



Healthier Together

Update report for Partner Boards

September 2018

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1. INTRODUCTION

The purpose of this report is to brief partner Boards on the priorities and status of the Healthier Together Sustainability and Transformation Partnership. This is the third of these reports.

Since the last report in July, the Healthier Together programme has continued to build on the development of plans in each of the 10 priority areas presented at our first major conference on 21st June. Our STP has been externally assessed by regulators, with the good progress we are making formally acknowledged; the partnership has also been notified that we have been nominated to participate in an accelerated development programme for STPs making good progress.

Our next period will focus on getting programme plans fully established, resourced and delivering; also looking forward to developing our annual plans for 2019/20, with an increased emphasis on extending our joint working to maximise benefits for the system and our population.

2. HEALTHIER TOGETHER PRIORITY PROGRAMMES DEVELOPMENT

Following a system-wide conference on 21st June, all partners have agreed to focus on 10 priority areas that are likely to make the biggest contribution towards delivering our vision. These are:

- Integrated community localities
- Primary care
- Acute care collaboration
- Urgent care
- Mental health
- Prevention
- Maternity
- Healthy Weston
- Workforce
- Digital

More detailed plans, particularly focusing on the next 12 months which were worked up by the programme teams, were agreed at the Sponsoring Board meeting on 24 September. A summary of each programme is shown in Appendix 1.

3. DEVELOPING THE HEALTHIER TOGETHER MENTAL HEALTH STRATEGY

3.1 Background

One of the aforementioned system-wide programmes is delivering a mental health strategy. With increasing demand for mental health services and the scale of the

BNSSG financial challenge, the current configuration of resources cannot easily meet that demand. This is particularly true in areas which are already challenged, including CAMHs, IAPT, EIP and the crisis pathway. There is a similar picture across the country.

Work is underway to drive improvement, meeting the challenge outlined in the Five Year Forward View. A wide range of providers are delivering mental health related services across BNSSG and continuously working to improve services, but given the complexity of the system, the way care is delivered is not always the most efficient. The availability of services can vary depending on where people live and which organisation provides care, resulting in a lack of parity of esteem in differing localities and Local Authority areas. Our core drivers for change include:

- Life expectancy for people with mental health problems in BNSSG is 18-20 years shorter than for the general population.
- In the latest figures (ONS, 2017), the South West of England had the highest suicide rate for any English region, at 11.2 per 100,000 people, in contrast to London which had the lowest at 7.8 per 100,000 people.
- There are shortfalls in mental health workforce across all roles.

3.2 Healthier Together Mental Health Strategy

Our aim is to harness the opportunity Healthier Together brings to meet the mental health and wellbeing need of our total population and in doing this work develop consistent, equitable and sustainable services. We have deliberately not defined a vision statement for this work at this stage as we want to co-produce this in partnership with local people.

Through the development of a Strategy we aim to:

- Develop an all age strategic framework with partners that will underpin and inform all aspects of mental health and wellbeing within BNSSG.
- Address inequality of service provision, improve access, standardise service models and reduce unwanted variations to improve outcomes.
- Ensure that our mental health services are comprehensively integrated with wider health and social care services and are organised in a way that can respond more effectively to our population's needs and how people now typically present to services.
- Ensure that current and planned changes to mental health services, national policy and regulatory requirements, change programmes and planned investments work for, and are informed by, the needs of the BNSSG population.
- Where possible refocus our efforts towards prevention, early intervention and resilience with a specific emphasis on children and young people.

- Consider the significant opportunities to improve physical health outcomes and reduce demand and activity in non-mental health services by thinking holistically about pathways and interventions.
- Add value to people in BNSSG and our system, not duplicate work in progress, such as #Thrive, or replicate other strategies in existence or development, such as Local Authority Health & Well Being Board Strategies.

3.3 Progress so far

There is much support across the system for a Healthier Together Mental Health programme, and shared recognition and understanding that this represents a significant opportunity and meets the STP triple aim. Clarity in terms of aims and purpose have only recently been defined, but as a partnership there have been important achievements to date:

- £9.5m funding to transform our mental health services estate - helping us to deliver new models of care and enable the AWP Clinical Strategy.
- Received an extra £365k of national funding to support suicide prevention in our area.
- Developed a specific Mental Health Workforce Plan, outlining the route to increasing our workforce and developing skills across BNSSG.
- A system-wide focus on building personal resilience and reducing social isolation as a part of the Prevention Plan.
- Creation of improvement programme for personality disorders pathway and development of a task and finish group to support this work.
- Agreed £3.9m of new investment to support improvements to local mental health services informed by our strategy.

3.4 Opportunities for co-production/co-design with members of the public

A wide ranging consultation and engagement process has begun, and will continue throughout the development of the strategy, utilising both established understanding and gathering new insights via partnership organisations across BNSSG.

We aim to offer a wide range of opportunities to ensure the voices of local people, those with lived experience, staff and stakeholders are heard and their views are fully embedded in the final strategy. We are already working with local partners like Bristol Independent Mental Health Network (BIMHN). Branding and consultation will be aligned with Thrive to ensure broad consistency in public awareness and to avoid confusion.

3.5 Next steps

- Further develop the case for change and assess impact of work already underway including delivery timelines – October 2018.
- Undertake wider engagement and work with people with lived experience, several engagement opportunities across BNSSG to be undertaken by December 2018.

- BNSSG Mental Health Strategy submitted to Healthier Together Sponsoring Board – April 2019.

4. ASPIRING ICS PROGRAMME

Our STP has been externally assessed by regulators as making good progress and in recognition of this we have been invited to take part in the 11 week Aspiring Integrated Care System (ICS) programme. It is aimed at helping STPs make accelerated progress this year, with the potential of working towards application to become an Integrated Care System in the near future.

The purpose of the programme is to provide space for reflection, share learning and continue professional development for system leaders. It particularly focuses on the elements required to become an effective Integrated Care System such as:

- Governance and sustainable financial position
- Clear models of care
- An approach to population health management

Nationally there is expectation from regulators that all STPs will progress towards the ICS status. Each ICS may be slightly different depending on the area and won't necessarily require fundamental organisation form changes.

It is important to highlight that this development work will help to enhance our BNSSG system working and will put us in a stronger position should we wish to evolve our way of working and apply to become a nationally recognised Integrated Care System. No decision on this would be taken without proper discussion and involvement of all Healthier Together partners.

In Bristol, North Somerset and South Gloucestershire, thinking is still at an early stage and there have been no formal discussions yet about what a roadmap towards becoming an ICS might look like for us. Our focus continues to be on developing the Healthier Together partnership and plans to address the big health and care challenges we face. The ICS development programme will provide space for us to begin developing our thinking together.

Work has already commenced with the Sponsoring Board on 24 September and Chairs/Council Leaders Reference group on 4 October. The Sponsoring Board understands and accepts the importance of ensuring that partner boards are fully informed and engaged in this work and we will ensure Chairs have the opportunity to shape how this is achieved.

5. SYSTEM PLANNING APPROACH FOR 2019/20

At its September meeting the Healthier Executive Group began early consideration of how the partnership should approach planning for 2019/20, given the ambition of the system to progress towards a single system plan and budget in future.

The System Delivery Oversight Group was asked to develop a “plan for a plan” for 2019/20 including clear ambitions and milestones for getting the partnership to a single system plan and budget by 2021.

The high level ambitions and milestones discussed are included in **Appendix 2**. These were agreed by the group (with the exception of the milestone to operate a single budget for urgent care). The group acknowledged that more detailed work needed to be undertaken, setting out how this could be achieved, with a particular focus on how the different types of risk inherent in the urgent care system could be managed and controlled.

The discussion has subsequently further stimulated the partnership’s desire to think about future planning governance arrangements and the development of a Memorandum of Understanding between all partners for 2019/20 to help establish the necessary ways of working that will enable the planning milestones to be achieved. This links closely to the work on governance that the Aspiring ICS programme can help to progress, as well as the Executive Group leadership development programme which is already under way.

The milestones for 2019/20 are now being turned into a more detailed delivery plan that will be overseen by the System Delivery Oversight Group, having been signed off by the Sponsoring Board.

Robert Woolley	Joint STP Lead Executive
Julia Ross	Joint STP Lead Executive
Laura Nicholas	Healthier Together Programme Director

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Programme	Sponsor	Key system-wide deliverables set out to achieve by April 2019
General Practice Resilience and Transformation	Ruth Taylor	<ul style="list-style-type: none"> • 70% coverage achieved with single telephony solution • Support consistency in practices through development and sharing of searches, templates etc. • All practices received Practice Intelligence Reports to help plan demand vs capacity and set thresholds • Translate BNSSG CCG Primary Care Strategy into a work plan • Create a resilience framework that practices are able to measure themselves against & identify the baseline
Integrated Community Localities	Julia Clarke & Julia Ross	<ul style="list-style-type: none"> • Design of locality priority service models (Nov 18 – Jul 19) • Agree application of Phase 3 LTS Funds • Terms of reference with provider forums • Leadership development support for localities
Acute Care Collaboration	Andrea Young	<ul style="list-style-type: none"> • Draft ACC strategy (February 2019) • Draft Stroke Business Case • Pilot outpatient models of care • Final ACC strategy (April 2019)
Urgent Care	Julia Ross	<ul style="list-style-type: none"> • Strategy document to be accepted by all partner organisations' Boards • Establish a route of communication / key messaging to front line staff that succinctly describes priority themes and how their work can contribute to this <ul style="list-style-type: none"> ○ Virtual ICB ○ NHS 111 online ○ IUC/CAS
Healthy Weston	Julia Ross	<ul style="list-style-type: none"> • Pre-consultation business case • Public consultation • Evaluation of consultation responses
Maternity	Andrea Young	<ul style="list-style-type: none"> • Implementation of delivery plan and first report on year one targets
Mental Health	Martin Jones	<ul style="list-style-type: none"> • Strategy framework & case for change development • Engagement events with all stakeholders • Draft Healthier Together BNSSG Mental Health Strategy (January 2019) • Final/ large scale engagement event in January 2019 • Healthier Together BNSSG Mental Health Strategy (April 2019)

<p>Workforce</p>	<p>Hayley Richards</p>	<p>Workforce Planning and Modelling</p> <ul style="list-style-type: none"> • Appoint provider to deliver workforce plan • Agree baseline and assumptions • Develop workforce scenarios • Workshops for programme areas to understand implications for workforce of each programme area <p>Career framework, apprenticeships and work with schools to support workforce supply and retention</p> <ul style="list-style-type: none"> • Develop a draft career framework based on local and national best practice linked to apprenticeships • Schools and colleges – comprehensive approach to increase the supply pipeline initiated <p>Community and Primary Care</p> <ul style="list-style-type: none"> • Alignment and delivery of community and primary care workforce programme including: <ul style="list-style-type: none"> ○ Implementation of NHSE Intensive Retention Support Site pilot to retain GPs ○ CEPN programme to develop primary care staff in progress ○ International recruitment for GPs underway ○ Collaborative training and education across community and primary care.
<p>Digital</p>	<p>Robert Woolley</p>	<ul style="list-style-type: none"> • Long term roadmap across Health and Care developed to: <ul style="list-style-type: none"> ○ mobilise the delivery of convergence and integration across BNSSG to improve connectivity across our services, supporting our patients and clinicians. ○ consolidate existing infrastructure and create a single flexible solution, across our services, estates, geographical boundaries and organisations. • Overarching governance and process established to support services ensure, system, infrastructure, software developments, and procurements across BNSSG are aligned to the ambitions of collaboration, integration and the convergence strategy. • Care flow integration roadmap between Acute, Community, Primary Care and Social Care identified. • Radiotherapy specification review and recommendations.

<p>Prevention</p>	<p>Mark Pietroni / Sara Blackmore</p>	<ul style="list-style-type: none"> • Three year delivery plans for implementation groups: <ul style="list-style-type: none"> ○ Public Mental Health, ○ CVD Risk Factors ○ Tobacco ○ Alcohol Harm Reduction ○ Obesity & Physical Activity • Implement SW Clinical Senate policy to ensure that every clinician knows the smoking status of their patient and is equipped to give brief advice and refer to smoking cessation services. Beginning with maternity services. • Engaging with secondary care providers to ensure achievement of CQUIN on preventing ill health in a way that has population impact. • Collaborating with HEE to explore opportunities to include Prevention in junior doctor (F1/F2) teaching.
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Appendix 2

2019/20 Single System Plan – work plan for delivery

2020/21 Ambition	2019/20 milestone	Next steps	Who
Be accountable to one another for the delivery of services and use of resources	Establish a system performance management framework for delivery of all key Constitutional standards, building in peer review as a core element	<ul style="list-style-type: none"> Establish a shared information framework to provide 'one version of the truth' Develop a single BNSSG activity and capacity model with a single set of assumptions Agree system approach to the achievement of waiting time standards (eg RTT) Agree local guidance for organisational operating plans to demonstrate alignment for delivery Agree alignment with non-BNSSG commissioners 	<p>System business intelligence (planning subgroup) System modellers (planning subgroup)</p> <p>SDOG</p> <p>System Planners Group</p> <p>Director of Commissioning</p>
Work to a shared vision within a single plan, built from one version of the truth and consistent ways of working	Publish a single system plan for 2019/20 that is jointly owned	<ul style="list-style-type: none"> Set 5 key "outcome goals" for BNSSG Establish a process to ensure delivery, including of programme priorities set out in the Healthier Together mandates Define key system-wide change initiatives for delivery in 2019/20 (pathway changes/service models including stroke, CAMHS, urgent care, outpatients) Agree key BNSSG-wide productivity goals for implementation in 2019/20, for example: <ul style="list-style-type: none"> Excess bed day incentive scheme OP follow up limiters 	<p>STP Exec</p> <p>Healthier Together PMO to SDOG</p> <p>SDOG</p> <p>DOFs Group</p>
Operate a single budget, making decisions together that enable the flow of	Operate a single budget for urgent care, establishing a framework to jointly manage performance, delivery and	<ul style="list-style-type: none"> Design process for conducting contract negotiations on group basis for acute sector and agree approach for community and mental health services 	Planners Group

resources to deliver our vision within the allocation available	clinical and financial risk	<ul style="list-style-type: none"> • Agree BNSSG risk appetite and risk-share/contract incentive arrangements for urgent care, (For example, activity and cost reduction incentives, risk share arrangements such as conversion rate or excess bed day limiters), and specific clinical pathway changes. • Agree BNSSG approach to key health and social care workforce risks (For example, aligned pay rates/single bank/shared roles across BNSSG) • Secure regulatory alignment around BNSSG approach 	SDOG Workforce Transformation Steering Group STP Lead(s)
Establish a governance infrastructure which enables and embeds shared decision making with delegated accountability from each organisation	Establish a shared governance infrastructure to work in shadow form during 2019/20	<ul style="list-style-type: none"> • Revise system oversight framework for urgent care in 19/20 • Revise STP structure to operate shadow system governance in 2019/20 	UCOB STP Exec
Establish our vision and definition of the ICS in BNSSG. Develop and abide by a set of behaviours to establish trust, mutual respect and interdependence	A full roadmap for delivery of ICS. Secure Board sign up from each sovereign organisation to a Memorandum of Understanding. This will include an agreed statement of ambition and behavioural code to guide our work, and a framework for how we will hold one another to account for how we abide by it	<ul style="list-style-type: none"> • Participate in the Aspirant ICS Programme and agree a roadmap for ICS delivery • Draft and agree MOU • Establish OD programme to support joint work for leaders below CEO across BNSSG • Establish development programme for Clinical Cabinet and other key clinical leaders 	STP Exec and teams SDOG (with Board Secretaries) Workforce Transformation Steering Group Workforce Transformation Steering Group & Clinical Cabinet