



## **BRISTOL CITY COUNCIL**

### **APPENDIX**

### **P6 FINANCE REPORT - DRAFT**

#### **SUBJECT:**

S256 System Transformation Funding for Population Health

#### **KEY DECISION:**

Yes

#### **REASON:**

To authorise the acceptance of non-recurrent funding from Healthier Together to accelerate the work around Population Health in BNSSG.

#### **BACKGROUND:**

Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System (ICS) known as Healthier Together, recently put a call out for groups to submit business cases for 2 years of non-recurrent 'System Transformation Reserve' Funding. The conditions for this section 256 funding include a requirement to support areas of work that overlap both local authority and NHS priorities and also demonstrate value for money and saving for the NHS.

The Healthier Together Population Health, Prevention and Inequalities (PHPI) Steering Group have been successful in the application for this funding to recruit a temporary team of people to accelerate the emerging Population Health work across Healthier Together by providing additional staff resource to deliver new key products. It is proposed that a team of five will be recruited and hosted by Bristol City Council, within Communities and Public Health. The work of this team will be guided by the Healthier Together PHPI Steering Group and be a resource for the whole of BNSSG.

Population Health is an approach that aims to improve outcomes across an entire population. Improving population health and reducing health inequalities are two of the four purposes of an ICS. Population Health sits in the centre of our ICS and as a system we have collectively committed to improving physical and mental health, promoting wellbeing and reducing inequalities in health outcomes for the people of BNSSG. The PHPI Steering Group includes representation from all ICS partners including Bristol City Council. The work is delivered currently through the PHPI Operational Group which includes local authority public health consultants, and Clinical Commissioning Group (CCG) and Healthier Together staff.

This small, time-limited team will be dedicated to Population Health work, accelerating progress in this important area. They will support the joining up of the wealth of quantitative and qualitative data from local authorities, the NHS and voluntary sector to give us a richer understanding of the needs, assets and inequalities within our populations and the opportunities for prevention at BNSSG level and the places within it (such as our localities). This will in turn support the more efficient allocation of resources across our system so that we achieve the overall best possible health outcomes. The team will be responsible for developing specific products such as:

- Updating the Healthier Together ‘Case for Change’ population health overview to support refresh of the five-year plan
- Developing the System Outcomes Framework dashboard to enable performance against our agreed outcomes to be monitored
- Undertake work on Reverse Care Pathways - analysis of specific care pathways (lung cancer, chronic obstructive pulmonary disease, ischaemic heart disease and alcoholic liver disease) where there appear to be the most significant inequalities in outcomes, to identify where the inequalities arise
- Review of our existing JSNA approaches and infrastructure to develop a system wide approach to producing population health needs assessment and intelligence profiles. This will maximise the use of existing resources, improving efficiency and reducing duplication.
- Work with the value programme and others in the system to develop new metrics where there are gaps in our data e.g. around patient and public experience and staff wellbeing.
- Scoping work to consider the integration of lifestyles services (such as smoking and weight management) across BNSSG, developing a consistent offer across the patch relative to need, and improve efficiency and equity.

**DECISION: To authorise acceptance of funding as described below:**

<b>Financial summary</b>	<b>Y1 in year spend</b>	<b>Y2 in year spend</b>	<b>Recurrent cost implications</b>
<b>Cost of delivery – Non - recurrent revenue requirement (£):</b>	£ 321k	£321k	None – 23 month contracts £642k

### **FINANCIAL IMPLICATIONS**

See attached MOU.

### **LEGAL POWERS AND IMPLICATIONS**

See attached MOU.

### **CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS**

None.

### **CONSULTATION**

The Healthier Together PHPI (Population Health, Prevention and Inequalities) Steering Group and PHPI Operational Group were consulted on the original business case. Further to the agreement to the funding, the three local authority finance teams were consulted and feedback on the outcome of this is awaited.

## **RISK MANAGEMENT**

### **Risk of recurrent costs.**

This team will be accelerating work through the development of efficient systems and delivery of products within a set timescale therefore we are not expecting recurrent costs.

### **Risk of timeliness**

The products need to be “ready to use” at the beginning of the refresh or development of ICS plans. To fill the gap between now and recruiting to the roles, existing public health and analyst capacity within the CCG and local authorities will be used to start the work.

### **Risks regarding recruitment**

These post holders will be required to have a high level of analytical skill. Such skills are currently in high demand. Recruitment will highlight the opportunity to work with three well regarded public health directorates. The attractions of Bristol as one of the best places to live in Britain, and the wider appeal of South Gloucestershire and North Somerset to attract candidates, will be promoted.

### **Risks of employment liabilities**

Contracts will be issued for 23 months to mitigate redundancy liabilities.

## **EQUALITY IMPLICATIONS**

Have you undertaken an Equality Impact Assessment? No

This project will provide the information needed by the system to ensure that planning and the design of transformation activities is positioned to improve population health and reduce health inequalities more effectively.

## **CORPORATE IMPLICATIONS**

None, other than those already highlighted.