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

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICB Board Meeting

Date: Thursday 3rd July 2025

Time: 12:45 – 15:45

Location: Virtual, via Microsoft Teams

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;

- Strategic Direction and Transformation of BNSSG ICB
- Winter Planning
- Update on Healthier Together 2040

Recommendations:	To discuss and note
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Agenda item: 5

Report title: Chief Executive Report

Introduction

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Strategic Direction and Transformation of BNSSG ICB

Introduction

This report outlines the strategic transformation of the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) in response to NHS England's (NHSE) Model ICB Blueprint (version 1), issued on 5 May. The blueprint is a pivotal document guiding ICBs to reduce running costs by 50%—targeting a revised envelope of £19 per head of population by the end of Q3 2025/26—while enhancing their role as strategic commissioners to deliver the ambitions of the NHS 10-year plan.

Vision and Strategic Role of ICBs

The blueprint redefines the ICB's purpose, positioning it as a strategic commissioner with a system leadership role. This includes improving population health, reducing inequalities, and ensuring equitable access to high-quality care. It also delineates which functions should be retained, developed, or transferred to other system partners, including regional NHSE teams and local providers.

Clustering and Merger Proposal

In alignment with the blueprint's emphasis on "at scale opportunities," BNSSG ICB has proposed a formal cluster and subsequent merger with Gloucestershire ICB, which has now been approved by NHS England. This decision follows a comprehensive options appraisal and is considered the most beneficial and feasible path forward. Key advantages include:

Achieving economies of scale and cost savings.

Alignment with the combined authority footprint, enhancing partnership working.

Meeting population thresholds (1.8 million) and aligning with natural patient flows.

Maintaining a size conducive to neighbourhood-level transformation and tackling health inequalities.

Low financial risk due to strong historic financial performance at both ICB and provider levels.

Functional Realignment

To support the future state, the blueprint categorises ICB functions into three groups:

1. **Functions to Grow and Retain**:

- Population health management
- Strategic planning and commissioning
- Health inequalities
- Clinical risk management
- Quality and governance (board, clinical, corporate)
- Strategic partnerships and user involvement

2. **Functions to Transfer to NHSE Region**:

- Performance oversight
- Emergency preparedness
- Strategic workforce planning
- Data collection
- Research and innovation

3. **Functions to Transfer to Local Providers**:

- Local workforce development
- Green plan
- Digital leadership and transformation
- Infection prevention control
- Safeguarding
- Special Educational Needs and Disabilities (SEND)
- Neighbourhood and place-based partnerships
- Medicines optimisation
- Pathway and service development
- Continuing healthcare
- Estates strategy
- GP IT
- Primary care operations

Clarity on the timing and mechanisms for these transfers will be developed over the coming months in partnership with system partners.

Conclusion

The proposed changes to BNSSG ICB are part of a broader NHS transformation to deliver the 10-year plan. The merger with Gloucestershire ICB and the shift to a leaner, more strategic commissioning model will enable the new ICB to operate efficiently within financial constraints while enhancing its ability to lead system-wide improvements in health outcomes and equity.

Winter Planning 25/26

On 6th June NHS England published the *Urgent and emergency care plan 2025/26*[i]. This supplementary guidance builds on the operational planning guidance for 25/26 and reiterates a number of the urgent and emergency (UEC) standards included therein, including the 30 minutes category 2 ambulance response times, a maximum 45 minute handover delays, and 78% 4 hour waits target for emergency departments (EDs). It goes further in a number of areas, however, most notably in setting a maximum tolerance of 10% for 12 hour ED waits, aiming to reduce 'corridor care', and in focussing on mental health-related delays in EDs.

Notably, the document also sets out expectations for health and care systems to "Develop and test winter plans, making sure they achieve a significant increase in urgent care services provided outside hospital compared to last winter."

Core elements of such a plan include:

- Ensuring a robust and targeted approach to support vaccination uptake;
- Enhancing community services to support demand;
- Leading initiatives to improve flow through hospital and community services to avoid delays and overcrowding, included in mental health services;
- Leveraging digital tools in delivery of the above.

Subsequent guidance has been released which further details national expectations for ICBs and their role in leading the system in generating this robust action plan to mitigate system pressures in UEC services over the winter period. In the context of reorganisations to NHS England and ICBs it is clarified that "ICBs retain their system leadership and convener role for Winter 2025/26". There is also a clear ask that winter plans are formally signed off by ICB and Trust boards at the end of August/ beginning of September.

Developing our winter plan

Every year the ICB produces a winter plan based on the latest national guidance, learning from peers, and a continuous improvement approach which builds on the previous year's plan. In early May the ICB led a 'wash-up' of winter 24/25 with system partners to reflect on positives and opportunities for improvement. Some of the key findings included :

- Ongoing challenges in no criteria to reside numbers in both acute and community , hampering system flow

- Need for clearer understanding of escalation processes from front line teams to senior system meetings.
- Opportunities to further clarify and streamline escalation processes relating to CAMHS and mental health-related delays in EDs.
- Significant impact of flu surge in Q3 on performance. In response to these themes, a number of improvements for the 25/26 winter plan have been identified and will be embedded within the plan.

Next steps

The detail of the plan will be produced by the ICB UEC & System Flow team over July, working closely with health and care partners through the UEC Operational Delivery Group and Community First Operational Delivery Group, and local peers via a regional winter plan event hosted by NHSE. Detailed plans will then be tested with the Acute and Community Health and Care Improvement Groups (HCIGs) for joint executive review by the ICB and system partners, before being submitted to ICB and trust boards for approval in the late August or early September round of meetings.

A regional exercise, led by NHSE, will take place in September to stress test ICB winter plans against a range of scenarios, reflecting the unpredictable nature of winter demand, especially exceptional flu and/or respiratory demand as seen last winter, and in December 2022.

[11] NHS England » Urgent and emergency care plan 2025/26

Healthier Together 2040

Over the last year the Healthier Together 2040 (HT2040) has been delivering a population health based approach to strategic planning underpinned by the following principles:

1. Creating the environment and conditions for large scale coordinated change for the whole system
2. Use of population cohorts (people, their lives, their health) to organise work differently and holistically
3. Focus sequentially on target population cohorts to enable work at depth
4. Define opportunities for prevention at every level
5. Enable long term planning: 3 – 15 years
6. Aim of creating sense of hope, alignment and clearer future with golden thread to improving healthy life expectancy

HT2040 seeks to develop the long-term strategic plan for Bristol, North Somerset and South Gloucestershire Integrated Care System rooting it in the needs of the key population groups driving current and future demand.

The overall goals of Healthier Together 2040 align with the three strategic shifts defined as the goals of the national 10-year plan: hospital to community, analogue to digital, treatment to prevention. The main difference is that Healthier Together 2040 has used local data to identify target local population cohorts and has the intention of defining specific next steps by population cohort, we anticipate that these next steps will be embedded within a new neighbourhood health and care approach. The intention is to ensure Healthier Together 2040 increasingly aligns to the national direction as more information emerges.

The initial analysis phase used linked data and modelling approaches which identified four cohorts of the population who are currently experiencing poor outcomes, high users of multiple types of services, where there is an opportunity to prevent further deterioration of health and understand the risk factors to prevent future waves of people entering that cohort. These groups are characterised by their frequent reliance on urgent and emergency health and care services, signalling that their ongoing needs are not being adequately met within the existing system.

In winter 2024, work started on the understanding the needs of the first population cohort that we agreed to focus on, the working age population living with multiple health challenges. This has included a full evidence review including data analysis, insights generated from interviews and surveys and a review of published evidence of best practice approaches to care for this cohort. We are nearing completion of the design phase and have been testing and listening to feedback throughout June, this week we hold the final design event and we will be refining a set of strategic intentions which we will review over the coming weeks following publication of the 10 year plan to ensure alignment and feasibility before bringing back to the Board in the autumn for formal commitment. We expect this output to heavily influence our approach to the neighbourhood health plan which we expect to be a core component of the national policy direction.