



**Report to the:** Joint Health Overview and Scrutiny Committee

**Date of Meeting:** 26 September 2018

**Subject of the Report:** Healthier Together update – the Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP)

**Presented by:**

Julia Ross, Chief Executive, Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) and co-lead for the STP  
Laura Nicholas, BNSSG STP Programme Director  
Deborah El-Sayed, Director of Transformation, BNSSG CCG  
Stephen Lightbown, Director of Communications, North Bristol NHS Trust

## Recommendation

It is recommended that:

- Members note the positive progress our STP has made since our last meeting.
- Note the draft programme plans overview which sets out 10 priority areas of focus for our STP.
- Note that the intention for the Aspirant ICS programme is to enhance our BNSSG system working.
- Members provide feedback on our intention for a public engagement event in November and a second council members event in early 2019.
- For Members to consider if there are any particular health and care related topics/ lines of questioning they would like us to pose to the Healthier Together Citizens' Panel.

## 1. Summary

This paper provides the Joint Health Overview and Scrutiny Committee an update on Healthier Together – our Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership (BNSSG STP).

It covers:

- Healthier Together progress update – including high level overview of the STP progress since the conference in June 2018, summary of programme plans, Aspirant ICS programme and Healthy Weston
- Urgent care strategy
- Developing strategic plans for mental health
- Communications and engagement

Since the joint committee received its last update in February 2018:

- The Healthier Together programme has continued to make good progress. As well as successfully completing a collaborative approach to the annual planning round, the partnership has run a major conference for partners and close external stakeholders which has accelerated the development of plans in ten key areas that will make a significant difference to citizens and service users across our area.
- Our STP has been externally assessed by regulators with the progress we are making formally acknowledged and the partnership has been invited to take part in an NHS England and NHS Improvement development programme which will help the partnership to start to develop towards becoming an Integrated Care System (ICS). BNSSG has been nominated as an STP that is perceived to be making good progress and able to benefit from some accelerated development support.
- We submitted proposals to NHS England and NHS Improvement in June for significant capital investment in our local service infrastructure. Bids totalled £74m (out of national share of £1.6bn) and covered areas such as IT, facilities for integrated care services and improvements to acute hospital facilities. We expect to hear which of the proposals have been successful in late autumn.
- As part of our commitment to involve more people in the development of our STP we have pencilled in a fully public facing event to take place in late November 2018.
- We have a new public facing website <https://bnssghealthiertogether.org.uk/> which whilst still in development, now has a host of key information and useful documentation. Additional content is being developed over the next few months.

## 2. Context

Healthier Together is our local Sustainability and Transformation Partnership, made up of 13 local health and care organisations<sup>1</sup>, and representing a commitment to work together on improving health and care in BNSSG. 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.

There are 44 Sustainability and Transformation Partnerships in England, with some now evolving into Integrated Care Systems (ICSs). Further information regarding ICSs is detailed in this paper and also available on the [NHS England website](#).

## 3. Details

---

<sup>1</sup> Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group, 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.

### **3.1 Healthier Together progress update**

*(Julia Ross, Chief Executive – BNSSG CCG and co-lead for the STP)*

#### **3.1.1 Healthier Together Conference**

On 21 June almost 300 people from across the Healthier Together partnership and external partners joined system leaders at our first big event as Healthier Together. The objectives for the event were:

- Celebrate our progress so far as an STP
- Understand the challenges and recognise the opportunities to address them collectively
- Come together to shape solutions to achieve the ambition
- Leave feeling that we can be advocates of the vision in our teams and organisations.

Delegates heard about further development of our system vision and key challenges. Professor Sir Muir Gray provided an engaging keynote address that challenged the system to think about population health and optimising value in clinical intervention.

Ten STP priority areas were chosen to participate in sharing their challenges, vision and emerging future plans in a market place and in seminars. The areas were:

- Integrated community localities
- General Practice Resilience and Transformation (previously referred to as Primary Care)
- Acute care collaboration
- Urgent care
- Mental health
- Prevention
- Maternity
- Healthy Weston
- Workforce
- Digital.

All content from the event is available to view on our Healthier Together website – collated here: <https://bnssghealthiertogether.org.uk/healthier-together-conference-materials-now-available/>.

The feedback from the event will continue to be used by programme sponsors and SROs to shape the STP plans for the next 12 month phase.

An overview of each priority area is summarised in section 3.1.2 of this report.

#### **3.1.2 Summary of Healthier Together programme plans**

Each priority area has developed a programme plan that sets out the context, vision, objectives, 12-month action plans and resource requirements for their programme of work.

These are due to be discussed in detail at the September STP Sponsoring Board. Beyond this date, the information in the programme plans will be used for the following:

- Public communications about the changes being planned to the health and care system, and to inform the development of programme specific involvement opportunities
- Developing a high level tracking of progress and oversight of connections and interdependencies between programmes
- Enable the Healthier Together Executive Group to assess high level resource requirements to support delivery of the proposed deliverables
- Quantify impact to enable system planning and outcomes tracking.

A summary draft for each area is set out in **Appendix One**. Final versions will be placed on our website once approved by the Sponsoring Board.

### 3.1.3 Aspirant ICS programme

In January 2018, NHS England and NHS Improvement launched a capabilities building programme to help facilitate whole system working. The Supporting Aspiring Integrated Care Systems (ICSs) Programme is the next phase of this. 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 third wave.

Our STP has been externally assessed by regulators and in recognition of the progress we are making have been invited to take part in the 11 week development programme.

The purpose of the programme is to provide space for reflection, share learning and continue professional development for system leaders in five core areas:

1. Effective leadership and relationships, capacity and capability
2. Coherent and defined population
3. Track record of delivery
4. Strong financial management
5. Focus on care redesign

Following agreement between our system leaders we will take part in the programme which between now and December will deliver six workshops specifically focused on some of our system development areas of challenge.

It is important to highlight that this development work will help to enhance our BNSSG system working which will put us in a stronger position should we wish to evolve our way of working and apply to become an Integrated Care System. No decision on

this would be taken without proper discussion and involvement of all Healthier Together partners.

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.

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 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 together. The ICS development programme will provide space for us to begin developing our thinking together.

By way of background;

“Developments in integrated care in England take different forms in different places. A variety of terms are used to describe these developments and this can be confusing and potentially misleading. For the purposes of this briefing, the following definitions describe the three main forms of integrated care that we have observed in our work.

- Integrated care systems (ICSs) have evolved from STPs and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.
- Integrated care partnerships (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.
- Accountable care organisations (ACOs) are established when commissioners award a long-term contract to a single organisation to provide a range of health and care services to a defined population following a competitive procurement. This organisation may subcontract with other providers to deliver the contract.”

(Source: *Making sense of integrated care systems, integrated care partnerships and accountable care organisations in the NHS in England* – The Kings Fund: <https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems#acos>)

Further information on ICSs can also be found on the NHS England website:

<https://www.england.nhs.uk/integratedcare/integrated-care-systems>.

### **3.1.4 Update on Healthy Weston**

*(For information only)*

An update on the progress being made by the Healthy Weston Programme is provided in **Appendix two**. Considerable work has been progressing to build on the extensive co-design work that followed the publication of the *Healthy Weston: Joining up services for better care in the Western Area: A commissioning context for North Somerset*.

Many of the opportunities identified through the co-design are being taken forward alongside further work to secure clinically and financially sustainable services on the Weston General Hospital site. The programme is working to produce a pre-consultation business case in the autumn.

The Joint HOSC is also being asked to note the process which will be followed to enable the development and assessment of options. In support of this, a set of evaluation criteria has been developed, which has drawn on the feedback through the Healthy Weston engagement work and with input from clinical colleagues and the Healthy Weston Patient and Public Reference Group. The Joint HOSC is being asked to note and support the evaluation criteria (**Appendix three**) which will be formally considered for approval by the CCG Governing Body in October.

## **3.2 Urgent care strategy**

*(Deborah El-Sayed, Director of Transformation – BNSSG CCG)*

Developing a locally driven strategy for urgent and emergency care is one of our Healthier Together priorities. The strategy will set out a delivery plan for transforming our system to address existing quality and performance issues and meet future predicted local needs.

The accompanying slide deck provides some further detail on strategy development and progress since our last update to Members in February.

## **3.3 Developing strategic plans for mental health**

*(Deborah El-Sayed, Director of Transformation – BNSSG CCG and TBC)*

### **3.3.1 Background**

Demand for mental health related services is placing growing pressure on the health and care system, nationally and locally, and the full costs of mental illness in England have been estimated to be £105.2 billion per year.

The scale of the BNSSG financial challenge and the increasing demand for mental health services is such that 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.

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.
- Too many people end up in hospitals or have poor outcomes or experiences because care is not fully joined up across agencies and communities.
- 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.
- Whilst there is a commitment to meet the Minimum Investment Standard for Mental Health service spending, resources are still stretched and we must ensure that spend is delivering value for money.
- We know that achieving parity between physical and mental health will improve health outcomes, patient experience and reduce health inequalities.

### **3.3.2 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 coproduce 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 inequity 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.

### **3.3.3 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 under the Healthier Together framework there have been important achievements to date and these include:

- In partnership we secured £9.5m funding to transform our mental health services estate which will help us to deliver new models of care and enable the AWP Clinical Strategy
- By working together we've successfully received an extra £365k of national funding to support suicide prevention in our area.
- We've also developed a specific Mental Health Workforce Plan, outlining the route to increasing our workforce and developing skills across BNSSG.
- Our developing Prevention Plan covers mental health as one of its five priority areas, with a focus on building personal resilience and reducing social isolation.
- Initial cross-system scoping of an improvement programme for personality disorders pathway and development of a task and finish group to support this work.
- Planning is underway for improved crisis responses, CAMHs access, a reduction in suicides and self-harm, and actively supporting large scale population health approaches to improve mental health and wellbeing programmes such as Thrive across BNSSG
- Engagement at the Healthier Together Conference on the aims for this programme and stakeholder input into our Helicopter View of Mental Health services and service need for BNSSG.
- Agreed £3.9m of new investment to support improvements to local mental health services informed by our strategy.

### **3.3.4 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



gather 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.

### **3.3.5 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.

## **3.4 Communications and engagement**

(Julia Ross, Chief Executive – BNSSG CCG and co-lead for the STP and Stephen Lightbown, Director of Communications, North Bristol NHS Trust)

### **3.4.1 Engagement over the next 12 months**

Our Healthier Together communications and engagement vision is to ensure patients, the public and staff are central to everything we do and fully embedded in the re-design of services.

We want to start a conversation with at least 20,000 members of the public and with our circa 40,000 staff in our health, social care and voluntary organisations across BNSSG over the next 12 months. We want to encourage and motivate people to get actively involved in Healthier Together programmes of work, to make sure people's voices are heard and for people to know that they can actively make a difference to the way future services are designed and transformed. This includes an intention to implement a consistent approach to co-design across all STP programmes of work.

We know the STP and its system leaders want to:

- Lead the way as standard bearers for ensuring patients, the public and staff are at the heart of decision making and actively involved as equal partners in the co-design of future services
- Reflect the needs and aspirations of local people in our prioritisation and decision making
- Design pathways and services that work for the people who use and operate them
- Enable and empower people to take control of their own health; and support the friends, families and communities who care for them
- Value our stakeholders and keep people informed and involved in everything we do

- Have ongoing and rich conversations with people and breakdown the barriers between services and service users

The June 2018 Healthier Together Conference, which primarily focused on Partnership staff, marked the beginning of wider engagement across our STP. An overarching communications and engagement plan is in development and as part of that plan we are proposing a range of involvement activities that will provide insight into behaviours, current thinking and aspirations of the people living across Bristol, North Somerset and South Gloucestershire regarding their own health and wellbeing and their wider thinking regarding current and future health and social care services. In addition, it will also enable members of the public and staff (including VCSE), the chance to influence and be active equal partners in our plans for the future.

Activity will be co-ordinated so that there are consistent participatory methodologies used for co-design across all areas of the STP. A wide range of tools and techniques are available to support co-design and work is underway to identify the methodologies used. They will either be led at an STP wide level by the communications support or at work-stream levels by the SROs.

We propose four key phases of engagement. However it should be noted that there may be overlap and tailored approaches required depending on the progress made to date within a programme area of work.

**Deliberative research and listening:** This phase will be both service focused and based around the individuals taking responsibility for their own health and wellbeing. It will be framed around the vision to support people to live healthy lives and will help us understand what is important to the public about their health and wellbeing, what they want from decision makers and why they make the decisions they do about accessing health and social care. The Healthier Together Citizens' Panel will support us with some of this work (see section 3.4.2 of this paper for further detail).

**User centred design and testing:** We will undertake a review of involvement activity so far and have conversations with individual programme areas to determine (where needed) the best approach to strengthening activity to date. The focus of our work will be on co-design and we are in the process of developing an agreed methodology to ensure we have a more consistent approach going forward.

**Involving:** Some stakeholder mapping has already taken place and a programmes have also given consideration to this. This next phase will revisit that work and ensure we have correctly identified the people we need to have further more in-depth relationships with at programme level rather than just as an STP. This phase will help identify who we need to involve in planning and detailed thinking as well as who we should start to be talking to about testing emerging thinking. Roundtables, one off events and continued face to face engagement will form the main part of this work.

**Dissemination and implementation:** This stage is best thought out towards the end of the engagement work and will be an opportunity to go back out to the wider public to share more detailed plans and give people an update on progress that has been

made. In this phase we may revisit target audiences and how to reach them as some new individuals and organisations will now need to be involved or can help in wider dissemination acting as advocates for Healthier Together. A third large scale event may be required in the summer next year as well as utilising wider broadcast communication channels.

### **Immediate next steps – potential November STP public event**

As part of our commitment to involve more people in the development of our STP we have pencilled in a fully public facing event to take place in late November 2018 (quite possibly the afternoon of 22 November). This will build on the June conference which was primarily targeted at STP staff, councillors and informed patient groups.

The aims of the event is to:

- To provide a space for external stakeholders to get involved and have their say
- People to leave feeling they have greater understanding of the vision
- People to leave feeling they have confidence in those delivering
- People to understand the role they can play in supporting the vision
- People to feel listened to and to have influenced decision makers.

We would welcome Members thoughts on our plans for a November event. We will need to rapidly begin promoting the session, once the venue and exact format of the event is confirmed. Help in raising awareness of the session would be welcome and we will share more details as soon as possible.

Furthermore, we would like to offer the opportunity for a second Council Member workshop session – potentially taking place in January 2019. We would welcome Members feedback on the session timing and potential topics for the agenda.

### **3.4.2 The Healthier Together Citizens’ Panel - Overview**

The ‘Healthier Together Panel’ is a new BNSSG-wide mechanism which will provide the Partnership with a systematic approach to gathering insight and feedback on health and care issues from a representative sample of our circa one million population.

It is important to note that this work is an adjunct to other existing involvement and engagement activities. It will in no way replace other activities that we undertake with our stakeholders, patients, carers and populations that are harder to reach.

To aid the creation of a representative panel we are working with Jungle Green – a Bristol-based marketing research agency. A one year contract was awarded in late July 2018 following a competitive tender process.

As part of the development process and to help us create a robust procurement specification we have had conversations with a number of organisations that run similar initiatives – this includes other CCGs, STPs and research leads from the three

local councils. We also established a project group with subject matter experts and patient representatives from across BNSSG. This group provided input to the development of the specification and some members also formed part of the evaluation panel to assess prospective bidders.

Recruitment to The Healthier Together Panel began in mid-September and by the end of 2018 we aim to have 1,000 representative members of the public signed up. Recruitment is taking place primarily face-to-face in a number of towns and locations across the BNSSG area. Prospective panel members will be asked a number of screening questions to ensure they meet our panel make-up requirements.

Panel members will be advised that their involvement will be for between a one to three year period (with the opportunity to opt out at any point) and will receive a commitment from us to be contacted approximately once a month, either:

- to ask a small number of questions
- up to four times a year to complete a full survey (10-15 minutes long)
- with an update (a newsletter or previous survey results; invited to take part in a group discussion, a workshop, or ‘you said, we did’ reports etc.)

The following table provides an overview of planned activity:

	2018				2019							
Activity / Month:	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Panel recruitment												
Survey questions finalised	S1			S2			S3		S4			
Survey period		S1			S2			S3		S4		
Outline survey results					S1		S2		S3		S4	
Full survey report available						S1		S2		S3		S4

Key:

Survey 1 (S1)	
Survey 2 (S2)	
Survey 3 (S3)	
Survey 4 (S4)	

### 3.4.3 The Healthier Together Citizens’ Panel – Survey one

The first survey will be piloted with the first wave of people recruited to the Panel in mid-September. If necessary minor amendments will be made before full survey roll out to all other panel recruits.

Our first survey will include questions focused on:

- Additional demographic screening questions
- High level sense check of what is important to people and how they are feeling
- Perceptions around health and care responsibility
- Self-care
- Mental health
- General practice

#### **3.4.4 Next steps**

Due to the recruitment process timescale, we anticipate that the high-level results from survey one will be available in January 2019. We will publish a simple report summary on the Healthier Together website and detailed analysis will be shared with programme managers.

In the meantime we are starting to consider topics for survey two and have already had requests to include some questions that may provide us with helpful intelligence in relation to adult social care and acute care.

We would welcome members support in raising awareness of the panel with colleagues so that they know there is the opportunity to pose questions and gather intelligence from a BNSSG-wide representative group. Secondly, to consider if there are any specific health and care topics that may be prudent to put to the panel in the coming months.

#### **3.5 Capital Bids**

*(Julia Ross, Chief Executive – BNSSG CCG and co-lead for the STP)*

To support our Healthier Together vision, we need to make best use of existing facilities and consider how we can invest in improvements to further enhance our ability to provide high-quality services and work environments that meet 21<sup>st</sup> century needs.

In the November 2017 budget the Government announced an additional £4bn of capital funding for the NHS for the period up to 2022/23. This money is on top of the current NHS capital budget of £4.8bn per annum.

The £4bn was part of a package of reform in the Naylor Review which identified £10bn requirement for the NHS. The additional £6bn is expected to come from a mix of private finance and land disposals (minimum £3.3bn).

The STP capital bidding route will be the main route through which to seek new public capital going forwards.

- £425m was committed last financial year, including for GP Streaming initiatives
- c.£800m has been recently announced, including the successful £7.5m bid for mental health estates in Bristol

- £1.8bn of the STP public capital remains uncommitted and bids were invited by NHS England and NHS Improvement this summer

On 16 July Healthier Together submitted 16 bids (including 3 Frailty hubs all scored with equal weighting) to NHS England and NHS Improvement against the Wave 4 STP Capital fund. This included a mix of facilities projects, equipment and certain elements of IT.

The STP Sponsoring Board oversaw a process to determine the bids that should be put forward. This included a prioritisation panel chaired by James Rimmer, Chief Executive of WHAT, which considered bids against three main criteria – alignment with our Healthier Together vision, value for money and deliverability.

A summary of our BNSSG submitted bids is set out in the supporting slides.

Our bids are a combination of:

- Tactical initiatives that demonstrate assured and deliverable financial return and improvement in STP-wide financial position and constitutional performance standards, in the short to medium terms
- transformative schemes, which demonstrate affordability; and contribute towards STP vision eg:
  - sustainable primary care and integration with other community services in North Somerset and Thornbury
  - digital integration, such as combined IT between two acute Trusts in the STP
  - Frailty and Children’s Hubs

Decisions from NHS England, NHS Improvement and the Department for Health and Social Care are expected in the autumn.

We will be continuing to identify requirements to meet STP objectives and in readiness for future STP funding waves. This will likely include a major project to redevelop Women’s and Children’s services.

#### **4 Author**

This report draws together contributions from a range of authors as set out in the main body of the report and was collated by the Healthier Together office. For further information, please contact [bnssg.healthier.together@nhs.net](mailto:bnssg.healthier.together@nhs.net) / 0117 342 9282.