Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

Document Control

Version	Date	Author/Reviewer	Comment
0.1 – 0.4	14/09/17	Rebecca Balloch	Initial drafting – amendments and input from Laura Nicholas
0.5	20/12/17	Wendy Best	Further amendments
0.6	10/01/18	Laura Nicholas	Further amendments
0.7-0.8	15/01/18	RB	Feedback from Julia Ross
0.9	24/01/18	Wendy Best	Further amendments
0.10-0.11	02/02/18	RB	Accepting track changes/ HR updates
0.12	13/02/18	RB	New template, stats additions

Live document as of [tbc date]. Next review due [tbc date].

Healthier Together Narrative:

To be used as the core basis for preparing content for all stakeholders

Introduction 2

Current top three key messages 2

Healthier Together – bitesize summary 2

The positives 2

The case for change – killer stats 3

Our vision and ambition 4

Healthier Together full narrative 4

STPs – what's it all about? 4

The national picture 4

Healthier Together – our local STP – what and who? 5

Case for change – what are the problems in BNSSG? 5

Our vision 8

What does it mean for residents and staff? 9

How will we do this? 9

Our next steps together 11

Frequently Asked Questions 12

Introduction

Healthier Together is the Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP). This narrative provides an overview of the national context, our local challenges and ambitions for the future.

This document includes key messages and frequently asked questions (FAQs). It briefly sets out the tone, style and language we want to use when discussing or writing about the STP and the channels we expect to use to get information to communities and to receive feedback (further detail on this will be set out in the overarching communications and engagement strategy).

Once fully approved, the content will be used as the core basis for explaining the STP (content will be tailored further depending on audience and channel e.g. staff v public, internal newsletter v social media). A supporting slide pack is also being developed.

Please note: This is a live document which will evolve as the work of Healthier Together progresses. If you would like to provide input and feedback on this document please get in touch with Rebecca Balloch, BNSSG STP Communications and Engagement Lead.

Current top three key messages

- **Change:** The NHS has stood the test of time so far, but if we want it to be to be here for our children's children we need it to adapt and be responsive to people's 21st century needs. Now is the time for change.

- **Opportunity:** This is a defining era for health and care services. Healthier Together is our local opportunity to make our services fit for the future by working together much more closely.

- **Listening:** We understand the issues that we need to overcome and are now looking at what changes may need to be made. We will continue to listen to you. We don't have all the answers yet and want to work with you to find the best solutions to the changing and increasing needs of our communities.

Healthier Together – bitesize summary

Note: This 'bitesize summary' provides a short overview of the case for change and our vision. Further detail is provided in the full narrative section of this document.

The positives

- We are proud of our health and care services in BNSSG. We have two specialist hospitals providing innovative world-class services, three award-winning community health providers, a mental health provider, and three local authorities.

- People are living and staying well for longer than ever before. Overall our population enjoys good health and we are seeing life expectancy increase.
- Funding for our NHS services has continued to grow.
- There are opportunities to do more to prevent illness and to help people manage their health problems closer to home.
- Our area is a great place to live and work, with a mix of vibrant city life and rural countryside. There is a strong local economy which puts us in a good place to recruit people to our health and care workforce.
- Bristol is one of the most digitally advanced cities in the UK with the right infrastructure to support innovation.
- Our Connecting Care programme is nationally recognised as leading the way in sharing health and care records across organisations.
- UH Bristol is one of just 16 trusts in England named a 'global digital exemplar' – pioneering the next generation of IT to drive radical improvement in the care of patients.
- Excellent collaboration already exists between many of our organisations. For example, Bristol South GP practices and Bristol Community Health, UH Bristol and Weston General Hospital, the Community Children's Health Partnership (CCHP) led by Sirona care & health.
- 86% of the population rate their overall experience of GP surgeries as very good or fairly good, but there is increasing pressure on GPs.

The case for change – killer stats

- Almost 1million people live in our area and that is estimated to increase by around 35,000 by 2020.
- One in ten people live in a deprived area.
- There is an average life expectancy gap of around six years between people living in the most and least deprived areas. Some areas have a difference of 18 years.
- Every month our NHS services overspend by approximately £8million.
- There are an estimated 150-200 people in a hospital bed every day that don't need to be there.
- For people over 80 – 10 days in hospital equates to 10 years of muscle aging. This means they are less likely to recover well than if they were at home.
- 22% of our 75+ population had at least one emergency hospital visit in 2017.
- Councils across BNSSG report a total of 230 'homeless households' – instances where they are aware of individuals or families being made homeless. It is too difficult to estimate how many people are homeless or sofa surfing within BNSSG, but nationally there is a reported increase in homelessness.
- Our GPs see approximately 60,000 patients every week which is unsustainable. A fifth of GPs are expected to retire in the next ten years and not enough new GPs can be recruited.
- There are currently around 1,300 care worker and 700 nurse vacancies across our area.
- 9% of the adult population have a diagnosis of depression.
- Two out of three adults are overweight or obese. One in three 10 and 11-year-olds (year six) children are overweight or obese.
- There are around 6,000 alcohol-related hospital admissions per year. About a quarter of the adult population report that they binge drink.
- Around 44,000 people over the age of 17 have diabetes.

- One in 10 15 year olds smoke. One in 10 mothers smoke at the time their baby is born.
- NHS estate running costs across our area total approximately £120m per year – there is more we could do to use space more wisely and bring up to date.
- Cancer, heart disease and stroke, liver and lung disease are some of the main conditions causing early deaths.

Our vision and ambition

- We want individuals to be at the centre of their own health and care. People will be inspired and supported to care for themselves.
- Services will be more joined up, easy to access and as close to home as possible.
- We want access to our leading-edge hospital and specialist services to be simplified and to continue to serve a population well beyond the BNSSG area with excellent life-saving services.
- We want to focus more on improving the way we provide care with greater emphasis on delivering care in the community – because it's best. We will also focus more on mental health, urgent care, hospital services and prevention.
- We recognise bold action is needed over the coming years to meet increasing demand, but this is evolution – not revolution. There isn't going to be one big single plan that solves all of the problems.
- Work is well underway but change takes time, and we haven't figured out all of the solutions to our challenges yet.
- We are listening to you and want to work with you to shape our services of the future.

Healthier Together full narrative

Note: This section of the document expands on the bitesize summary.

STPs – what's it all about?

The national picture

The UK's National Health Service (NHS) celebrates its 70th birthday in 2018. It's a much-loved institution that, quite rightly, many people feel fiercely passionate, proud and protective of. Everyone can receive free care when they need it – which is an amazing benefit that we all value.

Since its foundation, we have seen life expectancy increase, the utilisation of health services change and the population of the UK grow. This has put pressure on the NHS and other public sector services, such as social care.

There is agreement from senior government leaders and organisations that things must change for improvements to be made. We must look ahead to how we can continue to provide the best possible health and care services while at the same time balancing our budget.

In October 2014, NHS England published the Five Year Forward View (5YFV). This set out how health and care services need to change by 2020/21 to address the

significant challenge of a growing population that is ageing and living with more complex long term conditions (LTCs), such as diabetes and dementia.

The 5YFV has three key aims:

- Improved health and wellbeing for everyone
- Better quality of care
- Sustainable finances.

It is recognised that a 'one size fits all' approach won't solve the challenges of transforming *local* services, so in autumn 2015, NHS England announced plans to establish Sustainability and Transformation Planning (STP) areas to develop their own plans. These are now known as Sustainability and Transformation Partnerships (STPs), reflecting the importance of partnership working within each area and involving the local community.

There are 44 STP areas across England. The main statutory health and care organisations (including local councils) in each STP have come together to jointly work on the future plans for their area alongside individuals, families, the public, carers, and clinicians.

Healthier Together – our local STP – what and who?

Healthier Together is our local Sustainability and Transformation Partnership (STP). It covers the three local authority areas of Bristol, North Somerset and South Gloucestershire (BNSSG).

Healthier Together represents a commitment to work together on improving health and care in BNSSG. It is about tackling the issues that matter most and finding ways to continue providing safe, high-quality care for generations to come.

13 local health and care organisations[1] sit on the Healthier Together board, but the partnership goes beyond just these organisations. The views of the public, patients, staff and voluntary sector form a significant role in shaping the future.

Case for change – what are the problems in BNSSG?

Our case for change is based on local research and provides a picture of the health needs, health inequalities, quality and safety of services, plus the finances within BNSSG.

Improved health and wellbeing:

Almost 1million people live in BNSSG and similar to other areas of the UK, our local population is expected to grow significantly in the next few years (around 35,000 by

[1] Bristol, North Somerset, South Gloucestershire Clinical Commissioning Groups (CCGs) (proposed formal merger to one CCG in April 2018), South Gloucestershire Council, Bristol City Council, North Somerset Council, Weston Area Health NHS Trust, North Bristol NHS Trust, University Hospitals Bristol NHS Foundation Trust, Avon and Wiltshire Mental Health Partnership NHS Trust, Sirona care & health, Bristol Community Health, North Somerset Community Partnership, South Western Ambulance Service NHS Foundation Trust, One Care.

2020). This includes a large increase in people aged over 75 (10,000 more in the next four years).

Overall, BNSSG is a relatively affluent area and people's health is good, but there are significant pockets of deprivation – with around one in ten people living in a deprived location.

Councils across BNSSG report a total of 230 'homeless households' – instances where they are aware of individuals or families being made homeless. It is too difficult to estimate how many people are homeless or sofa surfing within BNSSG, but nationally there is a reported increase in homelessness. The three main causes are recognised as loss of private sector accommodation, parents unable to continue to provide a home and relationship breakdowns involving violence.

Some people within our area do experience high levels of illness linked to low income, poor housing or disability. Average life expectancy varies between those living in the most and least deprived areas by around six years, with some places seeing a startling 18 years difference.

These health inequalities are unfair and more needs to be done to support those affected by many of the circumstances that are beyond an individual's control.

There is however, much more we could all do to look after ourselves, our families and our friends. Within BNSSG:

- 2 out of 3 adults are overweight or obese
- 1 in 3 year six children (10/11 year olds) are overweight or obese
- Around 44,000 people over the age of 17 have diabetes
- 1 in 10 15 year olds smoke
- 1 in 10 mothers smoke at the time their baby is born
- 9% of the adult population have a diagnosis of depression
- There are around 6,000 alcohol-related hospital admissions per year and 25% of the population report that they binge drink.

We know that common risk factors such as drinking too much alcohol, smoking and poor diet are causing conditions such as cancer, heart disease and stroke, liver disease and lung disease. These conditions result in early deaths that could be avoided.

We want to do more to encourage people to help themselves – from support to stop smoking, to signposting the right treatment early on. This would be better for people and also ease the pressure on our busiest services such as GPs and accident and emergency departments.

People's mental health is equally as important as physical health. Last year, specialist mental health services saw a 20% increase in demand, but we know it is likely that there are many people that could do with extra support and aren't receiving the care they need. With the right services and staff in the right place, we believe there is more that could be done to support people earlier on so that they don't go into crisis.

Better quality of care:

Staff work very hard to provide good and safe care. The Care Quality Commission (CQC) is an independent regulator of health and social care and their inspections rank four of our local health providers as overall 'outstanding' or 'good'.

However, we know there is a struggle to meet some of the NHS constitution standards, such as waiting times in accident and emergency departments, waiting times for cancer treatment and planned operations. This is generally because of the high numbers of people we are trying to treat.

We have the highest bed occupancy rate in the country and some of the highest length of stay figures. There are an estimated 150-200 people in a hospital bed every day that don't need to be there. Last year we know 22% of our 75+ population had at least one emergency hospital visit, many of which could have potentially been avoided if there were the right services within the community.

Most people can recover best from illness at home and it is important those who need to be in hospital are helped to return home as quickly as possible once they are medically well to do so. The 'home is best' philosophy is about making sure people are in the best place possible so that they get the best outcomes.

Research suggests 10 days in hospital leads to the equivalent of 10 years aging in the muscles of people over 80 so enabling people to complete their rehabilitation in a more homely setting or at home does help them to recover better. It also allows hospital beds to be freed up to be used by those who need them

86% of the population rate their overall experience of GP surgeries as very good or fairly good, but there is increasing pressure on GPs. Our community of GPs in BNSSG see around 60,000 patients every week, but their current workload is unsustainable. Lots of GPs will retire in the next few years, but not enough new GPs can be recruited. GP practices need support to change so that they can cope with the demand they are experiencing in a different way. We also know there are around 1,300 care worker and 700 nurse vacancies across our area, which we need to fill so we have the workforce required to meet the demand.

Services outside of hospital will need investment and to change in order to support more joined up care closer to home. GPs, community nurses, therapists, consultant specialists, mental health professionals and social care staff, will all need to work differently to bring about the change we need.

Sustainable finances:

The combination of an aging population and current fragmentation of services contributes to increasing demand and costs. Older age tends to result in multiple or more complex illnesses, like dementia, heart disease and cancer. These require long term treatment and care which results in increasing demand on services, including more people needing long-term care in a residential or nursing home which is very costly.

Our annual BNSSG health budget is around £1.5bn. Funding for the NHS is growing year on year but it is not able to keep pace with current demand for services. Every month our NHS services overspend by approximately £8million (in 2016/17 we overspent by £93m). To add to this, local authorities have faced unprecedented levels of funding cuts in recent years, despite increasing demand and this has

affected the level of service they can provide to those who need social and residential care. This has a knock-on effect on NHS services with some individuals staying longer in hospital even though they are medically well as they are not able to be supported in the community.

Continuing as we are is not an option and we need to work together to build an improved health and care system that meets the needs of everyone that lives in BNSSG. If we don't address this, the NHS in BNSSG will be £325m overspent by 2021.

Our vision

Our vision is to put individuals at the centre of their own health and care. People will be inspired and supported to care for themselves more. Our affordable services will be more joined up, easy to access and as close to home as possible. Access to our leading-edge hospital and specialist services will be simplified and capable of serving a population beyond the BNSSG area.

We aim to:

- Prevent illness and injury 'helping people to help themselves' – we will empower people to keep well and to do more to look after themselves. We will encourage people to seek help earlier to avoid the worst effects of things like mental health, smoking, being overweight or obese and drinking too much alcohol.

- Provide care closer to home – change the way we provide care, particularly for those who are older, have a number of long term illnesses or have complex care needs. We want to make care and treatment is more joined up and more effective by providing treatment and support earlier on and reducing costs by not admitting people to hospital when not necessary. We will make better use of technology, such as shared records.

- Personalise care – we will focus on the whole person not the 'patient' tailoring care to the individual and recognising that one size does not fit all. We will redesign and join up services so that the needs of people are at the centre of health and care services by involving individuals and communities in the design from the start.

- Create a happy and fulfilled workforce – we want staff to have the opportunity to grow and develop new skills through the course of their career. We will support them to work differently in future so that their work is fulfilling and they can continue to deliver great care both individually and in teams.

- Research and development centre of excellence – build on the leading-edge services that are available locally so that they continue their ground breaking work to treat some of the sickest patients and save more lives in future as they develop new techniques and treatments.

Regardless of whether a person's health and care needs are complex or simple, the focus should be on aiming for them to feel well, stable, safe and living as independently as possible.

What does it mean for residents and staff?

Residents will:

- Have the information they need to help themselves and understand the care they receive.
- Continue to feel confident that they are receiving the right care (and it's safe and of a good standard).
- Think services are easy to use and understand.
- Be able to keep well and as independent as possible, and know where to get help when needed.
- Only have to tell their story once and feel that people involved in their care 'work with them'.
- Feel they are listened to.
- Have the opportunity to be involved in planning the changes.

Staff will:

- Have the right technology at their fingertips to make the day job as easy as possible.
- Be able to transfer between local health and care jobs and organisations more easily.
- Be able to work flexibly together in effective and motivated teams and to organise their skills around the needs of the communities they serve.
- Have less paperwork and more access to digital records.
- Feel confident that they have the training and support they need to provide safe, high quality care in the best place for individuals.
- Be supported to develop and grow their careers.
- Have the opportunity to be involved in planning the changes.

How will we do this?

We recognise bold action is needed over the coming years, but this is evolution – not revolution.

There isn't going to be one big single plan that solves all of the problems. We have a number of priority areas, with projects and plans already underway which are making a difference to our communities, but there is still more to do and we don't have all the answers yet.

Priority areas include:

- Improving the way we provide care: We will work with defined local communities based on groups of GP practices and work with local people to see how best to meet local needs. Joining up and re-designing the way services are organised – with more attention to care based in communities. People will be helped to stay as well as possible and if they do become unwell they are more likely to be cared for by a local team or 'network' of staff. These changes will particularly benefit people with long-term conditions (such as diabetes or respiratory problems), long

term disability or mental health problems, older people and people coming to the end of their lives.

This work has already begun in Weston-super-Mare, where hospital services are under pressure and we need to find an improved way of delivering local health and care services.

- Mental health: A unified BNSSG strategy will be created to help us cope with the rapidly increasing demand on mental health services. There is more that could be done to prevent people going into crisis by providing support earlier on. There is also more that we could do for ourselves and our friends and family to support mental wellbeing.

- Urgent care: Similar to other areas of the country – our hospital services often come under increasing pressure during winter and this can cause delays in treatment. We all need to think differently about how we meet the needs of people requiring urgent care. People may not necessarily need to go to hospital if there was more support for out-of-hospital care and it may mean we could respond to an individual's needs more rapidly. We will need to strengthen support for GPs, GP out of hours and NHS 111 so these services can provide more urgent care more quickly

- Hospital services: Looking at how organisations work together to provide services in the right place which are clinically and financially sustainable. This may include things like developing a network of clinical specialists that work across hospital sites, establishing a hyper-acute stroke unit or looking at how we provide the best possible cancer and pathology services. When people do need to go to hospital, they may need to travel further but we want them not to have to wait any longer than necessary, and for their visit to be as efficient as possible. People should expect that specialists and GPs will work effectively together using shared information and with patients to agree the best course of treatment. We want clinical teams to be able to work together to provide services that are safe, effective and meet expected national and local standards.

- Prevention: A BNSSG-wide prevention plan is currently in development. This will help us to target action to reduce the main causes of ill health in our communities, covering things like alcohol consumption, obesity, smoking and low levels of physical activity.

These priorities are supported by a number of supporting plans:

- Workforce – we know that we are going to need more doctors, nurses and home care staff and that they may need to work differently to meet future demand and this needs planning. We want organisations in BNSSG to be great places to work, where staff can feel fulfilled and have the opportunity to develop their careers. We will work with our staff and trade union representatives to develop proposals and plans. We will also consider where more or different training and education may be required to support new ways of working.
- Work smarter – as a Partnership we want to be as efficient as possible. This mainly covers services that are 'behind the scenes' in our organisations, for example simplifying recruitment processes, joining forces on training to help

reduce costs and working together on recruitment campaigns. We are also looking at how we increase our buying power, for example with legal services, drugs and hospital supplies and finance processes like payroll.

- Digital – we want to take full advantage of the digital age and unify technology across all services. This will help us to make sure we have better systems for managing information about people's care, especially sharing information so that care can be more joined up and efficient, as well as taking advantage of more modern, leading edge care and treatment technologies.
- Communications and Engagement – we want to share plans and other information widely. We want to have regular conversations with a wide range of citizens who are representative of our area about all of our important changes and developments. We will provide opportunities throughout our planning for people to have their say and will establish methods of deliberative research and co-design so that new services are shaped and influenced by both the staff delivering care and citizens who use the services.
- Estates – we need to look at how we use our buildings, the quality and sustainability of buildings and how we place and organise services inside them in the future to best support modern 21st century healthcare. With limited resources, we may need to prioritise and change the location of some services, but overall we expect to provide more services closer to where people live.

Our next steps together

We have involved our communities in helping us to shape our plans and identify priorities that have been developed across the partnership so far.

We know change won't happen overnight and we can't do this on our own. We want to continue to work with local people and to provide everyone with an opportunity to have their say, from specific projects, to the work of Healthier Together as a whole.

We don't have all the answers yet and we will continue to communicate as widely as possible as our plans develop.

Over the coming months we will begin using our dedicated website – www.bnssghealthiertogether.org.uk and social media channels (www.facebook.com/HTBNSSG and www.twitter.com/HTBNSSG) to share regular Healthier Together updates.

Information on plans and priorities will also be promoted by all 13 partners through their existing communication channels such as websites, social media, intranet, newsletters and public meetings.

We are committed to ensuring all Healthier Together documents are accessible, as jargon-free as possible and are written to enable an individual or an organisation to understand our plans and priorities and be able to get involved if they wish to do so.

The Healthier Together programme team can be contacted by calling 0117 342 9282 or emailing bnssg.healthiertogether@nhs.net.

Frequently Asked Questions

Q: What is Healthier Together? A: We are a partnership of 13 local health and care organisations who want to work with the local residents to improve health and wellbeing for everyone, provide better quality of care, while working within the funds provided by central government.

It is our local area's Sustainability and Transformation Partnership (STP) as set out in the NHS Five Year Forward View document.

Q: What geographic area does Healthier Together cover? A: Bristol, North Somerset and South Gloucestershire local authority areas

Q: When was Healthier Together established? A: 2016.

You may have heard it previously referred to as the BNSSG STP.

Q: How did the STPs come about? A: In autumn 2015, NHS England announced plans to establish STPs to help address health and care issues from a local perspective.

Q: Why did STPs change from a 'plan' to 'partnership'? A: We believe in working together with our local communities and it was felt that 'partnership' better reflects the need to work together on making change happen.

Q: Why do we need an STP? A: The STP is about bringing organisations together and strengthening relationships so we have a coordinated approach to local health and care issues, rather than each organisation working in isolation. People have told us that they want to see more joined up care and we need things to change to be able to continue to meet the health needs of local people in future.

Q: What does the STP mean for me as a resident? A: We are proposing changes with the aim of improving the lives of those in the communities we serve. This could be from reducing waiting times, to providing easy to access advice and information on local health and care services.

Some change may happen relatively quickly and will be easy to put into practice, while other areas of work will take a number of years to implement. We will share our plans and listen to your feedback every step of the way.

Q: What does the STP mean for me as a member of staff? A: You are crucial to helping us to understand the local challenges and potential ways to overcome the issues we know we all face. We want you to be involved as it's important to us that you are part of shaping and influencing the work and in some areas we may need to ask staff to work differently in future. We also want to do all we can to make coming to work a motivating and fulfilling experience, so that you feel valued and enabled to deliver great care.

Q: Why is it taking so long to see any improvements or changes? A: Our work covers the period from 2016 to 2021 as we know the changes we need to make are complex and will take time to plan and implement. Progress is already being made in a number of areas. Examples include: Healthy Weston and improvements to diabetes and respiratory services.

We need to make sure that any plans for long-term changes don't hinder the services needed today.

Q: How is Healthier Together doing? A: NHS England has developed a STP progress dashboard providing an overview of each STP. It is based on a number of indicators, including hospital performance, finances, leadership, general practice, patient safety, emergency care and elective care.

The first results were published by NHS England on 21 July 2017. The BNSSG STP was rated category four – in need of most improvement – along with four other STP footprints. We were disappointed, but it was not unexpected given the challenges we face.

This rating was a snapshot for our local area and we feel confident that the changes that we have put in place, such as strengthened leadership, will put us in good stead as our work progresses.

Q: Is an ACS different to an STP? A: In some areas of England an STP will evolve to form an Accountable Care System (ACS). This means even closer collaboration, including collectively managing resources (such as employees, budgets and joining up services).

10 'first wave' ACSs will officially come into being as of April 2018. More are likely to be announced during 2018.

Q: Will Healthier Together become an ACS? A: There are currently no plans for Healthier Together to become an ACS and there is currently insufficient evidence to make an accurate assessment of whether it would be appropriate for our area.

Our focus continues to be on developing the partnership to best tackle the big challenges we face together.