



## Healthier together Update Briefing for Bristol Health & Wellbeing Board June 2018

### 1. Introduction and overview

This paper provides a high level overview of Healthier Together Progress for the Health& Wellbeing Board. It is not intended to be exhaustive.

The partnership and its work are continuing to develop and gain pace. A look back at what has been achieved since June 2016 provides encouraging evidence of real progress. Having completed the merger of the CCGs and with our 3 local authority partners working closely together we are well placed to increase the pace of progress. We have made some minor changes to our governance arrangements since April to strengthen Chief executive leadership and so we are now well placed to set out our work programme for the next phase. The start of the next phase is being marked with a large conference for our partners on 21<sup>st</sup> June. Local authorities will be well represented.

### 2. Current Work programme and its governance

The work of Healthier Together continues to evolve and progress. The work streams portfolio is organised under the nine steering groups shown in the overarching governance structure diagram at appendix 1. Since April the executive group has been re-established as a forum for partner chief executives (or nominated representative) to ensure strong executive leadership and ownership of the programme

Each steering group, to the extent that they are established at the moment, is chaired by a partner Chief Executive. Within each group there are both established and emerging work programmes progressing and taking shape. Leadership arrangements for some of these are under review or are not yet established. Note that this is work in progress. A clearer picture of programmes and their leadership will be established by mid-July. The current chair for each steering group is listed below in table 1 along with the specific work programmes, where these have been identified.

*Table 1 STP work programme summary*

<b>Work Stream Steering Group</b>	<b>Sponsor / Chair</b>	<b>Core Work Programmes / Responsibilities</b>
<b>Integrated care</b>	<b>Julia Clarke, Chief Executive, Bristol Community Health</b>	Mental Health Prevention Integrated community localities Primary Care Transformation Long term conditions pathways Frailty
<b>Acute Care collaboration</b>	<b>Andrea Young, Chief Executive, North Bristol Trust</b>	Acute care strategy Medicines optimisation Pathology Maternity Services Musculoskeletal pathway
<b>Specialised services</b>	Not yet established	

<b>Urgent Care (Oversight Board)</b>	<b>Julia Ross, Chief Executive, BNSSG CCG (pro tem)</b>	Urgent care strategy
<b>North Somerset Sustainability</b>	<b>Julia Ross, Chief Executive, BNSSG CCG</b>	Healthy Weston
<b>Digital Transformation</b>	<b>Robert Woolley, Chief Executive, UH Bristol</b>	Digital transformation strategy Connecting Care
<b>Workforce Transformation (including LWAB)</b>	<b>Hayley Richards, Chief Executive, Avon and Wiltshire Mental Health Partnership Trust</b>	Workforce vision and strategic objectives Health Education England sponsored work programme
<b>System Delivery Oversight</b>	<b>Julia Ross, Chief Executive, BNSSG CCG</b>	Annual planning and system savings
<b>System productivity</b>	<b>TBA</b>	Estates Corporate Services

### 3. Developing the programme for the next phase

we will hold a key event on 21<sup>st</sup> June with the involvement of a wide range of staff from our partner organisations and some key external stakeholders. This will help us to reaffirm our vision and set the forward work programme for 2018/19. The event will include 10 areas where we think a system wide approach is likely to increase benefit and / or our chances of success. There are likely to be others too, but we are necessarily focussing for now on the following key clinical improvement areas and associated enablers:

- Mental health
- Maternity
- Urgent Care
- Healthy Weston
- Integrated community localities
- Acute care collaboration
- Primary Care Transformation
- Prevention & early intervention
- Workforce
- Digital Transformation

There are other areas where we are increasingly working together as a system. For instance, there was a much more collaborative process for developing our annual operating plans this year and we have achieved a much more consistent understanding of our finance, performance and activity plans. We intend to build on this during 2018/19 towards our ambition for a single system plan for 2019/20.

#### **4. Overall STP progress**

On 9 May the STP lead Chief executives, Robert Woolley and Julia Ross met with NHS regulators for a regular review meeting. As part of a strategic review of the BNSSG STP we have produced a summary of the STP's achievements since we started in April 2016. The report makes for encouraging reading, and regulators were reassured by the progress made in a number of areas. A copy of this summary is attached at appendix 2.

#### **5. Sponsoring Board**

The Sponsoring Board met last on 31 May. They were presented with the proposed Workforce vision and strategic goals, agreed to the format and structure of a Digital Delivery Board, and approved the terms of reference and membership of the BNSSG Chairs Reference Group (for Chairs of the BNSSG partner organisations) who will meet quarterly. A key item was the discussion around the proposed shortlist of STP capital bids to be submitted to NHS England and NHS Improvement, with agreement that the final recommendations be taken to the Executive Group meeting on 27 June.

#### **6. Work programme progress – some examples**

##### *Integrated Care Steering Group*

The group is currently focussing on Locality and Primary Care Transformation programmes. More information will be available at our Conference in June, covering the vision and ambition for this work.

The Group is also considering the next phase of the Healthy Weston programme, and specifically about the Integrated Frailty Pathway which is being developed in partnership by NSCP, WHAT and Local Authority teams. The group will consider in time how this work can be developed and adapted with the localities to eventually cover the whole of BNSSG

##### *Mental Health*

###### *New funding for suicide prevention*

An extra £365,000 will be invested during 2018/19 in mental health services across Bristol, North Somerset and South Gloucestershire following a successful bid by the CCG to NHS England. This will allow the CCG, the universities, Public Health and the voluntary sector to work together to make a real impact on this important issue. Further details on how the funding will be spent can be viewed on the CCG website.

###### *A focus on Personality Disorders Pathway at Leadership Live 2018*

A team from BNSSG had the opportunity to attend Leadership Live, a two day event providing the time and the facilitated framework to focus on a specific challenge. Our team focused on personality disorders pathway, and included colleagues from CCG, AWP, social care and the voluntary sector. The work will now continue, aiming to bring greater consistency in all care settings and more joined up care planning for people needing support. The group also identified gaps and opportunities to prevent crisis, or ways of offering much earlier interventions, and will link with the beginnings of work looking at Adverse Childhood Events (ACEs) across BNSSG

##### *Prevention*

###### *Prevention Plan Event – 9 May*

Prevention is everyone's business. This programme has recently completed a high level planning framework for BNSSG prevention and this event focused on developing implementation plans for the 5 priority areas (Tobacco, Alcohol, Mental Health, Obesity and Physical Activity and Vascular Disease).

Around 45 clinical and non-clinical staff, patient and public representatives provided input. This included discussing ideas to develop existing schemes or the development of new initiatives, and working up proposals for these ideas. There was a strong theme in the output from discussions around the need to be much better at integrating prevention support at all levels of health and social care provision along with a step change in how we mobilise our wider communities to become better at taking care of their own health.

The outcome of the event has emphasised the need for a joined up and consistent approach that would make it easier for citizens and professionals alike to access support, advice and opportunities for staying healthy. delegates explored how a combination of digital technology and professionals having the right conversations with people in need could significantly improve the impact of what's already available to enable people to live healthy and independent lives.

## **7. Communications & Engagement**

Communications and engagement activity is a crucial part of making Healthier Together a success.

The programme team has a lead communications manager but we are reliant on our combined efforts as partners to engage and involve staff and other key stakeholder groups and to make sure they are helping to shape the work in each of our priority programmes.

Thinking about our internal audiences, there is an expectation that Chief Executives will take steps to ensure appropriate cascade of Healthier Together information and engagement into their organisations and this is currently handled largely through the programme team's links into organisation based communications teams.

Other current internal (partner) communications and engagement activity includes:

### Internal (partner) audience / staff

- An established Healthier Together Communications & Engagement Group including representatives from partner organisations
- Publication of the Sponsoring Board papers
- A weekly "Round-up" communication of Healthier Together activities by the programme team to a wide partner staff audience (additions to circulation by request)
- A regular quarterly Healthier Together update report for partners to take through their Boards (starting in June)
- A set of common slides covering purpose and priorities for Healthier Together now available for use in staff inductions across the partnership.
- Regular engagement with Board Chairs and clinical leaders through the Chairs Reference Group and Clinical Cabinet, respectively

- A quarterly Social Partnership Forum for staff side representatives
- Appropriately diverse membership of each of the nine steering groups to promote partner senior buy-in and contribution
- Wide staff engagement and involvement in specific service change projects within the STP such as care pathway work – stroke, diabetes, MSK etc.

We are working with the staff side forum and the workforce group to develop more robust communications and engagement arrangements for grassroots staff.

### Public / External

Thinking about our external audiences, there is a balance to be struck between sharing and engaging in the overarching vision and strategic objectives for the system and being pro-active in areas where more specific detailed plans for service change are emerging and where there are meaningful opportunities for people to be involved. Key activities include the following:

- Development of core high level public narrative content that sets out the Healthier Together case for change, vision and our key priorities.
- Regular input to key local authority fora – Health & Wellbeing Boards and Health Scrutiny committees – A joint HOSC has now been established to deal with the system-wide work within the STP.
- Significant public engagement in co-design of service models as part of the Healthy Weston programme.
- Patient / public engagement in specific care pathway work.
- Establishment of a “test” cohort of Healthcare Change-makers – a group of expert patients trained and supported to participate in healthcare change and advocacy of the patient perspective.
- A website (currently being overhauled) and social media accounts.

We want to build quickly on this activity moving forward and are planning to establish a citizens panel – a large sample group of population representatives who would have much more in-depth involvement in both understanding our population’s health & care needs and preferences and in properly co-producing service changes. Alongside this we are developing our Healthier Together communications & engagement strategy that will help us to increase alignment and our collective effectiveness in this agenda.

## **8. Conclusion**

The Healthier Together partnership continues to progress and strengthen our collaborative working arrangements and these are already helping us to deliver meaningful improvements in the care and services we provide for local people.

The event on the 21<sup>st</sup> June marks a key milestone in the development of the partnership and its programmes of work. The event is a “call to action” which will see us strengthen ownership of our vision and priorities and enable a step change in establishing clear focus and engagement in the work programme for the next phase of our transformation journey.

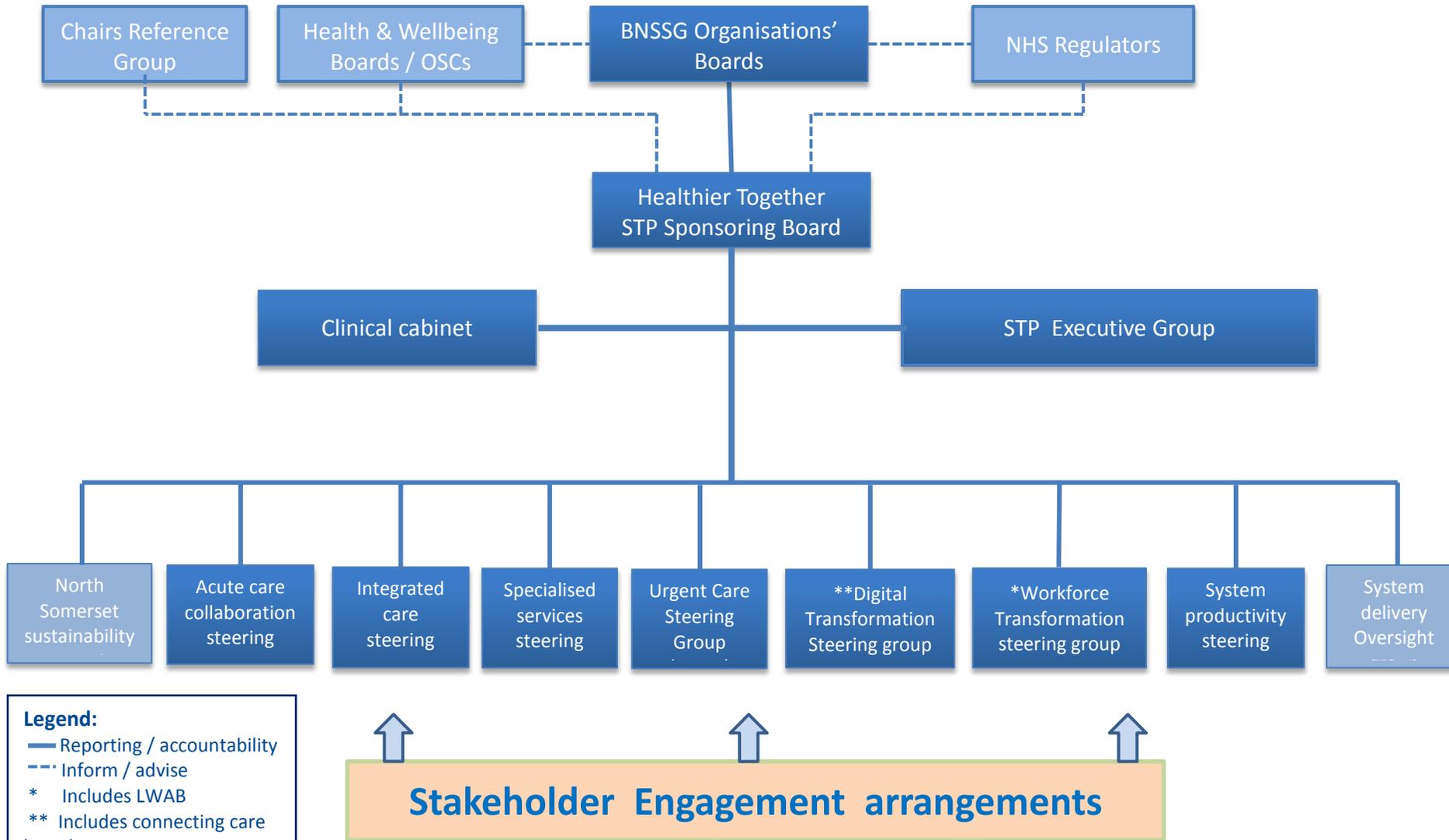
## **9. Recommendations**

The Board is asked to note the report and consider how it will support the work of the partnership in the next phase.

# Governance Structure

(Sponsoring Board approved  
26 March 2018)

The STP-wide governance infrastructure (shown below) will allow partner organisations to work together to extend our collaborative working and decision making across the whole STP footprint.



**Our Plan on a page**

**Our case for change**

<p><b>Our health &amp; well-being gap</b> Premature mortality, the burden of disease and mental health conditions is increasing demand for health and care, with limited patient activation and continued inequalities</p>	<p><b>Our care &amp; quality gap</b> Unacceptable variation in care and quality outcomes and under investment in primary, preventative and community care resulting in fragmented, poorly integrated and complex system focused on acute care</p>	<p><b>Our finance and efficiency gap</b> increasing pressure on resources due to demographic changes, recruitment and retention issues, financial constraints and cost variations. Our “do nothing” gap will be £415m by 2020/21</p>
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**What we will do differently**

Standardise and operate at scale	Consistent pathways	A new relationship with our population	A new relationship with organisations and staff	A shift to digital
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**Our Service Model Focus**

<b>Prevention, Early Intervention &amp; Self-Care</b>	Self-care and patient activation will be implemented at scale with consistent delivery across our system	Population focussed standardised pathways to reduce variation, activate the population and increase proactive prevention	Innovative care settings and digital reach to enable self care and maximise use of all community assets	Targeting and reducing health inequalities with a focus on key at risk groups to make early impact	
<b>Integrated Primary &amp; Community Care</b>	Stable and sustainable primary care at scale - cluster based primary care to deliver a 7 day service model and facilitate delivery of the 10 high impact actions within the GP 5 Year Forward View	Integrated cluster-based care and support through one integrated model of care based on health and social care multi-disciplinary teams operating at scale, supporting primary care clusters and targeting support through population based, risk stratification.		Health and Care Single Point of Access to simplify and standardise emergency and urgent pathways	
<b>Acute Care Collaboration</b>	Specialist services & Networks developed to consolidate and network Bristol hospitals for specialist services avoiding unnecessary travel for patients to more costly providers out of region.	Effective Clinical Pathways across our provider landscape to improve quality, reduce costs and variation with a focus in the short term on high volume and high-cost services.	Best Use of Hospital capacity to maximise bed productivity, achieve a sustainable level of acute occupancy and release capacity to reduce unit costs and secure sustainable delivery of constitutional standards.	Sustainable acute services including Weston General Hospital through collaboration and clinical networking.	
<b>Enabling the Change</b>	Leadership & Governance to share and build capacity and capability, achieve balance between system priorities and benefits and individual organisations and manage risks	Working together to develop our workforce and deliver productivity collaborating to build new skills, reduce duplication and support collaborative working	Engaging and communicating with our stakeholders	Making best use of our collective estate	Driving our Digital ambition to fundamentally change how we work, doing things differently and working together differently.

**The impact we will make**

Our collaborative working and new models of care will enable us to develop and sustain appropriate capacity across all parts of health and care to ensure we can effectively and affordably respond to growing demand and achieve greater productivity and efficiency than working alone. Specific impacts we will deliver will include increasing the appropriateness and effectiveness of interventions in the right setting; reducing hospital admissions, readmissions and ED attendances; increasing resilience and capacity in primary care; achieving standardisation of pathways and processes that improves patient flow, reduces duplication, improves quality outcomes and increases efficiency and performance against standards; developing our staff to work in an integrated way with parity and trust across all teams; maximising use of our collective estate; and a digitally enabled system.

Through this plan we have the opportunity to reduce our affordability gap to £60m and we will continue to work to build evidence for achieving balance.

## Healthier Together BNSSG Sustainability & Transformation Partnership

### Progress overview against our 2016 Plan on a page

Progress since June'16	Now working on....
<b>Prevention &amp; Early Intervention</b>	
<p>Strong and integrated public health leadership across BNSSG has enabled production of a consolidated public needs assessment across the local authorities to inform STP Planning</p> <p>Draft BNSSG wide prevention plan produced highlighting priorities around key risk areas: alcohol; obesity; physical activity; tobacco control and mental wellbeing. The needs assessment highlights worse than England average outcomes for BNSSG in areas like suicide; mental illness incidence in Bristol; rates of cardio vascular disease and stroke mortality; smoking rates in children and new mothers. These priorities are incorporated into other work programmes within integrated and acute care (see below).</p> <p>Making Every Contact Count (MECC) and mental health first aid training being rolled out to frontline staff.</p> <p>Specific inclusion of additional prevention elements into new care pathway redesign work including musculoskeletal (MSK), diabetes and stroke</p>	<p>Procuring a full population segmentation analysis for BNSSG that will inform future capacity and service planning to meet projected demand from key population segments.</p> <p>Finalising the prevention plan by end of June, which will include an implementation plan.</p> <p>Implementation ambition is focussed understanding that prevention is everybody's business and all frontline staff have a role to play in influencing and supporting behaviour change in individuals and communities through a variety of means. We are making links to social prescribing approaches, Making Every Contact Count, mental health first aid training and wider 3<sup>rd</sup> sector activities to begin building support and behaviour change capability. This is also being linked into the STP workforce programme.</p> <p>Prevention and early intervention work is being integrated into the design of our new integrated model of care at the start.</p>
<b>Integrated Primary and Community Care (Now integrated care)</b>	
<p>Clinically led system wide care pathway redesign to a create consistent best practice offer across BNSSG. Using RighCare and "get it right first time" (GIRFT) national service improvement programmes to inform local improvement opportunities.</p> <p>Completed pathway design in:</p> <ul style="list-style-type: none"> <li>• Musculoskeletal (MSK)</li> <li>• Stroke</li> <li>• Diabetes</li> <li>• Respiratory</li> <li>• Frailty</li> </ul> <p>Completed clinically led design work for multi-disciplinary team (MDT) and cluster based working. This has formed the preferred model for the new integrated care approach in South Gloucestershire.</p> <p>Building on the clinically-led multi-disciplinary team (MDT) cluster working model, we have established a</p>	<p>Developing business cases to enable implementation of MSK and stroke pathways. Frailty, diabetes and respiratory will be incorporated into the locally integrated community services (LICS) model in phase three.</p> <p>Once established, LICS will be in a position to develop integrated care models with the acute sector as locally appropriate. Through the Healthy Weston work we are developing a high level BNSSG framework for integrated care to inform LICS development and as a forerunner of vertical integration at locality level. Through the Acute Care Collaboration Steering Group we are starting to clarify the focus for local general hospital services within the overall acute portfolio (see below).</p>

<p>three-phased primary care enhanced services incentive scheme (Locality Transformation Scheme - LTS) to enable development of GP-led local Integrated care services in six localities, built around natural populations across BNSSG. First step, now complete, was to support general practice to work at scale in networks of practices at locality level. Second phase, now in local planning stage, is to enable locality networks to provide improved access across 7 days, working with their community, mental health and social care partners and responding to specific population needs. Third phase will be to develop population-driven priority plans, focused on locally appropriate targeted populations and underpinned by a 'provider alliance' in each of the localities. Work is ongoing to identify services to be delivered pan-locality or across BNSSG, which will also be incorporated in the new BNSSG community services procurement.</p> <p>Mental Health forms a fundamental element of Local Integrated Care Services with Avon &amp; Wiltshire Partnership NHS Trust (AWP) a core partner in the provider alliance at locality level. The STP is supporting AWP's transformation programme and working with our local authority partners to develop a mental health strategy, building on local work to deliver the 'Thrive' model, which has been adopted by all three councils.</p> <p>Established a BNSSG-wide Integrated Care Steering Group within the STP architecture. The group is made up of GP locality leads and system providers and has primary responsibility to oversee development of the high level BNSSG locality integrated care model.</p> <p>Completion of extended scope NHS 111 and GP out of hours procurement to better support urgent care demand</p>	<p>Working to complete a model for an integrated care bureau which will support an “air traffic control” –like oversight of system demand and capacity management, focussing first on improved admission avoidance and early discharge planning, but then extending</p>
<p><b>Acute Care Collaboration</b></p>	
<p>Weston successful A&amp;E temporary overnight closure to mitigate clinical service vulnerabilities</p> <p>UHBristol/Weston partnership development, strengthening Weston senior management team and in-depth data analysis to inform strategic service solution design for future acute service provision as part of the Healthy Weston Programme.</p> <p>Significantly strengthened system working and resilience within urgent care. Retained local control</p>	<p>Working towards pre-consultation business case development and consultation on proposed Weston system change proposals.</p> <p>Commencing work to design a single model of maternity care for BNSSG, underpinned by a significant digital development programme to support patient flow and choice, and improve safety.</p> <p>Urgent care strategy development in response to one of the biggest challenges in our system</p>

<p>over winter despite immense pressures on the system, completed review of 2017/18 winter, and plans now coming into place for 2018/19 winter. Developed a NBT urgent care recovery plan and now completing a system wide version. Strong focus on reducing delays throughout the system, including working with Newton Europe who have performed an in-depth diagnostic review of transfer delays for Bristol residents.</p> <p>Developed a Maternity services plan in response to better births and working to develop a proposal for a networked BNSSG maternity service.</p> <p>Successfully bid for capital funds to enable estates rationalisation for our secondary mental health services provider Avon &amp; Wiltshire Partnership NHS Trust. Key local partners are in discussion with NHS England about the potential public consultation required to support this.</p>	<p>Further developing system-wide acute strategy to enable further collaboration and networking of services, supported by robust analysis and evidence base. The strategy will aim to embrace both local general hospital services and regional specialised services as key planks in STP development.</p> <p>Working with NHS England to define and implement local leadership of specialised services commissioning.</p>
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**Enabling work streams**

**Workforce**

<p>Established dedicated STP workforce programme team including a workforce planner</p> <p>Developed workforce vision and early goals with system partners as part of a wider strategy development process</p> <p>Completed a mental health workforce plan</p> <p>Rolling out Calderdale and WRaPT tool training to support partner organisation workforce planning and redesign</p> <p>Successfully taken on from HEE at STP level core workforce education and training function</p> <p>Successfully streamlined a number of HR processes across system partners through introduction of a recruitment passport and a statutory &amp; mandatory training passport</p> <p>Established a neutral contractor scheme for managing agency nurse staffing requirements</p> <p>First phase of an STP leadership programme for CEs completed</p>	<p>In line with strategic goal now undertaking a detailed nursing workforce gap analysis to support forward planning.</p> <p>Developing a system dashboard of workforce metrics to support both short and medium term action planning.</p> <p>Developing implementation plans around the 3 key workforce goals</p> <p>Implementation of mental health workforce plan</p> <p>Supporting primary care workforce development with next generation GP and practice manager development programmes</p> <p>working on workforce design to support Healthy Weston proposals development.</p> <p>Scoping work to establish a BNSSG wide Training Academy that will provide a system wide consolidated education &amp; Training function</p> <p>Further rollout and extension of staff passport</p> <p>Commencing phase two of the system leadership development programme running May to Feb 19.</p>
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<b>Digital Transformation</b>	
<p>Established and begun rollout of Connecting Care programme</p> <p>UHB identified as Global Digital exemplar site</p> <p>Next stage digital transformation strategic plan – Building on Success completed</p> <p>We have all GP practices and x3 CiCs on the same information platform (EMIS) with some data sharing agreements in place</p>	<p>Continuing extension and rollout of Connecting care</p> <p>Connecting Care Board revised to become STP Digital Transformation steering group</p> <p>Progressing implementation plans to support delivery of “Building on Success</p> <p>Worked with 5 other STP areas to lead co-ordination of a by invitation proposal to NHS Digital for LaHCRE funding.</p> <p>Supporting progress of our population health analytics function with development of a BNSSG population dataset.</p>
<b>Estates</b>	
<p>Supported by Nuffield Trust to begin developing a high level estates strategy</p> <p>In-depth mapping of estates and its utilisation using the SHAPE tool, providing good insight into estate improvement opportunities</p>	<p>Further development of medium term actions informed by the work completed to date</p> <p>System-wide process to work up capital proposals, underpinned by a full system-level capital programme</p>