reasons for this is the constant worry about unstable income, jobs, or housing puts strain on your body, translating into higher blood pressure and an impaired immune system. In addition, chronic stressors, like those described above, lead to an increased risk of illness and contributes to the fact that heart disease is the top cause of lost years in BNSSG.

Who is impacted and why does that matter to them, their communities, and our system?



We all know that prevention is better than cure. This section pulls out where we believe, as partners, we can work together to improve the factors described earlier.. This focus will mean less reliance on our overstretched urgent and emergency services as more people remain well for longer and know how to manage their health in a planned and informed way.

We know we need to give children the best start in life; we will focus on the first 1000 days and work together seamlessly to help parents and children (note: make reference previous section commitment).

We know that heart disease is the single biggest condition where lives can be saved. Therefore, we will focus our joint efforts on heart disease. This condition alone is the top cause of years of lost life in BNSSG. Within our Citizens' Panel self-reported health status, cardiovascular disease is a main contributing factor to disability and poor health. For example, in Bristol, the rate of early deaths from CVD is around 2.6 times higher among people living in the city's most deprived areas, compared to the most affluent areas.

Prevention opportunities exist across all ages and communities in BNSSG, but we need to consider the challenge already identified around tackling inequalities. The greatest attention should be focused on those furthest from the better outcomes we would want for our family, ourselves and our community. This should include the following:

- **Focus on the person -** we need to invest in prevention champions across health and social care to work with colleagues to understand the impact on people of chronic stress and its links with ill health and invest in interventions that address the factors that drive the stress and blood pressure risk that people experience. These champions will be part of a social movement with a reach into the teams that work in health and care and are a resource for communities.

- **Focus on the care -** We need to relentlessly focus on doing the basics well for adults and children. This will include improvement in core 20plus5 outcomes and a commitment to adopt and implement across the system published high-impact approaches on modifiable risk factors, respiratory disease, diabetes and cardiovascular health. We will set targets higher than national expectations whilst, in parallel, using our research capability to investigate variation in uptake for interventions – starting with our most at-risk groups. In BNSSG, we know that we can further prevent heart attacks and strokes at scale in a short time frame - three years - by optimising the management of high blood pressure. This represents a significant opportunity to reduce acute care, discharge, and social care pressures through reduced strokes. To reach the target of 80% of people with high blood pressure diagnosed, we need to find/record an estimated 37,000 people with high blood pressure across BNSSG. For treatment, around 15,000 additional patients in BNSSG need to be managed to target levels to meet the national ambition of 80% treated to target.

- **Focus on the workforce -** The ICS could start by recognising the more than 45,000 people employed in health and care as 'our first community' and support their health and well-being, including stress and blood pressure, as means to improve their outcomes, create better workforce sustainability and impact of families and communities in our area. We will pull and train the prevention champions from this workforce.

What are our commitments?

We want a system where everyone involved in health and care understands their role within the complex interactions of factors that worsen health and can effectively support the population to live well.
We will form a system-wide prevention and reducing inequalities assurance group to understand and track the changes for person, care and workforce outlined above. It will focus on these four core principles:

Commitment	Short term impact	Medium term impact	Longer term impact
1. Health is everyone's business, and we will aim to develop a social movement led by prevention champions, understanding and addressing what causes the chronic stressors initially described in this chapter. When these improvements are within the gift of the partnership, they are rapidly adopted using an agreed improvement approach.			
2. Doing the basics well means a relentless focus on improvement in Core20Plus5 outcomes for children and adults and a commitment to adopt and implement across the system published high impact approaches that impact on modifiable risk factors for respiratory disease, Type 2 diabetes and cardiovascular disease, (NHS England » NHS Prevention Programme) and continued focus on infection prevention and preparedness for outbreaks of infectious diseases.			

3. Priority prevention for care and health workforce by supporting their health and well-being to help them, their family and their community and maintain high quality of care.			
4. Bespoke action informed by needs and the conversion of insight into action using our joint analytical capabilities across the partnership with a commitment to move human and financial resources to address these needs.			

Key Opportunity 4: Healthy Behaviours

Why is this important?

People in our area, particularly in the more deprived areas, are dying early and spending more of their lives living with ill health, and much of this illness is preventable. However, we are missing opportunities to support healthier living and reduce the impact of preventable illness.

The leading causes of this ill health and early death are heart disease, stroke, cancer (especially lung cancer), and chronic lung disease. These conditions are primarily the result of unhealthy habits and behaviours, such as smoking tobacco, eating a poor diet, being physically inactive, and harmful alcohol use.

Our health-related behaviours and habits are not just about individual lifestyle choices. Healthy behaviours are underpinned by solid building blocks for good health, like family relationships, our communities and environments, good employment, and freedom from poverty and discrimination. Fragile building blocks and chronic stress mean unhealthy habits and behaviours are much more likely.

Tackling the unhealthy behaviours that impact most on our health, alongside the drivers behind them, will improve health and well-being, prevent early death, and reduce inequalities in health.

Who is impacted and why does that matter to them, communities and our system?

Because of the connection between building blocks for health and healthy behaviours, unhealthy habits tend to cluster together, particularly in people in more deprived areas, their families, and more deprived communities.

Smoking is the leading cause of preventable illness and early death, and the biggest driver of the inequality in health between most and least deprived. Smoking accounts for more years of life lost than any other modifiable risk for ill health. Whilst our overall smoking rate is around 13%, about one in three households in some areas of high deprivation include smokers. Bristol has the highest smoking rate in the southwest. Many smokers want to quit, and it may take numerous attempts. We have effective ways of supporting people to quit, but we need to ensure there are no gaps in support pathways and services available to people wanting to stop, and to take every opportunity to ask and offer help. Stop smoking interventions are among the most cost-effective of health services.

Being overweight or obese significantly affects health. Obesity is the most significant risk factor for disability in our area, and the second leading cause of preventable cancers after smoking. It is closely linked with type 2 diabetes, and complications such as heart and kidney disease. Childhood obesity rates are increasing among children living in the poorest areas. Children who are obese have a much greater likelihood of being obese as an adult with consequent higher risks of conditions like heart disease, cancer and type 2 diabetes.

People in our area are experiencing an increasing level of harm from alcohol and drugs above the national average, including higher hospital admissions and alcohol-related deaths. Alcohol and drugs are among the most significant impacts on the health of our under-50 population and effects on the use of primary care appointments and urgent health care use. Those living in more deprived communities are impacted the most by drug and alcohol dependency.

What needs to change?

We need to go further with action to support healthier behaviours, especially stopping smoking, addressing diet and inactivity leading to obesity, and tackling harm from alcohol and drugs. We must develop whole-system integrated approaches, embedding prevention at all opportunities and throughout all stages of an illness or condition, and coordinating this action across all system partners. This will include working with communities to develop different approaches that are relevant to them. Everyone involved with health, well-being and care has a role in supporting our population's well-being.

Because of the link between our living conditions and health-related behaviours, we need the combined resource of all partners - communities, NHS, local authorities, and voluntary and community sectors to do this effectively and in ways that will address inequalities. Our approaches need to work with communities and foster neighbourhoods and places (such as healthy schools and healthy workplaces) that support, enable and encourage healthy behaviours, provide effective and accessible interventions for individuals and families, for example, help to stop smoking, eat well, keep healthy body weight, and to embed more robust prevention in policy and decision making as organisations.

In line with the new national strategy, a system-wide response to alcohol and drug harm would enable us to engage with people experiencing drug and alcohol harm in a more preventative and planned way, reducing the health impact and high cost of emergency use of health and care services.

Being encouraged by a health and care professional to stop smoking is one of the most motivational factors, so we need to take every opportunity to ask about smoking and offer support to stop. Even after many years of smoking, stopping smoking leads to significant health benefits – it is never too late to stop. However, we must also address the social, cultural and environmental conditions contributing to smoking.

Obesity is a complex issue with multiple causes, none of which can be resolved by a single intervention. Instead, a whole system approach to preventing and reducing obesity is needed, including coordinated working with communities and broader partners, including businesses, education and workplaces, to address the environments, culture and conditions driving unhealthy eating and inactivity across people's lives.

What are our commitments?

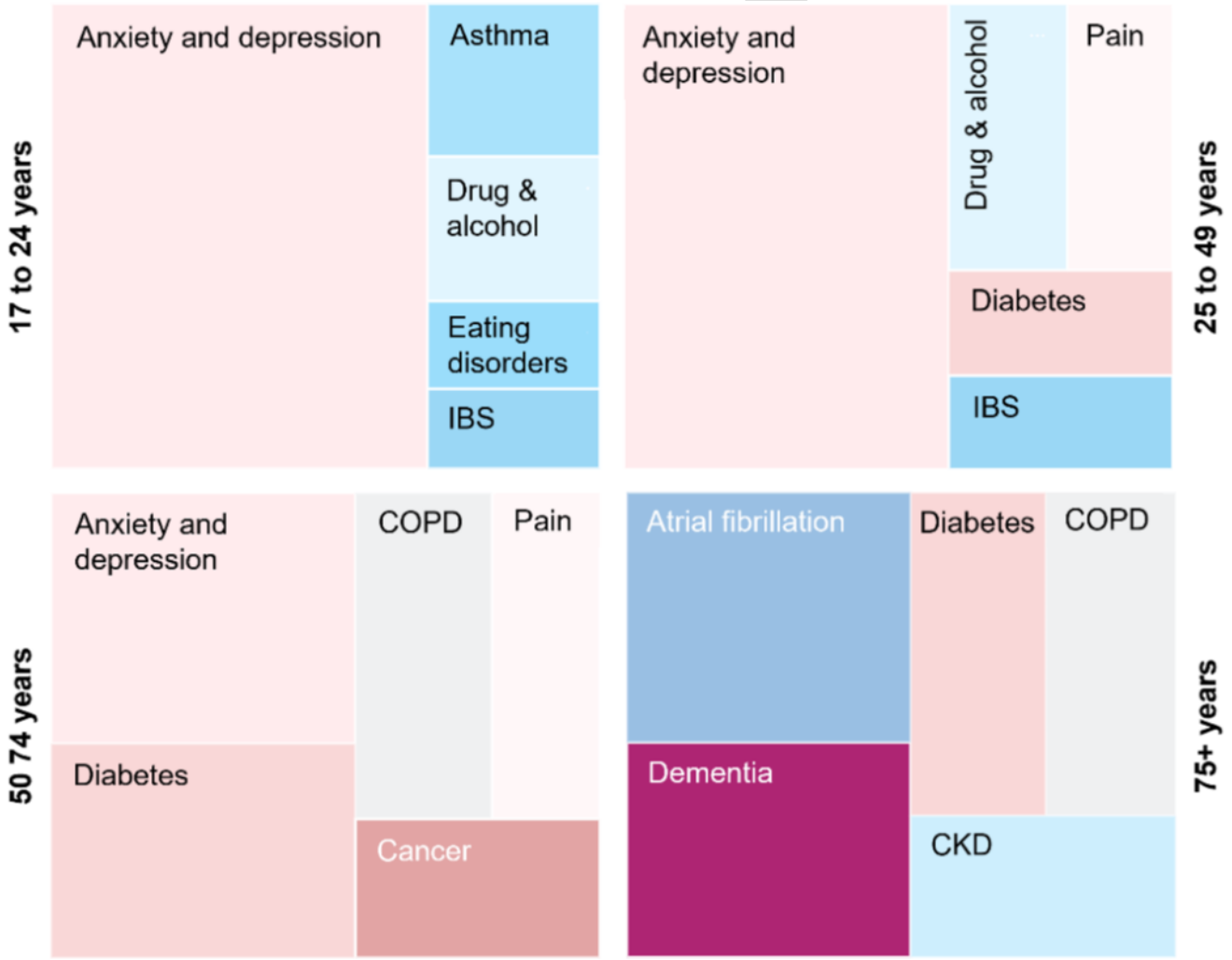
Commitment	Short term impact	Medium term impact	Longer term impact
1. Agree on a financial resource commitment to be explicitly focused on prevention.			
2. Focus early on health and well-being support for our health and care workforce			
3. Develop whole-system programmes for smoking, weight and alcohol/drugs with commitment from all system partners:			

Key Opportunity 5: Strategic prioritisation of key conditions

Why is this important?

"Keeping people healthy and able to work helps people financially, socially as well as contributing positively to mental and physical health" – Feedback from an individual as part of the Citizens panel.

Our Future Health highlighted the conditions that impact our population most over the life course.



- Many of these conditions and their causes are preventable;
- Some people experience multiple conditions at the same time. This multi-morbidity becomes more common as we age;
- We live more of our lives in ill health than ever before;
- People in more deprived groups and certain ethnic groups experience poor health at a younger age and have higher levels of living with complex illnesses
- People with a mental health need are more likely to have a preventable physical health condition such as heart disease (Mental Health Foundation)

Increases in life expectancy over recent decades have not been matched by increases in healthy life expectancy – we live more of our lives in ill health. As noted before, people in more deprived groups and certain ethnic groups experience poor health at a younger age and have higher levels of living with complex illnesses.

This area of action around prioritisation will help us to deliver the challenges laid down in opportunities 1-4 above.

Who is impacted and why does that matter to them, communities and our system?

The impact of **mental health conditions** on our population is increasing:

- Anxiety/depression affects adults under 50 the most out of all conditions in BNSSG, followed by alcohol dependency;
- There is a close link between unemployment, debt and mental health – particularly for depression and anxiety (Bungun, T., 2012);
- Suicide is our second most significant cause of years of life lost, after heart disease;
- Self-harm is a particular issue for people living across BNSSG, resulting in significant and rising numbers of emergency hospital admissions. There were 1320 emergency admissions for self-harm in 15-24-year-olds across BNSSG in 2020-21. This accounted for 40% of all emergency self-harm admissions during this period;
- There is an overlap between long term conditions such as diabetes, COPD and heart disease with mental health;

There is growing recognition of the impact of painful conditions/ mental distress. Painful conditions/ mental distress is in the top five most impactful conditions in BNSSG across the life course. More prescribing or faster access to treatment can support this but it is unlikely to resolve the issue completely. Instead, we must work with communities and the VCSE to develop new ways to help people prevent causes, offering psycho-social interventions to improve people's quality of life.

Cancer is one the leading forms of early death in BNSSG. Nearly half of all cancers are preventable. Our strategic approach is to optimise prevention and early identification across the whole population through equitable uptake of screening programmes and to focus our efforts on awareness and education. As a system we will work collaboratively and innovatively to ensure that we offer Faster Diagnostic Standards to the whole population.

We will exploit our combined resources in population health research, population health management, disease expertise, screening and genomics to promote research into cancer treatments.

People are living with multi-morbidity and when conditions cluster in an individual, they often exacerbate each other. For example, depression can impact eating, which can exacerbate diabetes and worsen mental wellbeing. The most common clusters of three conditions in deprived areas in BNSSG are combinations of hypertension, depression/anxiety, diabetes, and painful conditions. People experiencing multiple needs can face challenges navigating numerous services.

What needs to change? Tackling the factors that impact of the health of our population (the building blocks of health and prevention approaches) gives opportunity to improve the people's outcomes and experience. This will also support our efforts to increase healthy life expectancy, ease pressures on the health and care system and reduce the number of people out of work due to ill health.

We need to:

- Focus on preventing the most impactful conditions and ensuring timely access to treatment/interventions and support when needed across the life course.
- Listen to what our communities have told us about their experiences of living with conditions and co-develop new approaches together.
- Learn from the Voluntary Community and Social Enterprise (VCSE) expertise in this area, enabling us to develop person-centred, asset-based, holistic approaches to support people with multiple needs. We can improve outcomes and experiences for people accessing care and support by joining services.
- We must work with a wide range of stakeholders including people with lived experience, carers, communities, primary and secondary providers, VCSE, local authorities.
- Relentlessly focus on closing the gap in healthy life expectancy between our poorest and wealthiest areas, working with communities and the VCSE. We should also remove disparities in health outcomes and experiences that exist by other characteristics, including gender and ethnicity.

What are our commitments

Develop a BNSSG wide plan for conditions. This will include:

Commitment	Short term impact	Medium term impact	Longer term impact
1. Contribute to the government's development of a major conditions strategy, which focuses on the 6 most impactful conditions for the UK population. Working with our communities we have opportunity to amplify the voices of people with lived experience within this.			

2. Interrogate and make sense of BNSSG most impactful conditions data, Working with communities and a wide range of organisations to further.			
3. Undertake a 'most impactful conditions' analysis for children and young people which identifies opportunities for prevention and improving outcomes.			
4. Develop person-centred and asset-based approaches, with a particular focus on multi-morbidity and working with our communities			
5. Develop a system-wide approach for painful conditions, reducing the impact on health and wellbeing and unplanned service use. We must work with our communities and partners to develop new ways to support people to live well with pain and ensure consistent access to service provision across BNSSG.			
6. Support people with any level of mental illness – wherever they live in BNSSG, and whatever their age and background – to quickly access high-quality and personalised care close to home for improved experience and outcomes.			

How will we deliver our vision?

Prioritisation

We will identify a **smaller number of priority areas** where the best gains can be made by working together. We will do this through our new **Health and Care Improvement Groups** working across the life course. They will address the following:

1. Improving the lives of people in our community
2. Improving the lives of people with mental health, learning disabilities & autism
3. Improving the lives of our children
4. Improving our acute healthcare services

We will work with renewed focus with the **Bristol, North Somerset and South Gloucestershire Health and Wellbeing Boards** to collectively support the delivery of the **Joint Health and Wellbeing Strategies** to respond to the different needs of our communities, with a focus on tackling the wider determinants of health.

We commit to optimising use of the **Better Care Fund** as a mechanism to provide joined-up services across health and social care and to align its focus with this strategy's focus on the shift to proactive, personalised care, supporting the most disadvantaged. The combined value of the funds across Bristol, North Somerset and South Gloucestershire is £xm, providing significant opportunity.

Locality Partnerships

We will **further develop our six Locality Partnerships** as the vehicle to support our **commitment to subsidiarity** – decisions being taken as close to the ground as possible – and to lead delivery. The Locality Partnerships unite NHS, local authority and VCSE as equal partners around local 'neighbourhood' footprints. They use population health intelligence insights to identify and tackle local priorities for communities, aiming to join up services, simplify pathways and support a shift to earlier support and intervention. The Locality Partnerships work closely with the Health and Wellbeing Boards to deliver the Joint Health and Wellbeing Strategies alongside tailoring the ICS-wide pathways and models of care to local needs.

Workforce

Our work has the power to change lives. We must connect to our unique purpose to succeed as a system. We need to create dynamic environments where we feel safe and secure, confident, empowered and valued. We will provide a wide range of employment prospects that present excellent possibilities for career advancement at every stage and across all health and care sectors.

Every success in health and care depends on people, whether in scientific discovery, innovation, or compassionate care. In order to achieve success through this strategy, prioritising workforce is essential.

We believe that we will succeed by working collaboratively rather than in competition to attract, develop and retain the best people.

We aspire to be recommended as employers of choice and celebrated by the people who are employed and volunteer within our services. This means that we will need to:

- Engage with staff and volunteers to identify what's needed to empower and support them to deliver this strategy and improve outcomes
- Support staff and volunteers to improve their health and wellbeing
- Increase diversity so that our staff and volunteers are more connected to all of the communities we serve
- Provide a modern employment offer that is inclusive and flexible to support modern working lives
- Improve job satisfaction and increase opportunities for learning and development and career progression.
- Be guided by the voice of our staff and volunteers in determining where we are succeeding and where we still need to improve

Our shared aspiration to move to a more preventative, strengths-based approach that is embedded within localities gives us a great opportunity to capitalise on the untapped potential of the VCSE.

Service delivery and sustainability

The NHS provides patient care through primary care services like general practice, dentistry, optometry, and community pharmacy. However, in some areas, access to care can be difficult as a symptom of the challenges being experienced in primary care workforce, high level of workload and poor estate and digital infrastructure. Primary care cannot function alone. Community services, such as mental health services, are crucial in addressing patient needs within the community and these services often collaborate with social care and the voluntary sector to meet the needs of the local population.

The Fuller Report published by NHS England in 2022 made a range of recommendations for the improvement of primary care; we commit as a partnership to supporting the implementation of the BNSSG GP Strategy [REF/link] to embed Fuller recommendations, working closely with primary care networks to develop integrated models that support sustainability and resilience, particularly in our most challenged areas where staffing levels are lowest relative to population needs.

In the aftermath of the COVID-19 pandemic, system partners are continuing to addressing the backlog of planned treatment such as operations, procedures and outpatient consultations to ensure that people have timely access to care. We know that delays to care can be most impactful for people in our most vulnerable population groups. To address this, we are developing an approach to expedite care for people in vulnerable groups who have been

waiting longer than we would like for planned treatment, to ensure that people who meet an agreed criteria are identified and rapidly offered treatment.

Digital

Using technology effectively will be a key enabler to achieve our system's priorities, facilitating a smoother flow of people and patients around our region's health and care services. We will need to use more digital tools to do this, and a smarter use of patient data. This will create opportunities to enhance peoples' care, empower people to manage their own conditions well and reduce barriers that many people experience in accessing the care they need. Our system's Digital Strategy sets out the ambition to become an exemplar of a digitally advanced ICS, working collaboratively and optimising design, data and modern technology to make ground breaking improvements for the health and wellbeing of our population. To find out more about our Digital strategy please see [weblink]

Financial infrastructure

To support and enable our partners to deliver the priorities and commitments set out in this strategy, it is necessary to consider how we can make health and care funding decisions that support the objective to deliver more preventative and personalised care across our communities. To do this, a set of financial principles are being devleoped; these include

- Working towards an agreed system target for investment in preventative health and care
- Investments to be allocated in alignment with the needs of our populations, following a method of 'proportionate universalism'
- Re-allocation of investments if preventative initiatives are not resulting improved population health, acknowledging that some timescales for impact will be longer than others
- Investment decisions will consider our organisations' role as anchor institutions, including:
    a. Purchasing locally and with social benefit
    b. Using our estate to support communities
    c. Widening access to quality work
    d. Reducing environmental impact

Innovation and research

New technology and innovations must be implemented and scaled to address our health and care challenges, to deliver a new approach towards prevention and personalisation. For example, the use of genomic data is a potentially revolutionary use of patient data to identify risk and create highly personalised and specific patient interventions. In BNSSG we have the advantage of North Bristol Trust hosting the South West Genomics laboratory, alongside the University of Bristol's highly rated Centre for Genomics – this provides an exciting opportunity for Bristol to develop a centre for excellence in research and innovation in this field, which

would benefit thousands of children and adults in terms of reducing the impact of – or preventing entirely –certain predisposed genetic diseases.

To support and facilitate our ambitions, BNSSG will implement an Innovation Hub, in partnership with the West of England Academic Health Science Network in 2023/24 to develop a shared vision and supportive culture for adopting and development of innovation at scale that will support meeting the 4 ICS aims, and our system outcomes. This work will include:

- **Developing innovation mindsets and supporting culture** to facilitate an innovative ICS eco-system, creating a culture of learning from each other of innovative practices that can be shared, adapted and scaled in other settings. Working with local researchers and innovators and providing education and forums for people working across the system to understand the practice and principles of innovation, developing their innovation mindsets
- **Working alongside our Health Care and Improvement Groups to** increase awareness of opportunities coming up for innovation, embedding a process of identifying potential solutions through the Transformation Gateway process. Develop relationships and networks with local and national markets and academic institutions alongside a supportive commercial framework for securing new technologies
- **Harnessing innovation through partnership with our front-line staff** to enable staff to connect and network to innovate and build change. This may also include working with local industries and other statutory services to understand what works well in other contexts, for instance learning from police services to develop innovative recruitment practices for highly skilled data analyst and scientists.

10 ways to focus our efforts

The five opportunities, highlighted in this strategy make a clear case that things need to be different in our Health and Care System. As ICS Partners, we have summarised these as ten commitments that we are making to our population.

Over the length of our Strategy, we will work with the people of BNSSG to turn these into a reality. To help everyone in our system consider how they can support delivery of the things we can do together, we have identified 10 ways we can consistently think and act for better impact. **We will:**

IMPROVING POPULATION HEALTH AND HEALTHCARE

1. **Align everything we do to the outcomes we want.**
   If we are going to make a difference in the health of people in BNSSG, we need to align everything we do with the outcomes we want to achieve. This will help us be confident that we are doing what we set out to achieve.
2. **Demonstrate our system-wide commitment to prevention.**
   Prevention at all levels – primary, secondary and tertiary - has been highlighted as necessary for many years, but we will demonstrate commitment by actively funding prevention and creating prevention champions in every organisation.
3. **Focus on the first 1000 days to give our children the best start**
   The first 1000 days are vital in setting people on the right path for life. Our system will support the Health and Wellbeing Board's ambitions for these early years.

TACKLING UNEQUAL OUTCOMES AND ACCESS

4. **Change how we work to reduce health inequalities actively.**
   As organisational policies and practices are reviewed, partners will identify opportunities to change working practices to remove barriers. We will also proactively review how the system inadvertently increases health inequality so that those things can be changed.
5. **Prioritise the health impacts of poverty and disadvantage.**
   We also need to improve things for people already experiencing the ill effects of poverty and other structural disadvantages. We will use the

Health and Wellbeing Strategies and CORE20+5 framework as a starting point to develop supportive strategies around healthy habits.

ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

6. **Build a workforce who are supported, skilled and healthy.**
   We cannot achieve anything without our staff. We will work with staff to develop an inclusive, best-in-class retention strategy for all our people. We will also ensure that our staff are healthy, and able to work flexibly across the system, including closer alignment with care homes.
7. **Focus on the whole person – not just the disease.**
   Alongside a focus on proactive care, we will also review how we can support people to solve multiple issues at once and work around their needs. For example, this approach to 'clustered' problems might be achieved through integrated care teams, like those piloted in Weston Super Mare for mental health and wellbeing, and social prescribing.
8. **Work together as equal partners to tackle our biggest problems.**
   If we get things right the first time, that is a much better way to do things. We will work with lived experience voices and communities to co-create solutions. We will also ensure that the VCSE sector, community leaders, community services and primary care are valued for their experience and local insight.

HELPING THE NHS TO SUPPORT BROADER SOCIAL AND ECONOMIC DEVELOPMENT

9. **Support the economy with our purchasing and employment practices.**
   The partners in BNSSG have a responsibility to use their buying power to support local businesses to put money directly back into the local economy. We will also review how we can use our recruitment to support areas of deprivation, including targeted recruitment and apprenticeship schemes.
10. **Develop a better, healthier environment for people to live in.**
    We must acknowledge the impact of where people live upon their health. We will ensure a 'well-being first' approach to all policies on housing, transport, green space etc. We also support commitments around NetZero to reflect the need to take climate change seriously, including its effect on health.

Strategy on a page – Note placeholder only. This will be adjusted following ICP Board comments

BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE (BNSSG) INTEGRATED CARE SYSTEM

HEALTH AND CARE STRATEGY ON PAGE

5 OPPORTUNITIES

Our analysis of the health and care data in BNSSG has revealed 5 opportunities for improvement:

1. Not everyone has the same opportunity to be healthy. We need to **tackle inequalities.**
2. We can **strengthen the building blocks** of health.
3. Wherever possible, we need to **prevent illness and treat people earlier.**
4. We need to work alongside communities to encourage **healthy behaviours.**
5. And once people are ill, there are **long term conditions** that we could manage better.

OUR COMMITMENTS

To make health and wellbeing in BNSSG better, we will:

- Align everything we do to the outcomes we want
- Demonstrate our system-wide commitment to prevention
- Focus on the first 1,000 days to give children the best start
- Change how we work to actively reduce health inequality
- Prioritise the health impacts of poverty and disadvantage
- Build a workforce who are supported, skilled and healthy
- Focus on the whole person – not just the disease
- Work as equal partners to tackle our biggest problems
- Support the economy with our purchasing and employment
- Develop a better, healthier environment for people to live in

HOW WILL IT FEEL DIFFERENT FOR LOCAL PEOPLE?

- The health and care system working more closely together will make things more straightforward for you
- The health and care system will be more open about our plans and services

WHAT WILL BE THE SAME?

- **Access to good quality health and care.**

HOW WILL IT FEEL DIFFERENT FOR OUR STAFF?

- A modern employment offer with opportunities to work across organisations
- An system that embraces change creating opportunities to grow and develop
- A values driven culture, focussed on empowering staff and helping them succeed