



## **Developing our Integrated Care System in service of the people of Bristol, North Somerset and South Gloucestershire**

### **Our Partnership was established in 2016 and designated as an Integrated Care System (ICS) in December 2020**

We established *Healthier Together* as a Partnership in 2016 to work together across the NHS, local government and social care to improve health and wellbeing for the people of Bristol, North Somerset and South Gloucestershire (BNSSG). Background information on the membership, governance and structure of *Healthier Together* is set out at Appendix 1.

In December 2020, our Partnership was recognised as a ‘maturing’ Integrated Care System (ICS) by NHS England. The designation was supported by the BNSSG Chief Executives and is a welcome recognition of the progress we have made in developing collaborative ways of working and integrating services to deliver better outcomes for BNSSG residents. A copy of the signed letter of support from our Chief Executives for our designation as a ‘maturing’ ICS is set out at Appendix 2

As a Partnership, we have agreed to develop a Memorandum of Understanding to set out agreements on how we will work together in the next phase of our development as an ICS, in service of our common purpose. We are undertaking a facilitated process of engagement with partners to develop these agreements so that we build shared ownership and commitment to collaborative ways of working moving forwards.

Our Chief Executives met on 18 January 2021 to kick off this work. We are now engaging with the leadership of each of our constituent organisations and we met with a group of elected members and officers from North Somerset Council on 4 February.

### **Our shared ambition to improve health and wellbeing for BNSSG residents**

In December 2019 the Partnership Board signed off our draft ‘5 Year System Plan’, which summarised our shared ambition as follows:

*“Our ambition is to build an integrated health and care system where the community becomes the default setting of care, 24/7, where high quality hospital services are used only when needed, and where people can maximise their health, independence and be active in their own wellbeing. We want to increase the number of years people in BNSSG live in good health; reduce inequality in health outcomes between*

*social groups; and help to create communities that are healthy, safe and positive places to live. In redesigning our system, we also want to make it easier for staff to work productively together and develop a healthy and fulfilled workforce.”*

Our chief executives have confirmed strong support for continuing our pursuit of this ambition and our commitment to build on the stronger partnerships we have forged during the Covid-19 pandemic. This is the common purpose that we aim to serve in developing our Memorandum of Understanding.

### **What is an Integrated Care System (ICS)?**

Over the last two years, integrated care systems have been formed across England. In an integrated care system, NHS organisations work in partnership with local councils and others to take collective responsibility for managing resources, delivering integrated services, and improving the health and wellbeing of the populations they serve.

Integrated care systems have allowed organisations to work together and coordinate services more closely, to make real, practical improvements to people’s lives. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. As integrated care systems mature they will better understand data about local people’s health, allowing them to provide care that is tailored to individual needs.

The Local Government Association has highlighted six principles for achieving integrated care, based on engagement with councils throughout England:

- **Collaborative leadership**
- **Subsidiarity** - decision-making as close to communities as possible
- **Building on existing, successful local arrangements**
- A **person-centred and co-productive** approach
- A **preventative, assets-based** and population-health management approach
- Achieving **best value**

NHS England has highlighted four development themes for the next phase of development for integrated care systems, drawing learning from experience nationally and internationally:

- Stronger **partnerships in local places** between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- **Provider organisations** being asked to step forward in formal collaborative arrangements that allow them to operate at scale; and
- Developing **strategic commissioning** through systems with a focus on population health outcomes;
- The use of **digital and data** to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

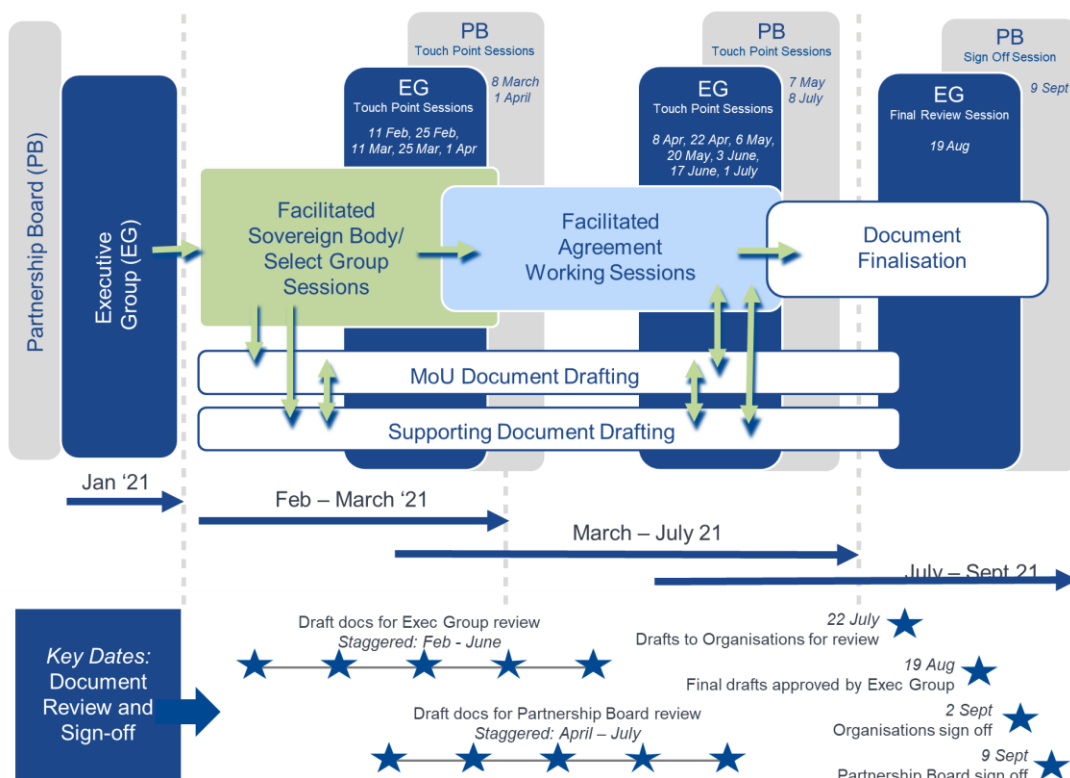
These principles and development themes will all be important in developing our Memorandum of Understanding for how we will work together as an integrated care system for BNSSG.

### Programme of work to develop a Memorandum of Understanding on how we will work together as a BNSSG Integrated Care System moving forwards

The reason for developing a Memorandum of Understanding is to set out agreements on how we will work together in the next phase of our development as an ICS. We are undertaking a facilitated process of engagement with partners to develop these agreements so that we build shared ownership and commitment to collaborative ways of working moving forwards.

The BNSSG Partnership Board approved the initiation of this programme of work in October 2020 and agreed to commence the engagement process from January 2021.

Figure 1 – Timeline for developing our Memorandum of Understanding



### Key areas for agreement in our Memorandum of Understanding

Our initial engagement has identified some of the key focus areas for agreement in developing our Memorandum of Understanding.

Theme	Example areas of agreement
<b>Parties</b>	<p><b>Who are the parties to the agreement?</b></p> <p>Core parties to the agreement are: AWP, BCC, BNSSG CCG, NBT, NSC, OneCare, Sirona, SGC, SWASFT and UHBW</p> <p>This theme will review whether we wish to extend parties to the agreement. This could include, for example, other local health and care or third sector organisations.</p> <p>We may also consider a framework for ‘groups’ within the Partnership to reflect different relationships between partners that may wish to make supplementary agreements. This could include, for example, agreements between acute or other providers, at locality level or between commissioners.</p>
<b>Scope</b>	<p><b>What will be in and out of scope?</b></p> <p>This will cover services we commission and provide, and those we may wish to take on in the future (e.g. specialised commissioning, primary care commissioning (dental, optometry and pharmacy).</p> <p>We will also cover other activities where we may agree to work together (e.g. workforce development, communications, information technology, data collection and analytics, estates).</p>
<b>Structure, governance &amp; accountability</b>	<p><b>What is the structure of our ICS and how will we make decisions in the Partnership?</b></p> <p>We will confirm the organisation and governance structures of our ICS at system, place and locality level. This will include considering the relationship of the ICS to its constituent parts, including the Integrated Care Partnerships (ICPs) we are establishing, and confirming the role of Health &amp; Wellbeing Boards in the oversight of our ICPs and ICS.</p> <p>We will agree how we will make decisions, where, and under what principles and rules (e.g. subsidiarity).</p>
<b>Commissioning</b>	<p><b>How will commissioning work within our ICS?</b></p> <p>We will agree how commissioning functions will be exercised within the ICS, including the potential for joint commissioning between health and social care, and delegated commissioning</p>

Theme	Example areas of agreement
	responsibilities to providers and/or ICPs.
<b>Delivery model(s)</b>	<p><b>How will we get things done?</b></p> <p>We will agree a framework for collaborating to deliver joint programmes and projects, and for delegating responsibilities for delivery within our Partnership</p>
<b>Public accountability</b>	<p><b>How will the ICS be accountable publicly?</b></p> <p>As a Partnership we uphold the Nolan Principles of Public Life. We will agree how we will ensure transparency and clear public accountability within our Partnership. This will include how the Partnership relates to Health and Wellbeing Boards and accounts to Health Oversight and Scrutiny Committees.</p>
<b>Community engagement and co-production</b>	<p><b>How will the ICS involve residents and service users?</b></p> <p>We will agree how the Partnership will work to engage all the communities within our ICS, utilising citizen insights and involving people from BNSSG in strategy, policy development and service design.</p>
<b>Resources</b>	<p><b>How will we allocate resources within the ICS?</b></p> <p>We will agree a process for value-based resource prioritisation and develop a 'scheme of delegation' for the ICS.</p> <p>We will consider a range of potential opportunities, which may include agreements for pooling resources (e.g. finance, workforce, estates) or establishing shared functions (e.g. programme teams; improvement teams; analytical teams; or corporate services functions)</p>
<b>Risk ownership and management</b>	<p><b>How will risk be managed within the ICS?</b></p> <p>We will consider how risks can be shared and managed collectively.</p>

## **Developing Integrated Care Partnerships at place level within BNSSG**

We have a shared ambition to create thriving and dynamic integrated partnerships at place level within BNSSG to plan and deliver integrated services and better outcomes. Our ambition is that Integrated Care Partnerships (ICPs) will:

- Focus on population health and wellbeing
- Work with communities and the voluntary sector to build on the asset base of individuals and communities
- Join up care in the community, delivering a preventive, proactive model of care
- Make the community the default setting of care, meeting the majority of people's needs close to where they live
- Engage with communities in co-design
- Optimise our resources to deliver efficient and effective services

This will build on the progress we have made over the last three years in developing integrated care in six BNSSG localities (see Appendix 1).

In July the BNSS Partnership Board agreed to establish an Oversight Group to deliver the ICP discovery programme, and work on this began in October 2020. The group will explore the options for moving from informal locality-based working to formalising Integrated Care Partnerships (ICPs), with shared accountability for delivering local joined up care.

The ICP Discovery Oversight Group is chaired by Mike Jackson, Chief Executive of Bristol City Council, and has representatives from all the Healthier Together partners and the voluntary sector. The group reports into the BNSSG Integrated Care Steering Group and Healthier Together Partnership Board (see Appendix 1).

### **Next Steps**

#### **Next Steps**

- Feb-March: Constituent sovereign body workshops to engage the leadership of each partner organisation
- March-May: Facilitated working groups to develop and review key areas of agreement for the MOU and supporting documents (see below), including non-executive and elected member engagement
- Regular touchpoints with CEOs through the *Healthier Together* Executive Group
- July-August: Partner Board meetings review and feedback on draft documents
- September: Documents approved at the *Healthier Together* Partnership Board

The supporting documents to the Memorandum of Understanding will include:

- Population health outcomes framework
- Quality improvement framework

- Performance improvement framework
- Financial framework
- Organisation development plan
- Communications and engagement strategy

As a group of Chief Executives we identified some of the design principles that will help guide this work:

- Purposeful, focussed on enabling improvements for the populations we serve
- Person centred, responding to what matters to individuals
- Coproductive, engaging with residents to understand their needs and preferences
- Proactive and preventative, embedding population health management approaches
- Progressive, setting incremental goals for improvement and celebrating success
- Mutuality, recognising our collective responsibilities and our interdependency
- Subsidiarity, delegating functions and decisions to a local level wherever appropriate
- Equality, in respecting the importance of each other's voices in the Partnership

We will be inviting partners to join facilitated working sessions to develop areas of agreement within the Memorandum of Understanding and supporting documents from February through to June. We are asking partners to identify suitable representatives to participate in these working sessions so that we can schedule dates at the earliest opportunity.

## Appendix 1 – Healthier Together membership, governance and structure

### Background

Healthier Together is a partnership of organisations that is committed to improving population health and wellbeing in Bristol North Somerset and South Gloucestershire. The partners are:

#### **Clinical Commissioning Group:**

- Bristol, North Somerset and South Gloucestershire CCG (CCG)

#### **Local Authorities:**

- Bristol City Council (BCC)
- North Somerset Council (NSC)
- South Gloucestershire Council (SGC)

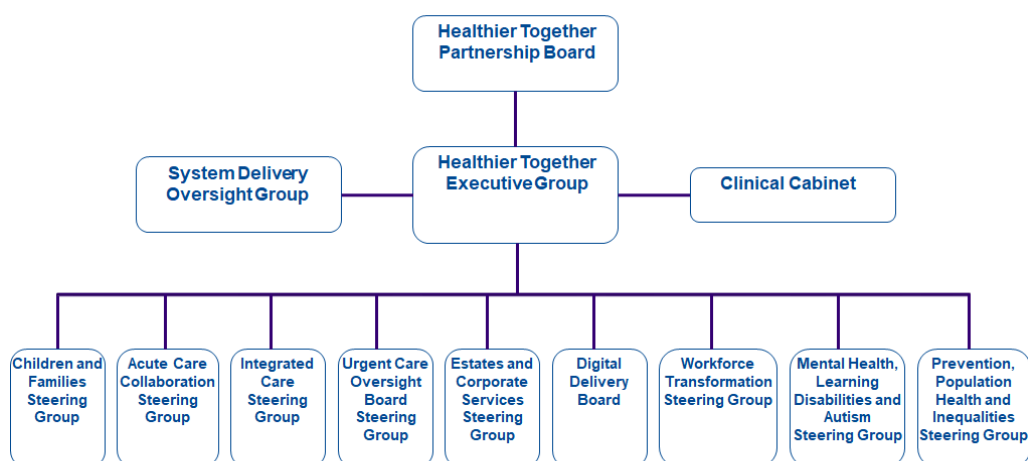
#### **Healthcare Providers:**

- Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)
- North Bristol NHS Trust (NBT)
- One Care (BNSSG) Ltd (One Care)
- Sirona Care and Health (Sirona)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)
- University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

The Healthier Together governance structure is shown in Figure 1.

Figure 1 – Healthier Together governance

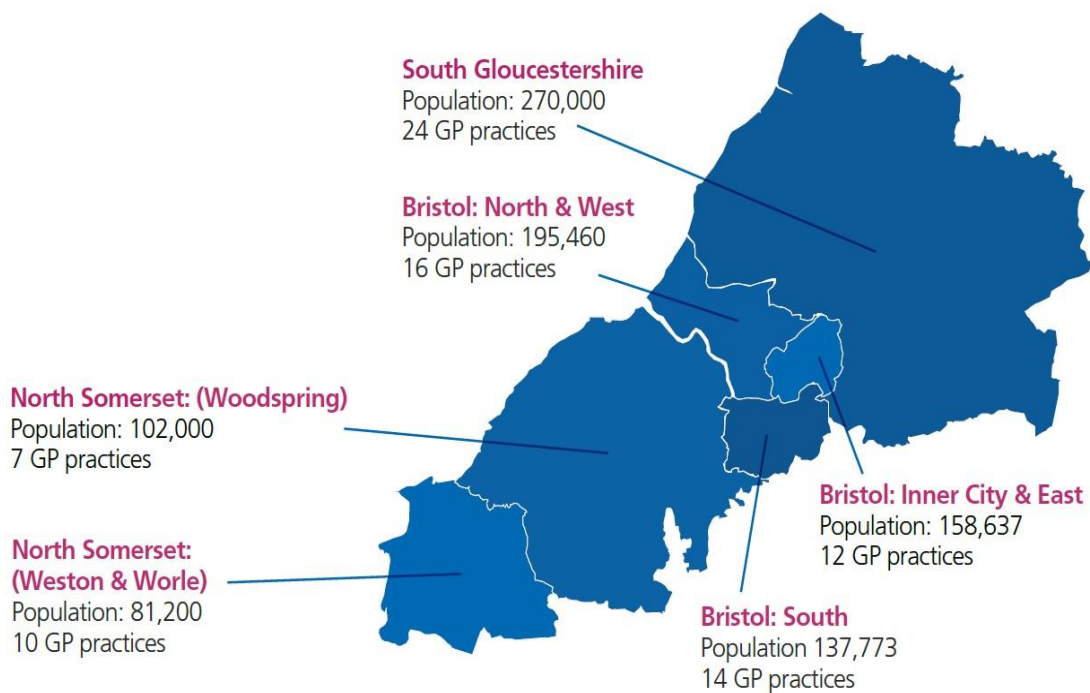
### **Healthier Together Programme Structure**



Over the last three years we have been developing integrated care at place level within six localities, as shown in Figure 2.



Figure 2 – Map of BNSSG Localities



## **Appendix 2 – Letter of support for designation of BNSSG as a ‘maturing’ Integrated Care System**

25 November 2020

Elizabeth O’Mahony  
South West Regional Director  
NHSEI

Dear Elizabeth

### **Integrated Care System (ICS) Designation**

Thank you for your letter of 20 November confirming the decision of the NHS South West Region to put forward Bristol North Somerset and South Gloucestershire (BNSSG) to NHS England/Improvement (NHSEI) nationally, for designation as an ICS.

We wrote to you on 19 October confirming our collective support to come together as an Integrated Care System (ICS) for BNSSG, working as partners to improve the health and wellbeing of our population.

We submitted information separately, using the template provided by your team, to demonstrate that BNSSG is meeting the consistent operating requirements of an ICS that NHSEI has set out nationally. Some examples of the evidence we set out includes:

- **Planning and co-ordinating system transformation:**
  - Nine system transformation portfolios each sponsored by one of our Chief Executives, under a distributed leadership model.
  - Integrated workforce planning and development programmes overseen by our People Steering Group, including a BNSSG Learning Academy and retention pilot programme.
  - System wide approaches to quality improvement led by our Directors of Nursing.
- **Managing system performance:**
  - System oversight of performance and operations, which has strengthened in response to the Covid-19 pandemic and is enabling significant improvements in patient flows.
  - Using Outcomes Frameworks in commissioning, primary care, public health and social care and working with our Health and Wellbeing Boards to develop a single Outcomes Framework for BNSSG.
- **ICS Leadership and governance:**
  - Strategic direction set by a Partnership Board with a Non-Executive Chair and a membership that includes the Chairs of our NHS commissioner and

- provider organisations and the Chairs of our three local Health and Well-Being Boards.
- Oversight by our Joint STP Leaders and an Executive Group comprising of our ten Chief Executives, supported by a Clinical Cabinet and a system Planning and Oversight Group.
  - ICS Partner Engagement:
    - Our three Local Authorities Health and Wellbeing Boards meet together several times a year and have established a Joint Health Oversight and Scrutiny Committee.
    - Healthwatch sit in attendance on our Partnership Board , and as individual members of the Health and Wellbeing Boards.
    - All BNSSG GP Practices are part of the OneCare GP Collaborative. OneCare is represented on our Partnership Board and Executive Group.
    - Developing place-based partnerships in six localities, built around natural communities and led by GPs.
    - Voluntary and Community Sector and Social Enterprise (VCSE) sector are active partners in our six localities (place-based partnerships).
  - ICS Financial management:
    - c£70m-£100m of productivity/efficiency improvements delivered each year since 2016, with oversight from our Directors of Finance working to shared principles.
  - Streamlined Commissioning:
    - Merger of three CCGs to establish a single CCG covering the whole of BNSSG.
  - System Capabilities:
    - Full time STP Programme Director and programme team.
    - Strategic communications group, coordinating public messaging.
    - Comprehensive population health management datasets.
    - Bespoke system leadership development programme for BNSSG, 'Peloton'.
  - Patient partnerships:
    - National Voices 5 principles embedded within our insights and engagement programme.
    - Citizen's Panel generating regular actionable insights on population views.
    - 200+ people from our learning disabled, older people's and BAME communities attended listening events to help inform learning from Phase 1 of the pandemic.
  - Shared care record:
    - BNSSG is part of the One South West (OSW) Local Care and Health Records (LCHR) programme and has undertaken system leadership and SRO roles on behalf of the region.
    - Our integrated care record system 'Connecting Care' includes all NHS records, spanning primary care, community, acute and mental health, and linked data from Local Authorities.

We see designation as an ICS as part of an ongoing development journey for our partnership. In September 2019, we self-assessed our progress towards becoming

an ICS and concluded that our system is “maturing”. We have since made further progress in our development journey as a maturing ICS:

- In December 2019 our Partnership Board approved a 5 Year System Plan for BNSSG. This sets out strategies for improving health and wellbeing for all our residents and reducing the gap in healthy life expectancy between our most deprived and least deprived neighbourhoods.
- In April 2020 we took significant steps forward in integrating hospital and community services:
  - Firstly, with the merger of University Hospitals Bristol NHS Foundation Trust and Weston Area Healthcare Trust, as one of two main providers of acute services.
  - Secondly, in establishing Sirona Health and Care as a single provider of community health services across BNSSG.
- In May 2020 we were delighted that Bristol Health Partners was designated one of only eight Academic Health Science Centres in England.
- In July 2020 our Partnership Board approved proposals to undertake an Acute Services Review to identify opportunities to build on the Acute Care Collaboration strategy, which we developed in 2019.

In responding to the Covid-19 pandemic in BNSSG we have strengthened collaborative working and accelerated delivery of our transformation programmes in key areas. Some examples of our achievements include:

- Primary care – 100% of GP practices offering telephone and video consultations.
- Integrated Care – Accelerated implementation of multi-disciplinary Integrated Network Teams, aligned to our 18 Primary Care Networks, and roll out of our Integrated Frailty Service.
- Mental Health – Providing 24/7 telephone access for all age mental health crisis support.
- Urgent Care – Secured an Integrated Urgent Care Service, bringing together NHS 111 with the GP out of hours service and a successful launch of our ‘NHS 111 First’ programme in November.
- Care Homes – Providing multi-disciplinary wraparound support to care homes with a 24/7 single point of access telephone line to help prevent avoidable hospital admissions.
- Outpatients – >1500 video consultations in place of face-to-face outpatient appointments per week during Phase 1 of the pandemic, with up to 89% of patients reporting they would be happy to have another outpatient appointment by video call.
- Cancer Care – Implementing FIT testing for colorectal cancer screening with system wide clinical support.
- Hospital discharge – Transforming hospital discharge pathways, integrating NHS, Social Care and VCSE support to reduce Medically Fit For Discharge (MFFD) delays by 60-70% in Phase 1 of the pandemic.

Our ambition to thrive as an ICS is to deliver on our aims for improving health and wellbeing for our residents. Some of the key components of our ambition to thrive are to:

- Work in partnership with our communities to tackle the wider determinants of health and address inequalities, including by leveraging our influence as anchor institutions.
- Embed population health management approaches to inform strategic, operational and clinical and professional decision making at all levels across BNSSG.
- Progress the discovery programme approved by our Partnership Board to develop Integrated Care Partnerships in our six BNSSG localities, bringing together primary care, community services, mental health, local authorities and VCSE partners at a place level.
- Support the ongoing development of our eighteen Primary Care Networks.
- Strengthen the role of our hospitals as centres of excellence in providing specialist physical and mental health services, at a sub-regional and regional level.
- Promote research and innovation through the ongoing development of Bristol Health Partners as an Academic Health Science Centre.
- Deliver our priorities for system transformation in key areas such as Mental Health, Urgent & Emergency Care and Stroke.
- Continuously improve quality of service in all that we do.
- Make BNSSG the best place to work that we possibly can.

A key priority for the next phase of our development journey is to develop a Memorandum of Understanding (MoU) between the partnership. The MoU will set out how we will work together as we move forward as an ICS.

We will develop the MoU through a process of facilitated engagement with our system leaders and the leadership of our sovereign organisations, including engagement with our Boards, Governing Bodies and Elected Members. We have no presumptions at this point about the future form that our ICS will take, especially the role of the Local Authorities in the ICS and of the Ambulance Service as a regional provider, as these will be key focus areas of our engagement in developing the MoU.

We acknowledge the suggested development priorities set out in your letter, which we discussed when we met with you on 21 October, and we will review these as we take forward our ICS development programme. We have established six workstreams to address our development priorities and strengthen our capabilities to thrive as an ICS. The six workstreams, which have been approved by our Partnership Board, are:

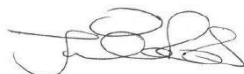
- Developing an outcomes framework
- Performance improvement
- Quality improvement
- Financial management

- Organisation development
- Communications and engagement

We are now progressing these six workstreams, which will in turn be informed by the development of our MoU.

We are proud of the progress we have made through collaboration in service of the people of BNSSG since our partnership was established in 2016 and we look forward to working with you during the next phase of our journey.

Yours sincerely,

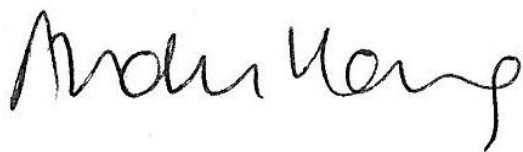


Julia Ross  
**Joint STP Lead Executive and Chief Executive of Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group**



Robert Woolley  
**Joint STP Lead Executive and Chief Executive of University Hospitals Bristol and Weston NHS Foundation Trust**

**Countersigned by:**



Andrea Young  
**Chief Executive of North Bristol NHS Trust**



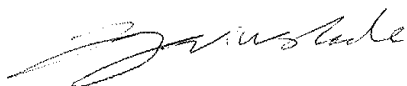
Dave Perry  
**Chief Executive of South Gloucestershire Council**



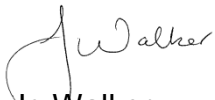
Dominic Hardisty  
**Chief Executive of Avon and Wiltshire Mental Health Partnership NHS Trust**



Janet Rowse  
**Chief Executive of Sirona Health & Care**



Jennifer Winslade  
**Executive Director of Quality and Clinical Care, South Western Ambulance  
Service NHS Foundation Trust**



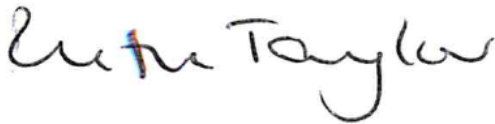
Jo Walker

**Chief Executive of North Somerset Council**



Mike Jackson

**Executive Director of People, Bristol City Council**



Ruth Taylor

**Chief Executive of One Care**