BNSSG ICB Board Meeting

Date: Thursday 6th March
Time: 9:30 – 12:00
Location: Vassall Centre, Gill Avenue, Bristol

Agenda Number:	5	
Title:	Chief Executive Report	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	Yes/No
Purpose: For Information		
Key Points for Discussion:		

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.

The main areas of discussion this month are;

- Operational Planning 2025/26
- Integrated Neighbourhood Health and Care Services
- Thornbury Health Centre
- GP Contract 2025/26

Recommendations:	To discuss and note
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Sponsoring Director / Clinical Lead / Lay Member:	Shane Devlin

Agenda item:5

Report title: Chief Executive Report

Introduction

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Operational Planning 2025/26

On the 30th January 2025, NHSE issued operational planning guidance for 2025/26. It begins with a foreword from the NHS Chief Executive, highlighting the progress and transformation of the NHS over its 76-year history and the current challenges it faces, such as rising costs, increased demand, and industrial action. Despite these challenges, NHS productivity has improved, and the NHS is on track to surpass £7 billion in efficiencies delivered in 2023/24.

The document emphasizes the need for systems to manage constrained budgets with greater financial flexibility and to reduce their cost base by at least 1% while achieving a 4% improvement in productivity. NHS England will transfer a higher proportion of funding directly to local systems, allowing local leaders maximum flexibility to plan better and more efficient services.

The national priorities for 2025/26 include:

- Reducing the time people wait for elective care, with a target of 65% of patients waiting no longer than 18 weeks for treatment by March 2026
- Improving A&E waiting times and ambulance response times, with a minimum of 78% of patients seen within 4 hours in March 2026
- Enhancing patients' access to general practice and urgent dental care, providing 700,000 additional urgent dental appointments
- Improving patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds, and increasing access to children and young people's mental health services

The document also outlines the need for systems to focus on reducing demand through developing Neighbourhood Health Service models, making full use of digital tools, addressing inequalities, and shifting towards secondary prevention. Additionally, it emphasizes the importance of living within the allocated budget, reducing waste, and improving productivity.

Local prioritisation and planning are crucial for 2025/26, with systems required to develop plans that are affordable within the allocations set and to prioritize resources to best meet the health needs of their local population. The document also highlights the need for collaboration between NHS organizations and the importance of excellent leadership and management in delivering these changes.

In summary, the document provides a comprehensive guide for NHS systems to navigate the challenges of 2025/26, with a focus on improving patient outcomes, enhancing productivity, and ensuring financial sustainability.

A key emphasis of the guidance it to ensure that systems have a strong focus of financial management to ensure that the plan can deliver the required performance and meet the financial requirements. To that end, the document highlights a number of key areas;

1. **Greater Financial Flexibility**: NHS England will transfer a higher proportion of funding directly to local systems, minimizing ringfencing. This allows local leaders maximum flexibility to plan better and more efficient services.

2. **Budget Management**: Systems are required to manage constrained budgets with greater financial flexibility. They need to reduce their cost base by at least 1% and achieve a 4% improvement in productivity.

3. **Local Autonomy**: The document emphasizes increased local autonomy, with support, oversight, and intervention from NHS England based on specific needs and performance. This means that local systems have more control over how they deploy their funding to best meet the needs of their local population.

4. **Living Within Means**: All parts of the NHS must live within their means. This involves reducing waste, improving productivity, and making difficult decisions about prioritizing resources.

5. **Support for Local Leaders**: NHS England will back local leaders to take tough decisions, where they are clearly rooted in the needs of their populations and best use of available staff. This includes reducing or stopping lower-value activity and focusing on high-priority areas.

6. **Efficiency and Productivity**: The document highlights the need for systems to take a forensic look at their workforce and spending, aiming to cut duplication and reduce running costs. NHS England itself has generated significant savings and reduced its headcount to support frontline services.

7. **Streamlined Planning Process**: The planning process will be streamlined to reduce the number of submissions from systems, allowing local focus on developing high-quality submissions underpinned by robust and realistic delivery plans.

These measures are designed to provide local systems with the flexibility and autonomy needed to navigate financial constraints while ensuring that resources are used efficiently to improve patient outcomes and maintain financial sustainability. We are rigorously applying these factors within the BNSSG planning process to ensure that we can deliver a realistic plan.

Developing a New Model for Neighbourhood Health Services

At the heart of government's plans to improve the NHS is a commitment to move to a neighbourhood health service, with more care delivered at home or closer to home. The aims are to enable people to live more years of healthy, active and independent life and improve their experience of health and care, whilst connecting together and making optimal use of health and care resource, by enabling the three key shifts:

- From hospital to community: significantly more people to be cared for at home, helping them to maintain their independence for as long as possible, only using hospitals when better for people
- From treatment to prevention: the shift towards preventative and proactive care, including helping to reduce health deterioration or avoidable exacerbations of ill health
- From analogue to digital: greater use of digital infrastructure and solutions.

As described above, the planning guidance 2025/26 included a set of guidelines to support ICB Boards to design and implement the new models.

The guidelines suggest that there are six core components of neighbourhood health.

A. Population Health Management

This component involves creating a person-level, longitudinal, linked dataset that includes data from general practice, community health services, mental health, acute care, social care, and public health. Over time, this dataset should be expanded to include other data held by local or central government, such as employment, education, and safeguarding. This approach enables analysis of population health outcomes, risk drivers, and resource use, supporting strategic commissioning and resource allocation

B. Modern General Practice

The focus here is on supporting general practices to deliver improvements in access, continuity, and overall experience for people and their carers. This involves streamlining the end-to-end access journey, making it easier to connect with the right healthcare professional or service, and accommodating the needs of different groups and patients. It also includes the use of digital self-service options and structured information gathering at the point of contact

C. Standardising Community Health Services

Community health services play a key role in delivering neighbourhood health and care. This component involves using standardised guidelines to ensure funding is used to best meet local needs and priorities. It emphasizes the importance of planning care to meet all health and social care needs, including mental health and substance misuse services, and linking with the voluntary, community, faith, and social enterprise (VCFSE) sector.

D. Neighbourhood Multidisciplinary Teams (MDTs)

Integrated neighbourhood teams bring together expertise from across health, social care, VCFSE, and wider partners to benefit a shared population. These teams deliver proactive, planned, and responsive care, prioritizing care based on individual needs. Functions include holistic joint assessments, case reviews, care planning, and social prescribing. Best practice models assign a care coordinator to each person or their carer to improve their experience and continuity of care

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E. Integrated Intermediate Care with a 'Home First' Approach

This component focuses on delivering short-term rehabilitation, reablement, and recovery services, taking a therapy-led approach. It involves working in integrated ways across health and social care, ensuring referrals can be made directly from the community or as part of hospital discharge planning. The aim is to deliver assessments and interventions at home where possible, working closely with urgent neighbourhood services

F. Urgent Neighbourhood Services

Standardising and scaling urgent neighbourhood services for people with escalating or acute health needs is crucial. This includes ensuring urgent community response and hospital-at-home services are aligned to local demand and work together. These services should align with those at the front door of the hospital, such as urgent treatment centres and same-day emergency care, to deliver a coordinated service. The goal is to prevent avoidable admissions and support timely and effective discharge

Moving Forward

It is important that we view the development of neighbourhood health in the context of all strategic initiatives within the system. These include, but are not limited to:

- NHS 10-Year Health Plan
- The BNSSG ICS proposed functions of System, Place and Neighbourhood (Locality Partnership review September 2024).
- The Fuller Stocktake and development of Integrated Neighbourhood Teams
- The BNSSG Healthier Together 2040 approach

The following recommendations were discussed and agree at the ICP Board, 27 February 2025.

*The Integrated Care Partnership Board is asked to **approve** the recommendations set out in the paper:*

- *the introduction of formal reporting of Locality Partnerships' work via the three Health & Wellbeing Board reports at the BNSSG Integrated Care Partnership Board.*

- *the recommendation to align the following programmes of work:*
  - *Locality Partnership review and next steps.*
  - *NHS 10-Year Health Plan (focussing on the '3 shifts' until publication).*
  - *Development of Integrated Neighbourhood Teams (Neighbourhood Health Guidelines and the Fuller Stocktake).*
  - *Healthier Together 2040 approach.*

- *the recommendation to charge the ICB Board with mobilising the next steps of this programme of work as set out in section 6 of this paper.*
- *the recommendation to receive a progress report from the ICB Board no later June 2025*

Based on the recommendations of the ICP Board I will be working with systems partners to develop a comprehensive coordinated approach to bring back to the ICB Board for approval.

Thornbury Health Centre

Background

There has been a long-standing campaign in Thornbury to replace the existing 1970s NHS Property Services owned health centre, with a modern new facility. The Primary Care Network covering Thornbury is ranked 4th out of 20 across BNSSG in terms of need for investment and renewal of the estate. The replacement of the existing Thornburry Health Centre is a key element of resolving the challenges faced in providing modern primary care services for this population.

Streamside Surgery and Severn View Family Practice currently occupy the existing Thornbury Health Centre. The health centre neighbours the former Thornbury Hospital site, purchased by South Gloucestershire Council in January 2022 from North Bristol NHS Trust (NBT). The property was acquired following the closure of the former community hospital and is currently unoccupied, pending the development for a health centre and extra care housing on the site.

In 2019, following interest in the project from the Minster responsible for NHS Capital, the then CCG was asked to submit a bid for funding. This resulted in submission of a bid for £14.4 million of funding to NHSE and DHSE to deliver a new health centre. The subsequent NHS focus on the Covid19 pandemic meant firm commitment to the funding and project didn't come from DHSC until November 2023. The ICB was set the challenge to complete a business case and put arrangements in place by the end of the 24/25 financial year for onward delivery of the new facility.

The Building

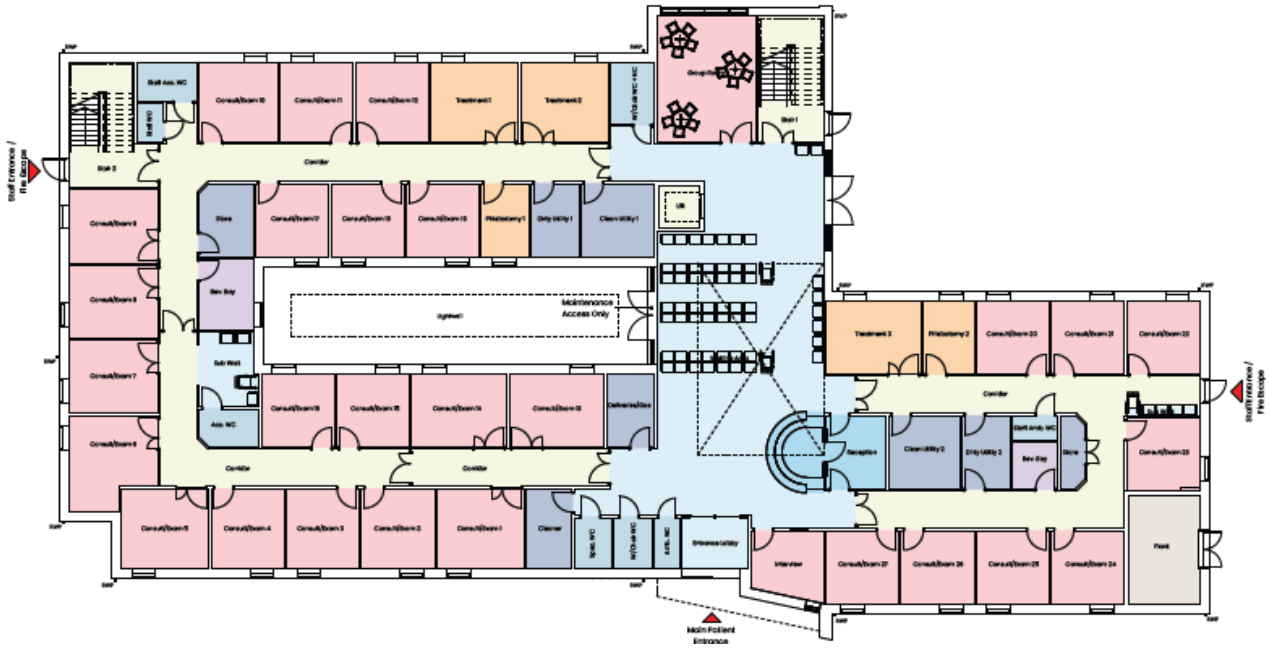
The new building will be circa double the size of the existing health centre and will enable services to be provided in a modern more integrated way to get the full benefits of new ways of working.

The headlines of the proposals being developed are as follows:

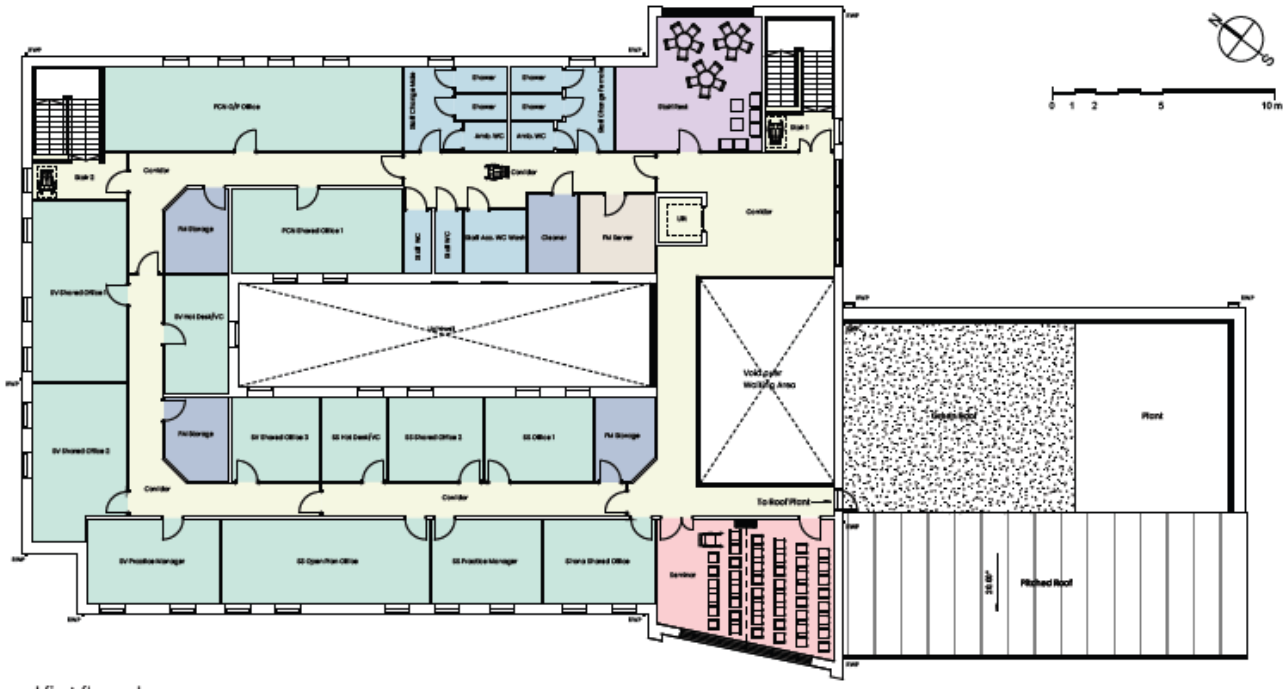
DHSC Capital Grant-	£14.4m available only in 2024/25
Additional NHS Capital	£1.8m
Permanent Tenants	2 x GP Practices (Severn View & Streamside) & Sirona
Other Services	1 x bookable clinical room will be made available for use by other services such as Outpatients
Size	1,780 m^2 consisting of 1,043m^2 on the Ground Floor and 737m^2 on the First Floor
Parking	69 spaces
Construction completion	May 2026

External Elevation

Ground Floor Layout



First Floor Layout



Commercial Model

Through strong partnership working, SGC has taken a lead on this project and will develop and own the building and rent it back to the NHS at a peppercorn rent to deliver benefits for the people of Thornbury.

The capital funding will be transferred to SGC from the NHS under a Section 2 contract under Section 2 of the 2006 NHS Act. BNSSG has experience with this innovative model and was one of the first to use it nationally in delivering the new Parklands Village health centre in Weston in partnership with North Somerset Council. Since then, the NHS has delivered over 30 new primary care facilities this way.

In addition to SGC already owning the site, they bring the benefit of being an experienced developer and landlord, providing the NHS with a strong development partner who can provide guaranteed use of the asset over its life. SGC intend to develop an extra-care housing facility adjacent to the new health centre, and so this investment helps to build a community and effect co-location and integration of services on site.

Current Status

The business case is now in an advanced stage and is going through the required approvals processes. Key milestones achieved are:

- Detailed Design Completed
- Planning Permission Approval Confirmed
- Contractor's Guaranteed Maximum Price confirmed

Business Case Approvals

The multi-partner and funding streams required to deliver this project, means it has had to go through several review and approvals routes.

The ICB Board has approved the project in principle and is satisfied key risks to delivery are essentially resolved. The Board has delegated final approval to proceed to the ICB Chief Executive once satisfied the final outstanding matters are dealt with.

SGC has confirmed its support and readiness to deliver the project with Cabinet approval.

The business case has been approved by the NHSE regional team, and the first national approval panel it is required to go to, the Strategic Estates Finance Committee.

DHSC has confirmed it's support for the project once the final NHSE approval is secured.

Outstanding matters:

At this stage, the key matters still to conclude are the final agreement of legal contracts between all parties.

Negotiations are well under way and Section 2 funding contract between NHSE and SGC is on the verge of being finalised.

The leases that will sit between SGC and the GP surgeries are also well advanced but more work is still to be done to finalise terms.

The final NHSE approval panel, the NHSE Executive Infrastructure Group will take place in advance of a scheduled meeting on the 18th March, where it is expected the NHSE CFO will sign the Section 2 funding agreement to enable the project to progress.

GP contract for 2025/26

On Friday 28th February DHSC, NHSE and the BMA announced agreement to a GP contract deal for 25/26. The changes mark a major step forward in the government's mission to shift care into the community, to focus on prevention and to move from analogue to digital. The changes also provide greater freedom to GPs by cutting red tape and empowering patients by improving digital access to practices.

In 2025/26 there will be an overall increase in investment of £889 million across the core practice contract and the Network Contract Directed Enhanced Service (DES).

In addition to the £889m increase in investment, practices will also have the opportunity to take part in a new enhanced service for advice and guidance, which is worth up to £80 million. This enhanced service supports the government's commitment to move more care from secondary care into community settings and will ensure patients receive care in the right place at the right time via the use of specialist advice and guidance whilst also supporting elective recovery.

From 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours for non-urgent appointment requests, medication queries and admin requests. This will be a key intervention in the government's ambition to end the 8am scramble. NHS England will publish a patient charter which will set out the standards a patient can expect from their practice, as outlined in the GP contract. The charter will need to be published on the practice website.

Further measures include reducing bureaucracy through a reduction in target indicators, increased flexibility in the Primary Care Network Additional Roles Reimbursement Scheme, an increase in the fee for routine childhood vaccinations and support for population health management and risk stratification.

We welcome the news that national agreement has been reached on the contract for next year and are committed to working with local practices, the Local Medical Committee and GPCB on how we implement the contract. There is still much work to do to embed new pathways established in GP Collective Action and work together as a system on how we improve the interface between our services with patients at the centre of this.