



Bristol Health & Wellbeing Board

Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation partnership (STP) update

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Report for Information	

1. Purpose of this Paper

The purpose of this paper is to update the Health & Wellbeing Board on progress with the BNSSG

2. Executive Summary

- The STP is the 15 member partnership leading a BNSSG wide health & care transformation plan in response to the NHS Five year forward view.
- The partnership has now implemented a governance infrastructure, has some new leaders in place and made progress on a number of care pathway redesign projects.
- The BNSSG STP was assessed as “in need of most improvement” in national rankings published on 21 July, but now has the right infrastructure in place to accelerate its rate of progress
- A refresh of the STP is under way which will refocus current plans on areas of greatest opportunity and impact. New priorities will be agreed by end of August
- The STP is also developing plans in the following areas:
 - A strategic case for change
 - A new model of integrated care
 - A commissioning context document to inform Weston sustainability planning
 - Workforce development, in response to funding received from Health Education England (HEE)

3. Context

The STP has been created to generate strategic transformation plans in BNSSG, in response to the NHS strategy – The NHS Five Year Forward View. The BNSSG STP plan has been in development since March 2016. An outline plan submission was made to NHS England in October 2016 in response to national guidance. Since then local partners have worked on establishing the core governance arrangements for the partnership. Work on planning content development was paused between November 2016 and May 2017, whilst more the more immediate priority of developing financial turnaround plans for 2017/18 was undertaken. Work on longer term transformational plans has now recommenced. Progress is described in the rest of this paper.

4. STP Progress update

4.1 Introduction

Since our plan submission in October last year, the STP team has been putting in place the key governance arrangements we need to formalise our collaborative working. We have created a sponsoring board comprising the Chief Executives of our 15 partner organisations (or their representatives) to be chaired by our new independent chair which will oversee the STP going forward. We also have an executive management group consisting of the senior responsible officers (SROs) of each of our main work streams. This group will direct and support the STP work programme. These arrangements and the arrival of new and strengthened leadership (see 4.2 below), will allow us now to accelerate the pace of development of the STP plans.

We are making progress in some of our programmes, including development of a new stroke pathway, redesign of diabetes services and respiratory pathways. We have also made progress on plans for locally integrated care based around GP practice clusters.

STP national rankings - The results of a national assessment of STPs were published by NHS England on 21 July. STPs were assessed on a range of performance, financial and leadership metrics and placed into one of 4 categories. The BNSSG STP was rated category 4 – in need of most improvement - along with 4 other STP footprints. This is disappointing, but not unexpected given the size of our challenge and some of the turbulence we've experienced in recent months. The sponsoring Board discussed the results which are a point in time initial assessment. They acknowledged the result and felt that the changes we are now putting in place around the STP, particularly the new leadership team coming into the CCGs, the joint planning work around in-year delivery; robust governance and leadership for the STP and developing a more focussed work programme will all significantly improve the chances of our future success. There was a real determination to ensure that the next assessment will show material improvement.

4.2 Leadership Developments

- We are very pleased to welcome Sir Ron Kerr, who joins us as Independent Chair of the STP. Ron was most recently the Chief Executive of Guy's and St. Thomas's Hospitals NHS Foundation Trust in London, but also brings a wealth of senior experience over 30 years in both executive and non-executive roles in all parts of the NHS. Sir Ron will Chair the STP Sponsoring Board and support Robert Woolley in the senior leadership of the Partnership.
- Julia Ross Joined us as the new Chief Executive across the 3 BNSSG CCGs on 5 May. Julia was most recently Chief Executive of North West Surrey where she was also the lead Chief Executive for the Surrey Heartlands STP. Julia is now in the process of recruiting her single senior leadership team – announcements will have been made by the time of today's meeting.
- Laura Nicholas started as the Programme Director for the BNSSG STP in April, taking over from Martin Harris. Laura comes to us from the NHS in Devon where she was Director of Strategy for NEW Devon CCG and programme Director for the wider Devon STP.

4.3 STP Refresh

The Partnership agreed in June to undertake a refresh of previously agreed STP projects and programmes. The objectives of the refresh are:

- To agree, mandate and support a core programme of work that needs to be delivered during 2017/18 at the system level that will be led or facilitated by the core STP team, working with partner organisations and resourced to produce specifically agreed deliverables.
- To agree what further development work needs to take place to progress the scale and pace of transformational change plans for the BNSSG system

The overall approach and early outputs of the refresh were agreed by the Sponsoring Board on 26 July and on 8 August the Executive Group undertook a prioritisation exercise to agree the forward work programme for the remainder of 2017/18. The outputs of this were not available at time of preparing this paper but will be agreed by the sponsoring board at its meeting on 30 August.

- As part of the refresh process we will also be reviewing our communications and engagement approach. There are two key elements to this. First is the intention is to ensure that we communicate regularly with partner and stakeholders regularly as our programme of work takes shape and second, ensure that there is meaningful engagement and involvement in the emerging programmes of work set out in section 4.4 below. We intend to build a more innovative and thorough approach to involvement building on some of the leading edge work already going in the Bristol area. A revised communications & engagement work stream will be established in September to take this work forward.

4.4 Key Planning developments

In addition to some of the pathway developments mentioned above The STP is now also beginning to tackle the following :

- i) *Case for change* - We have started work on a high level “case for change” for the STP. This work builds on the initial analysis in the STP June and October submissions and will give us a clearer, more detailed and quantified system understanding of the challenges we face from the perspectives of population health needs; health inequalities and how our current spending and activity patterns relates to these, the overall quality and safety of provision and how efficient and productive our provider system is. (i.e. linked to the 3 key aims of the five year forward view – population health, quality & safety and finance and efficiency). The output will be used to identify opportunities for improvement that will drive development of plans to address the challenges. We will also use its findings to help us to develop a public facing narrative on the BNSSG system challenges and opportunities to transform care and services. A draft of this product will be available towards the end of this year, in time to inform our plans for 2018/19.
- ii) *New model of care* - Work will start in September on consolidating a single articulation of a new model of care for BNSSG. Again, the need for this was set out in the STP submission, but we need to develop the thinking, based on local challenges and opportunities, to ensure that it can provide a consistent strategic framework for further service and pathway redesign. The work will be led by the current Integrated community and primary care (IPCC) work stream as it builds on the out of hospital cluster and multidisciplinary team initiatives already in development, but with input from a wider range of other stakeholders including secondary care, voluntary sector and local authorities.
- iii) *Weston sustainability* - A draft commissioning context document has been in development by the CCGs over the last 2 months. This is an important part of the process for developing a service solution for the North Somerset population who use Weston Hospital services. The document sets out the key population health needs and health inequalities for these communities and a direction of travel for future service provision in all sectors, not just the hospital. This is a significant step forward and it will be used to help co- design the whole local system of care with both local communities and service providers. The document will be reviewed at the Weston Sustainability Board meeting on 15 August, and will be made public in due course.
- iv) *Workforce planning developments* - In July, the STP received £686k additional funding from Health Education England to support our workforce transformation plans. The Local Workforce Action Board (LWAB) is overseeing development of plans and proposals to which these funds will be allocated. High level priorities include:
Developing our workforce planning and redesign capability;
earmarking funding for developing training packages we know will be needed to support new ways of working; developing a more

flexible workforce and enabling staff to improve overall population health through greater focus on prevention and self-care.

6. Working with our local authority colleagues

- The 3 BNSSG local authorities are named key partners to the STP and executives from all 3 sit on our sponsoring board representing both social care and public health. This representation is key to ensuring alignment across health and social care strategic planning.
- We will continue to develop our relationships and work with the 3 HWBs as a means to achieving alignment of our plans. As the STP vision for transformed care becomes clearer, we will work with officers to jointly develop more specific deliverables. Early areas for joint work with LAs include designing the model of provision for the Weston Community; developing the broader integrated care model; developing a prevention strategy for the STP and exploring opportunities around workforce planning and design. The refresh will also identify some more focussed work on mental health.
- Our case for change work will form an important part of the overall strategic framework for the STP and we will begin work in September to develop a public narrative for the STP. We would like to use the expertise in local authorities to help us to do this as well as ensuring that the 3 OSCs are engaged in this and other plans, as they emerge.
- Robert Woolley and Julia Ross are meeting the 3 LA OSC chairs to provide an update to them on progress with STP and delivery of in-year plans on 17 August

7. Conclusions

Whilst progress on the BNSSG to date has been limited by shorter term priorities, the new governance and leadership arrangements we now have in place will enable us to significantly increase the pace of progress. The STP refresh is the first key step in enabling this.

8. Recommendations

The Board is asked to note the report.

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