



## Item 1.2

### Healthier Together – Sponsoring Board

Date: Thursday 25<sup>th</sup> January 2018, 15:00 – 16:00

Venue: Board Room, Trust HQ, UHB, Bristol

#### Final Minutes

Present:	Name	Initials	Job title
	Ron Kerr	RK	Independent Chair – (Chair)
	Julia Clarke	JC	Chief Executive, Bristol Community Health (BCH)
	Robert Woolley	RW	Chief Executive, University Hospitals Bristol NHS Foundation Trust
	Andrea Young	AY	Chief Executive, North Bristol Trust
	Julia Ross	JRos	Chief Executive, BNSSG CCG
	James Rimmer	JRi	Chief Executive, Weston Area Health NHS Trust
	Eileen Jacques	EJ	Health Watch
	Mark Pietroni	MP	Director of Public Health, South Gloucestershire Council
	Glyn Howells	GH	Director of Finance, BNSSG CCG
	Martin Jones	MJ	Chair, Bristol CCG
	Sheila Smith	SS	Director for People and Communities, North Somerset Council
	Peter Murphy	PM	Director of Children, Adults & Health, South Gloucestershire Council
<b>In attendance:</b>	Rachel Pearce	RP	Director of Commissioning Operations, NHSE
	Laura Nicholas	LN	Healthier Together Programme Director
	Gary Hancox	GH	Healthier Together Portfolio Project Manager
<b>Apologies:</b>	Janet Rowse	JRow	Chief Executive, Sirona
	Judith Brown	JB	Chief Executive, North Somerset Community Partnership
	Terry Dafter	TD	Interim Director of Adult Social Care, Bristol City Council
	Ruth Taylor	RT	Chief Executive, One Care BNSSG Ltd
	Jenny Winslade	JW	Executive Director of Nursing and Governance
	Sunita Berry	SB	South West Director, Specialised Commissioning
	Becky Pollard	BP	Chair, West of England Public Health

Item	Topic	Action
	<b>Minutes and Actions from the previous meeting</b>	<b>RK</b>
	<b>1.1. Apologies for Absence</b>	

Apologies for absence were recorded through the chair

### **1.2. Approval of minutes from the meeting held on 21 December 2017**

The minutes of the meeting held on 15 December were approved and agreed as an accurate record.

### **1.3. Review of Action Log**

Action log to be updated, specific items updated on were:

- Item 22, there is a discussion to be had around the specialised commissioning plan and 2018/2019 planning
- Item 37, RW updated that he had met with Deborah El-Sayed to discuss the review of the current CCG contract with the CSU in relation to digital looking at joint arrangements to be put into place. Digital update to be brought back to the Sponsoring Board at the next meeting.
- Item 40, LN highlighted the need for the partners to consider agreeing to share employment liability, PMO resource plan and recruitment is to be taken and discussed at the next executive group.

### **1.4. STP Programme Escalation Reports – for information**

The risk register paper was for information only, but it was noted a more in depth conversation needs to be had around the report and LN advised it will be taken to the executive group to discuss in more detail. RK added that a high level discussion at the board is needed.

## **2. Healthier Together Population Analytics**

LN presented the Healthier Together population analytics paper, outlining the work undertaken to date to create a system wide programme.

It was noted that BNSSG has significant analytics capabilities in the system but it is not yet sufficiently co-ordinated or aligned to a set of system health improvement goals and capable of supporting robust decision making around large scale change.

The board had already previously agreed the financial support for this programme, but now needed to agree a clear plan, working at a whole system level.

Currently working on articulating the system-level vision for the population analytics programme and how it feeds into the overarching

	<p>information engine and digital work stream plan. It was noted that there is still more to be done in terms of scoping the project.</p> <p>The ask of the board was to note the progress, endorse the establishment of a programme board to oversee delivery of population health analytics function and endorse the decision to prioritise developing population health dataset using primary and acute hospital activity data in the first instance.</p> <p>JRos emphasised that the analytics are building on the capabilities and resource that BNSSG already have, and doing more work to get to the same place as if starting something new.</p> <p>The group questioned the client of this piece, and whether it was technology or customer lead.</p> <p>It was also raised that the connecting care board is not an inclusive enough board to oversee this piece. RW advised that the digital work stream has been redesigned to include all system users.</p> <p>There was strong support for this work to move forward by the board, with emphasis on building on the capabilities that BNSSG already have and noting that the data should also include private, independent work.</p> <p>The establishment of a programme board was endorsed by the board.</p> <p>It was asked that the Population Analytics returns back to the board with a forward plan. The project needs to be scoped and capacity considered. The benefits of the project also need to be considered. It is the commitment of the STP PMO to show the value of the project before the board agree to the spending cost.</p> <p>The timeline for this piece is a minimum of 3 months.</p> <p><b>ACTION: Healthier Together Population Analytics is to return to the board with a forward plan, including the benefits of the project.</b></p>	
<p><b>3.</b></p>	<p><b>Capital Bid for Mental Health</b></p> <p>The board fully supported the capital bid for mental health presented by HR.</p> <p>RP advised that there should be a direct link into the BNSSG recovery strategy and that there will be a level of heightened security given the financial position of the trust, and if wanting consultancy by May, then things need to start moving within the following week.</p> <p>The spend to save benefit also needed to be included along with all the clinical benefits needing to be added in.</p>	

	<p>But the board welcomed and endorsed the STP Estates bid to be submitted to NHSE/I by 31 January.</p>	
<p>4.</p>	<p><b>Building Health Partnerships self-care update and Mental Health Seminar Outcome</b></p> <p><b>4.1. Building Health Partnerships self-care update</b></p> <p>JC updated the board on the progress of the Building Health Partnerships self-care. This paper was more for information and discussion.</p> <p>The final of 3 events is due to take place on 11<sup>th</sup> April 2018, JC asked if either RW or RK could attend this event.</p> <p>The board fully supported the Building Health Partners Programme and agreed that it is good relationship to develop with the West of England Civil Society Partnership.</p> <p>It was also highlighted that building an identity in the voluntary sector is key.</p> <p><b>ACTION: RW or RK to attend the Building Health Partnerships event on 11<sup>th</sup> April 2018.</b></p> <p><b>4.2. Feedback from IPCC mental Health Seminar</b></p> <p>JC presented the Feedback from the IPCC mental health seminar paper with Aileen Edwards, CEO of second step.</p> <p>The presentation outlined the content and output from a mental health seminar which took place in October 2017 as part of the Integrated primary and community care work stream.</p> <p>Facts that were highlighted within the presentation included:</p> <ul style="list-style-type: none"> <li>- Mental and physical health are highly interdependent with 30% of people with a long term condition also having a mental ill-health – especially depression and anxiety, and 46 % of people with a mental ill – health having a long term condition.</li> <li>- Life expectancy of those with mental ill-health is almost 20 years less than those with good mental health and the majority is in relation to smoking related illness.</li> <li>- Mental ill health affects a quarter of people, it accounts for 23% of ill health but just 13% of NHS spending.</li> <li>- Bristol has higher suicide rates and higher levels of self-harm.</li> <li>- South Gloucestershire has long waiting lists for young people’s services, IAPT, secondary services; low levels of mental health spend</li> </ul>	

	<p>- North Somerset has significantly higher levels of depression, higher levels of self-harm</p> <p>The board were supportive of the paper, and broadly in agreement with the recommendations.</p> <p>It was noted that the benefits and measurable outcomes of delivering the real value of what is proposed within the paper would need to be captured.</p> <p>The board was reminded that a mental health lead on all boards was an ask of the first STP submission although it was not clear whether this was in place in all organisations.</p> <p>It was also highlighted that the thrive model should be shared by BNSSG STP and should be integrated into our approach to transforming mental health.</p> <p>The need to ensure that children and prevention were included in the approach was noted.</p> <p>The board concluded that this ask is limited and just the start of something bigger. The board fully supported the recommendations.</p> <p><b>ACTION: HR to circulate the role description for mental health organisation board lead.</b></p> <p><b>All to ensure each partner organisation board has a nominated mental Health lead.</b></p>	
5.	<p><b>STP PMO Resource Plan</b></p> <p>This paper was not discussed and is to be taken to and discussed at the executive group meeting in February.</p>	RW/LN
6.	<p><b>STP Programme Report</b></p> <p>This paper was for information and was not discussed at the board.</p>	LN
7.	<p><b>Any Other Business</b></p> <p>There was no AOB discussed at the meeting.</p>	
<p><b>Date of next meeting:</b></p> <p>Monday 26 March, 15.00 – 17.00, Boardroom, THQ, UH Bristol.</p>		