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

BRISTOL, NORTH SOMERSET & SOUTH GLOUCESTERSHIRE (BNSSG) INTEGRATED CARE PARTNERSHIP BOARD MEETING

2.00 pm, Wednesday 29 November 2023

Venue: Somerset Hall, 11 The Precinct, Portishead BS20 6AH

AGENDA

STANDING ITEMS (2.00 – 2.20 pm)

1. Welcome from the Chair (and to note any apologies)

2. Minutes of previous meeting held on 28 September 2023
To approve the minutes of the previous meeting.

3. Public forum items
Note: details of any public forum items received will be circulated in advance of the meeting.

4. Health and Wellbeing Board updates
Updates from the respective Chairs on the work of the BNSSG Health and Wellbeing Boards.

5. ICB update
Update from Jeff Farrar, Chair, Integrated Care System for BNSSG.

REPORTS/ITEMS FOR DISCUSSION (total time: 2.20 – 3.55 pm)

6. Trauma informed pledge (2.20 – 2.40 pm)
- Item for discussion.
- Item to be presented by Hazel Renouf, ICB Trauma Informed Systems Manager

7. Winter planning update (2.40 – 3.05 pm)
- Item for information/discussion.
- Item to be presented by Greg Penlington, Head of Urgent and Emergency Care

8. Discharge to Assess (D2A) programme update (3.05 – 3.30 pm)
- Item for information/discussion.
- Item to be presented by Rosanna James, Programme Director, D2A

9. Smokefree BNSSG (3.30 – 3.55 pm)
- Item for information/discussion.
- Item to be presented by Matt Lenny, Director of Public Health and Regulatory Services/ Samuel Hayward, Consultant in Public Health

For information:

Meeting dates: January - February 2024
- The joint ICP Board and Integrated Care Board development session is scheduled for 10.00 am, Thursday 11 January 2024 at Bristol City Hall.
- The next ICP Board meeting is at 2.00 pm, Thursday 29 February 2023 (Venue: South Gloucestershire, community venue - TBC)

Meeting dates: 2024-25
- Note: in line with the 2023/24 meeting sequence, the following dates are proposed for the 2024/25 meetings of the ICP Board:
- 2.00 pm, 27 June 2024
- 2.00 pm, 26 September 2024
- 2.00 pm, 28 November 2024
- 2.00 pm, 27 February 2025
- 2.00 pm, 24 April 2025

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Minutes of the meeting of the BNSSG Integrated Care Partnership Board – 2pm Thursday 28th September 2023

Attendance List:

Partnership Board Leadership Group: Councillor Helen Holland (Chair) Bristol City Council; Councillor Jenna Ho Marris, North Somerset Council; Councillor John O'Neill, South Gloucestershire Council; Jeff Farrar, BNSSSG ICB Chair.

Community and VCS Voices: Aileen Edwards (Second Step); Tim Poole (sub Kay Libby); Chris Head (WERN); Mandy Gardner (VANs); Dominic Ellison (WECIL); Fiona Cope (North Bristol CAB); Jane Emanuel (ACFA The Advice Network); Mark Coates (Creative Youth Network); Alison Findley (Southern Brooks); Sado Jirde (BSWN)

Voices in the Community: Laura Welti

Constituent Health and Care Organisations: Hugh Evans (Director ASC Bristol CC); Matt Lenny (DPH NSCC); Chris Sivers (Director CS South Glos); Jayne Mee (UHBW); Amanda Cheesley (Sirona Care & Health)

Locality Partnerships: Huda Hajinur (Bristol City Inner & East); Sharron Norman (Bristol North & West); Steve Beet (South Bristol); Tharsha Sivayokan (South Glos)

Other Attendees: Georgie Bigg (Healthwatch); Colin Bradbury (Director SPP) Dr Joanne Medhurst (Chief Medical Officer); Becky Balloch; Ros Cox (ICS DPM); Claudette Campbell (Democratic Services); Ian Hird (Scrutiny Advisor)

Apologies for Absence: Kay Libby (Age UK Bristol); Mark Hubbard (Voscur); Alun Davies (VITC); Shane Devlin (BNSSG ICP); David Smallcombe (Care & Support); Raz Akbar (SWASFT)

1. **Welcome, Introduction and Member Updates**

   Councillor Helen Holland (Chair of the BNSSG ICP Board) welcomed all parties to the meeting and asked everyone to introduce themselves.

2. **To note the emergency evacuation procedure**

   Noted.

3. **Minutes of the meeting held on the 16th June 2023**

   Resolved - that the minutes were agreed save for the additional note that Sharron Norman was present at the meeting.

4. **Public Forum item**

   There was one item received and the answer provided was shared in the supplementary papers.

   Following a discussion, it was agreed that a way would be formulated to ensure that relevant partners contribute to producing a reply to public forum questions where appropriate.

   Noted that the reply to the question should have referenced the word 'Green' community transport.

   Action: Ros Cox to find a way to enable this process without it being unwieldy.

5. **Health and Wellbeing Board Updates**

   The update reports as per the agenda were noted.

   The following additional verbal update was provided by the Chair of Bristol HWB.

   a. A joint meeting with the City Economic & Skills board on the 'Bristol Care Workforce' was held on the 27th September.
   b. This productive meeting had outlined and considered the challenges faced across Bristol's service providers, factors such as retention, vacancies and cost of living impact on the health & care sector. The challenge was to consider how to grow the pool of employees without drawing them away from other industry.
   c. The intention is that the outcomes will be shared.

ICB update by Jeff Farrar:

The following was noted:

a. Directed all to note the following additional information to that in section 5 of his report.
b. The trajectory for performance is good; waiting times had improved significantly over the past 12 months; similarly, in all areas there have been improvements.
c. All were reminded that the current task of reducing the ICB budget running cost by 30% was a distraction when work had to continue on collaborative working; with the reduction in staff,

consideration must be given to what the ICB must stop doing and how to enable others in other parts of the system to step up.

d. A governance review was underway of the integrated care system to establish clear lines of sight across all boards which will also identify any areas of duplication across systems.
e. The Medium-Term Finance Plan comes with an historic 100million pound deficit that must be resolved.
f. Ongoing issues such as industrial action carries with it an increase of 5.5million pounds cost that equates to cost of backfilling posts. In addition, approximately 7.5 million pounds in agency costs for unfilled posts.
g. The preparation work on possible CQC inspection was discussed and the steps being taken to anticipate an inspection.

Resolved: The update reports were noted.

6. <u>Integrated Care System All Age Mental Health Strategy</u>

Julia Chappell and Christina Gray spoke to the report and presentation circulated with the papers.

a. The ICP board were asked to consider the MHS as set out and to agree to endorse the strategy and the next steps:
    i. For the draft to be published on the ICB website and accompanying survey monkey shared with all partners (October – November 2023).
    ii. Final draft complied using feedback from engagement (December 2023).
    iii. Final version to be endorsed by the 3 regional Health and Wellbeing Boards, the ICP Board and individual organisations.
b. Following was noted from the discussion that followed the presentation.
c. The Strategy was well received and viewed as an elegant and well thought out document.
d. In answer to questions of clarification
    i. The strategy is to run over 5 years.
    ii. The ICP partner representatives were asked to feedback from their organisations on how they would contribute to the direction of travel and how they would embed the strategy as a living document.
    iii. All were invited to feedback local information during the 8-week engagement period.
    iv. A further paper will come to ICP Board accompanying the final strategy in February and will summarise comments and information/contributions received during the engagement.

e. The following was noted from the comments made:
    i. To note that the issues of debt/housing/homelessness amongst other wider determinants of health, that give rise to poor mental health, be reflected in the strategy.
    ii. Encourage all to be part of an ongoing conversation that will enable all to achieve integration and pooling of resources.
    iii. Agreed that Local Partners should be a part of the conversation and information gathering.

iv. Discussion on metrics, the specific measurement that would be used to evidence impact; what data already exists and how this would be incorporated.
v. Suggested the intention was to intervene as soon as possible where achievable.
vi. Pleased to note that Holistic Care features as one of the 6 ambitions of the strategy.
vii. It was suggested that the strategy reflect the equality between mental and physical health issues; that the 'person' is central should be clearly defined and aligned.

f. In conclusion
   i. CG invited the ICP Board member organisations to participate in the engagement process during October and November 2023. The draft will be accessible on the ICB website during that time. https://bnssghealthiertogether.org.uk/mental-health-strategy/
   ii. Encourage the ICP Board as the system to make the strategy a living document.
   iii. The final version to be endorsed by the 3 Health Wellbeing Boards and the ICP Board before being shared with individual organisations for sign off during January and February 2024.

Resolved:

I. That the ICP Board endorse the draft strategy and the timeline set out and steps to be taken leading to sign off by the regional Health and Wellbeing Boards.
II. That the final strategy document, when presented to the ICP Board is accompanied by a paper which details contributions during the engagement process.

7. Voluntary Community and Social Enterprise (VCSE) Alliance update

Rebecca Mears, Mandy Gardner and Fiona Cope presented the update on the BNSSG VCSE Alliance.

The ICS implementation guidance requires the ICS leaders to ensure closer working with the VCSE sector in their governance and decision-making arrangements; as a strategic partner in shaping, improving and delivering services; and in developing and delivering plans to tackle the wider determinants of health. This includes involving the VCSE sector in governance structure, in population health management and service redesign work, and in system workforce, leadership and organisational development plan (NHS England and NHS Improvement 2012)

The 3 aims of the BNSSG VCSE Alliance are to:

I. Encourage and enable the VCSE sector to work in a coordinated way to inform policy, strategy and decision making.
II. Provide the NHS & health colleagues with a single route of contact, engagement, and links to community organisations.
III. Better position the BVCSE sector to contribute to the design and delivery of integrated care.

The ICP Board were asked to comment on the aims above.

a. The Chair acknowledged the support from the former councillor board members and the ICB for providing the funding for the creation of the Alliance. This realises the intention of the ICP board to hear the voice of the VCSE sector.

b. Most systems now include 'faith' community partners and note the absence in what was presented. The intention is for faith communities to be included in the event in January 2024.
c. A discussion followed on whether 'Local Authority' should be listed in aim No. 2 which references 'NHS & health colleagues'.
d. An ask for an ongoing conversation to explore how the alliance impacts Las' corporate plans and in turn support the outcomes of the Alliance.
e. The language in the aims could be further adjusted to reflect the contribution from Integrated systems, so reflective of all partners that form the system.
f. The ICB Chair shared that the funding from ICB funded the Alliance and the establishment of the independent advisory group on race. The funds are designed as NHS money for targeted engagement. The appeal is to the 3 LAs represented on the Board to add to the funding to allow sustainability.
g. The opportunities that were available from national charitable organisations and business were noted that would contribute to ensuring sustainability.
h. The intention is to ensure sustainability; to be certain what the Alliance is to achieve; to put systems in place to do so; to seek appropriate funding to secure sustainability.
i. It was suggested that the evidence from the Alliance on community solutions was a necessity to feed into local authority decision-making process.
j. The work 'influence' should be considered as an addition in aim no.1 following the word 'to inform and influence'; or even replacing with 'working together'.

Resolved:

To note the report and ask that the suggestions above be considered.

8. **Black Southwest Network (BSWN) presentation on the findings of the BSWN 'Make it work' programme's learning and evaluation report on the Building Equity within the Adult Social Care (ASC) Market in Bristol**.

Sado Jirde, Chiara Lodi and Tutu Adebiyi, spoke to the presentation that was attached to the published papers.

Highlighting the following:

a. The key objectives of the programme:
    i. Improving the quality of services for Black and Minoritised Communities
    ii. Increasing diversity and economic opportunities in the ASC Market
    iii. Enhancing overall access to care via alternative financial models
b. Identifying the Barriers to contracting those that result in disproportionately lower successful participation by black and Minoritised ASC providers.
c. The project provided support to contractors and tracked participants' progress and achievements for example in the following areas:
    i. One to one capacity building & mentoring
    ii. Peer to peer learning/small group support workshops

iii. Monthly whole-group workshops delivered by the BCC and other external organisations.
iv. Submission and/or resubmission of applications.

d. Programme Recommendations:
    i. Investing into capacity-build of underdeveloped organisations to increase their access to the market and build their track-record.
    ii. Moving towards the co-production of type-based processes e.g there is opportunity for social capital organisations to act as Introductory Agencies and deliver services through micro-org and self-employed.
    iii. Moving away from transactional and traditional commissioning to a range of relational commissioning processes.
    iv. Setting up projects with clear lines into key/future opportunities e.g. ICSs to ensure equality and sustainability.
    v. Post contracting (on-going and long-term) relationship and support to ensure service performance, greater outcomes and sustainability.

The following was noted from the comments made.

e. The Chair thanked BSWN for the presentation. Commended the work done and to move partners to fulfilling the ambition to commission black and minority led organisations. These small businesses need to be prepared and supported to engage in the commissioning and procurement process. The learning from this programme can move wider than the adult social care services to other service provision.
f. Action: For the programme to be shared with South Gloucestershire Commissioners and other partners

9. <u>Date of next meeting</u>

2pm on Wednesday 29th November at North Somerset Community Venue To Be Confirmed

Meeting Closed: 4.05pm

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BNSSG INTEGRATED CARE PARTNERSHIP BOARD **ITEM 4**
Wednesday 29 November 2023

UPDATE FROM CHAIR OF BRISTOL HEALTH AND WELLBEING BOARD

1. The most recent meeting of the Bristol Health and Wellbeing Board was held on 25 October. All the papers can be viewed at: ModernGov - bristol.gov.uk

The main issues considered at the meeting included:

a. An update on the Care Quality Commission's new assessment framework as published recently, which will lead to all local authorities with adult social care responsibilities being visited and assessed over the next two years. This will clearly be an area of great importance and is likely to see the involvement in interviews of ICP members.

b. Updates from the Locality Partnerships covering Bristol, focused in particular on the work taking place to establish Mental Health and Wellbeing Integrated Network Teams (MINTs). These teams aim to meet communities' diverse needs, working together across health, social care and voluntary/charity sector (VCSE) partners, providing a 'one stop shop' for access to mental health support.

c. A report on the annual Joint Strategic Needs Assessment health and wellbeing profile for Bristol.

d. The Bristol Health and Wellbeing Board's mid-year performance/dashboard report for 2023/24 covering all 6 current workstreams, i.e.
i. One City Plan: health and wellbeing ambitions
ii. One City Plan: wider determinants of health
iii. Integrated Care System: prevention
iv. Integrated Care System: governance
v. Joint leadership on oversight, health strategy and policy
vi. Oversight and assurance

e. The latest annual update of the Joint Local Health and Wellbeing Strategy 2020-2025. The key updates/changes made within the strategy are:
i. Adjustments to ensure alignment with the Integrated Care System Strategy.

ii. An updated introduction including a focus on cost of living and health and care workforce challenges.
iii. The updating of One City Plan goals to reflect the 2023 position.

2. Our next meeting is on 14 December when we are due to discuss a further, more detailed update on the Care Quality Commission's new assessment framework and an update on the Women's hubs and Healthwatch menopause project.

Councillor Helen Holland
Chair, Bristol Health and Wellbeing Board
November 2023

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BNSSG INTEGRATED CARE PARTNERSHIP BOARD **ITEM 4**

Wednesday 29 November 2023

UPDATE FROM CHAIR OF NORTH SOMERSET HEALTH AND WELLBEING BOARD

The most recent substantive meeting of the North Somerset Health and Wellbeing Board was held on 1 November. We had a welcome move out of the usual formality of the Town Hall and were kindly hosted by the For All Healthy Living Centre (FAHLC) in Weston super Mare. This change was also in recognition of the Board's key role in reducing health inequalities in our local population. The FAHLC is located in the South Ward of Weston super Mare which consistently shows high level of health and wellbeing need against a number of key indicators compared to other parts of North Somerset, BNSSG, the region and even stands out in many national measures. Being present in our communities is a clear aim of the Board and future meetings will look to visit other parts of the district to better understand needs and assets that support local people.

Our meeting was split into two parts. The first section was focused on our core business and papers were shared on these topics:

1) Terms of Reference/Membership
2) Update on delivery of the health and wellbeing strategy action plan, including a focus on the mental health strategy – where Members of the Board agreed to further investment in projects to improve oral health and mental health outcomes. A recent report on improving dental health outcomes at the Health Overview and Scrutiny Panel was referenced and shared with all colleagues after the meeting.
3) ICS strategy delivery and development of the Joint Forward Plan – where the process for developing the integrated health and care plan were explained and colleagues shown how contributions are being made through a range of workshops and forums.
4) Better Care Fund update – confirming some of the updates provided in August showing how plans have been developed in North Somerset and the positive benefits being felt through partnership working and a focus on prevention.

5) Locality Partnerships updates (15 mins) including Operations Group update – A discussion around the development of a new Operations Group to better coordinate tasks and resources between the Health and Wellbeing Board and the Locality Partnerships. The aim is to make things happen more quickly, more efficiently and make sure we can speak clearly on needs and priorities in North Somerset.
6) Work Plan

After a refreshment break we had a wider workshop looking at the topic of healthy ageing using an Appreciative Inquiry approach.

We began with a market place approach where colleagues from a range of local agencies and people with lived experience joined the Board members to engage in conversations around what assets and beneficial programmes are already in place in North Somerset. We were joined by colleagues from a range of local organisations including Voluntary Action North Somerset, Curo, West of England Rural Network, Race Equality North Somerset, The Other Place, home technology providers, Locality Partnerships, and a number of local older people who were keen to share their experiences.

The chance to visit stalls and discuss opportunities and experiences with a wide range of colleagues was welcomed as a good way to better understand opportunities and barriers to achieving good outcomes around healthy ageing. Here are some of the delegates in action!

After the market place we came together in groups to talk about what is working well and what are the key barriers to achieving good outcomes. Some of the key observations from those discussions are listed below. These challenges will be shared back with the Board with actions agreed and monitoring will take place at future meetings.

- What works is community groups, Tea and chat approach. Experience was self-organised smaller groups are best.
- Transport is a key challenge. How to get to things and reliability of the buses.
- How to connect to others? Not sure what is out there. Want people to come out to groups to explain what is available and how to take part not expect people to find out. Word of mouth but also booklets work so people can read and absorb and decide.
- Cost of living and housing quality/warm and comfortable homes are important
- Sense of purpose in older age is key. Everyone finds their own. But can offer support on where to look for ideas.
- Public toilets are a concern and a risk. E.g. go for a walk, a really practical issue
- Age friendly communities idea. Training for this like dementia friendly. How could we achieve this?
- Prevention approach – enjoy what we do, continue them and have them as community based options
- Need to see the important of a physical place – not just online.
- Neutral trusted spaces matter. For example, new development in Haywood Village it is in school but not seen as accessible by many.
- Trusted place and dedicated workers. Know the local communities. Ask for Community Development Workers. They come from their communities which makes them trusted.

Councillor Jenna Ho Marris
Chair, North Somerset Health and Wellbeing Board

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

BNSSG INTEGRATED CARE PARTNERSHIP BOARD **ITEM 4**
Wednesday 29 November 2023

UPDATE FROM CHAIR OF SOUTH GLOUCESTERSHIRE HEALTH AND WELLBEING BOARD

1. The most recent meeting of the South Gloucestershire Health and Wellbeing Board was held on 16 October. All the papers can be viewed at Agenda for Health & Wellbeing Board on Monday, 16th October, 2023, 10.00 am - South Gloucestershire Council (southglos.gov.uk)

The main issues considered at the meeting were:

a. **A (second) deep dive into the Joint Health and Wellbeing Strategy 2021-25**, this time focusing on the overarching theme of reducing inequalities and taking a place and community-based approach. This included presentations from three partner organisations regarding their local work to address inequalities:
   i. North Bristol Trust's areas of focus (ethnicity recording, waiting times for people with learning disabilities and/or autism, access to outpatient services, staff health and smoking cessation).
   ii. Work of Sirona care and health's Maximising Access Team to better understand the strengths and issues faced within those communities who are expecting high levels of inequality.
   iii. Locality Partnership and Avon & Wiltshire Mental Health's work to create new Mental health and wellbeing Integrated Network Teams (MINTs) to provide a holistic and integrated response to adults with MH needs that cannot be provided by an individual partner organisation.

Board members then engaged in a discussion specifically around the below questions:
   i. What has each organisation been doing over the last 12 months to understand and reduce inequalities in health and wellbeing?
   ii. What specific actions will your organisation take over the next 6 months to reduce inequalities in South Gloucestershire? What do you need to know/understand (data, insights, partners work?) that would support you with this?
   iii. To facilitate greater partnership working and a joined-up Health and Wellbeing Board approach, what opportunities are there to work with other partner organisations to deliver your actions? What do you need to know/understand (data, insights, partners work?) that would support you with this?

iv. How can the Health and Wellbeing Board (partnership) add the most value in tackling inequalities over and above the individual actions of each member's approach.

These issues will be explored further at our next development session on 4 December.

b. **Adoption of a Financial Wellbeing Framework:** The overall objective of this framework is to strategically improve outcomes for households who are struggling to access the essentials, to ensure that everyone can reach their potential and have a good quality of life, and to ensure that learning is shared between teams and stakeholders to build resilience in our communities and services to prevent future financial insecurity. Following a series of engagement workshops with residents, six priority areas have been identified:
   i. Insights and advocacy: To gather local insights on the impacts of financial insecurity and understand local priority areas for action, working as a system to advocate for changes in policy and the delivery of support.
   ii. Responding to crisis: To acknowledge the ongoing need for reactive responses to support the local community at times of crisis and the need for planning and preparedness to mitigate and minimise harms where possible, including awareness that the recovery from a crisis can last long after the crisis is over.
   iii. Increasing income: To increase the income potential of individuals and households through the provision of good quality education, skills and retraining opportunities, and the availability of well paying, and stable employment opportunities.
   iv. Maximising income: To ensure that individuals and households are able to make the most of their incomes, including ensuring individuals are able to budget, access benefits to which they are entitled and avoid poverty premiums on essential goods and services wherever possible.
   v. Building resilience: To build financial resilience by turning insights into actions to make South Gloucestershire more equipped to navigate the next crisis, including taking action to address known risks to future financial wellbeing such as climate change and building, on protective factors which help mitigate the impact such as community cohesion, food security and a thriving local economy.
   vi. System planning: To ensure a place-based approach to building financial wellbeing, which ensures local people, local businesses, and local services work together to agree an approach to improving financial wellbeing, including creating and delivering solutions.

2. Other current issues:
   a. The Health and Wellbeing Board and Locality Partnership have a development session on 4 December to further explore inequalities in South Gloucestershire, develop a shared narrative and agree how the boards can add value as a partnership to improve people's lives and reduce inequalities.

   b. We are continuing to develop and progress actions following the development session in September to consider the role of the Board in the wider health and care system and opportunities for joint working. Work includes more thematic meetings, development

sessions and opportunities to collaborate; refreshed annual reporting arrangements to better understand and communicate all board members' work; planning for the new Joint Health and Wellbeing Strategy in 2025; and refreshing communications and engagement.

c. Updated Health and Wellbeing Board terms of reference have been approved by full Council. The changes reflect the Health and Social Care Act 2022 and the new architecture to the health and care system (ICBs and ICPs) as well as the requirements for the ICS to produce a Strategy and Joint Forward Plan. In addition, the membership of the Health and Wellbeing Board has been expanded to include a new 'voice and no vote' member – Chief Executive of the Circadian Trust, which manages the leisure facilities across South Gloucestershire.

Councillor John O'Neill
Chair, South Gloucestershire Health and Wellbeing Board
November 2023

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

BNSSG INTEGRATED CARE PARTNERSHIP BOARD **ITEM 5**
Wednesday 29 November 2023

UPDATE FROM CHAIR OF INTEGRATED CARE SYSTEM FOR BNNSG

1. The most recent meeting of the BNSSG Integrated Care Board was held on 2 November. All the papers can be viewed at https://bnssg.icb.nhs.uk/events/integrated-care-board-icb-board-meeting-2-november-2023/

The main issues considered at the meeting were:

a. Update from the ICB Chief Executive, covering:

i. ICB organisational structures: as the ICP Board are aware, all ICBs are required by NHS England to reduce running costs by 30%; the formal request is for this to be delivered in two stages - 20% to be delivered by the end of 2024/25 and 10% to be delivered by the end of 2025/26. Following consultation, the new operating model is due to be considered at the next ICB meeting in early December.

ii. Proposals to create an Innovation Hub in partnership with the West of England Academic Health Science Network, with the aim of ensuring a fully co-ordinated approach to innovation across the ICB system and fostering an innovation mindset.

iii. Progressing the Neurodiversity Improvement Project.

b. Local maternity and neonatal system update, including an update on Ockenden and Kirkup report compliance, the maternity incentive scheme (year 5), the 3 year delivery plan and the Saving Babies Lives care bundle programme version 3.

c. Update on progress in the work being undertaken with the VCSE sector, including taking forward the proposal for a VCSE representative on the ICB board going forward, to be nominated by the sector.

d. Consideration and approval of the updated BNSSG ICB System Level Access Improvement Plan. This has 3 ambitions:

i. To tackle demand peaks and reduce the number of people having trouble contacting their general practice.
ii. To restore patient satisfaction in accessing their general practice.
iii. To support a move to a digitally enabled operating model in general practice.

e. Consideration and approval of an updated Freedom to Speak Up Policy. This has been updated in line with national policy/guidance. Training will be rolled out in line with national expectations and Freedom to Speak Up Champions will be 'recruited' within each directorate across the organisation.

f. BNSSG strategy update – this focused in particular on the:
i. process to agree and define the respective roles and responsibilities between the ICB Board and the Integrated Care Partnership Board, ahead of the 11 January 'Board to Board' development session.
ii. adoption of a set of strategic financial investment principles.
iii. process to agree a first round of Strategic Priorities for the system.
iv. development of a Community Health Worker model for BNSSG.

2. Other current issues:

- Police involvement in the ICP and Locality Partnerships
- Inclusion of the VCSE in the ICB
- Impact of Industrial Action

Jeff Farrar
Chair, Integrated Care System for BNSSG
November 2023

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

Integrated Care Partnership Board

Agenda Item 6		**Meeting Date**	29.11.2023

Title	**Trauma Informed Pledge**			
Scope: System-wide or Programme?	Whole system	X	Programme area (Please specify)	
Author & role	Hazel Renouf, BNSSG ICB Trauma Informed Systems Manager			
Sponsor / Director	Aileen Edwards, Jo Walker, Dominic Hardisty			
Presenter	Hazel Renouf, BNSSG ICB Trauma Informed Systems Manager			
Action required:	Decision / Discussion / Information **All**			
Discussion/ decisions at previous committees	*Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)* • 19th September: pledge coproduced with BNSSG Trauma Informed Systems Oversight Group (including lived experience representatives) • 2nd October: approach and content agreed in principle by Caroline Dawe (ICB Deputy Director of Performance & Delivery) and system SROs Jo Walker & Dominic Hardisty • 16th November: draft pledge taken to BNSSG System Exec Group for awareness & to build support • 23rd November: BNSSG Trauma Informed Systems Oversight Group sign off final draft ready to launch at ICP Board on 29th Nov.			

Purpose:
This presentation aims to: • Ask for ICP Board members to support the 'Trauma-informed BNSSG: A pledge for partners' and commit to embedding a trauma-informed approach across services and systems.

Summary of relevant background:

Please provide any background and papers that have been used in the development of these recommendations and report here. What is the problem or issue we are trying to solve? Briefly justify your recommendations with appropriate factual evidence. How are they going to solve the problem and improve outcomes? Please refer to the appendices below for any supporting evidence.

The BNSSG Trauma-Informed Systems Programme is hosted by the Integrated Care Board to create a shared language and approach around trauma-informed practice and to promote and embed trauma-informed practice across teams, services, organisations and parts of the system within BNSSG. This work is funded by the ICB, OPCC, NHSE Health & Justice Vanguard (Framework for Integrated Care for Children & Young People) and Bristol Health Partners,

Experiences of trauma and adversity can have a profound and wide-reaching impact on the lives of individuals, families, communities and the workforce. Trauma and adversity are more frequently experienced by people in low socio-economic groups, from black and minoritised communities and by those who have experienced adversity within childhood. These experiences are linked to poorer health outcomes (including higher risk of developing chronic diseases and mental health issues) and harmful coping strategies (such as substance use and self-harm) and can influence people's interactions, how they interpret the world and their surroundings and how they engage with services.

Trauma-informed practice acknowledges the prevalence of trauma in society, recognises the signs and symptoms of trauma and resists re-traumatising people. Trauma and adversity need to be understood more widely across all organisations, services and sectors within BNSSG and responded to effectively and appropriately, including consideration of the impact of trauma and adversity on the workforce and the potential for organisations, institutions and systems to cause and compound these experiences. There is a growing evidence base that demonstrates a range of tangible benefits of organisations developing trauma-informed ways of working. These positively impact both individuals within an organisation and overall organisational culture, improving engagement and outcomes. Benefits include: improved employee mental health and well-being, psychological safety, increased productivity and performance and improved staff retention rates.

Healthier Together have made a commitment to working towards becoming a trauma-informed ICS, with trauma-informed practice being recognised as a system enabler and included within the ICS strategy. In recognising the importance and relevance of trauma-informed practice, both for service delivery and in terms of our own organisational and system level cultures, policies and practices, senior leaders play a vital role in creating a system that promotes recovery, prevents re-traumatisation and further harm and improves outcomes for all.

The Trauma-Informed Systems Manager leading on this programme of work is a co-director of the Trauma and Adversity HIT and a Core20PLUS Ambassador. BNSSG is the first ICB to have a dedicated Trauma Informed Systems Manager tasked with promoting Trauma-Informed practice and supporting the ICS and wider system to become trauma-informed. With the support of our academic partners in the University of Bristol and the University of the West of England, this is a unique opportunity and resource, to champion trauma-informed approaches and contribute to and shape evolving best practice and evidence base in this area, on both a local and national level.

Discussion / decisions required and recommendations:

- This pledge represents an opportunity for organisations serving the people and communities of BNSSG to commit to embedding a trauma-informed approach across services and systems. We hope that by organisations signing the pledge and identifying two key actions to take forward over the next 12 months, this will encourage an active and ongoing commitment to change.
- The ICP Board have the opportunity to lead the system in their support of this pledge, during its formal launch on 29th November.

Trauma Informed
Bristol, North Somerset
& South Gloucestershire

Trauma-informed BNSSG: A pledge for partners

This pledge represents an opportunity for organisations serving the people and communities of Bristol, North Somerset and South Gloucestershire (BNSSG) to commit to embedding a trauma-informed approach across services and systems. We hope that by organisations identifying two key actions to take forward over the next 12 months, this will encourage an active and ongoing commitment to change.

1. **We recognise that experiences of trauma and adversity are common and can have a profound, wide-reaching impact on the lives of individuals, families and communities.** These are experiences which can take place across the life course and over generations and can influence how people interact, interpret the world and engage with services. We commit to developing our knowledge and understanding in this area to improve the design and delivery of our services. We recognise that early intervention and prevention approaches are integral to helping people live fulfilling lives. We will work together with individuals, families and communities to build on existing strengths and maximise opportunities for recovery.

2. **We recognise that some individuals and groups are disproportionally affected by trauma and adversity.** These experiences can be compounded by collective trauma and structural inequalities, such as poverty and racism. We commit to promoting equality, diversity and inclusion. This involves developing our knowledge and understanding through an intersectional lens and working to address the underlying systemic causes that contribute to inequality and disadvantage wherever possible.

3. **We acknowledge that our organisations are made up of individuals who may have experienced trauma and adversity in their lives.** We will prioritise the health and wellbeing of our workforce, acknowledging that staff could be negatively impacted by their work. Within our organisations we commit to leading with compassion as we build a trauma-informed approach into our cultures and processes.

4. **We will develop and promote a shared approach across the system** and commit to adopting the trauma-informed principles and model set out in the BNSSG Trauma-Informed Practice Framework.

5. **We recognise that embedding a trauma-informed approach is an ongoing journey that requires long-term commitment.** We will look for opportunities to build longevity into our organisational strategies and policies. We will work collaboratively across organisations to best support our collective aim of becoming a trauma-informed system.

6. **We will support and promote an inclusive approach**, valuing the contributions and expertise of all communities and sectors. We will actively involve and listen to individuals, families and communities with lived experience and commit to building meaningful coproduction into our processes where possible.

7. **We recognise the importance of evaluation and measuring impact**. We will seek opportunities to develop and share best practice, contributing to the evolving evidence base around trauma-informed work. We will foster a reflective and supportive learning culture where we feel safe to innovate and challenge what needs to be changed.

8. **We will communicate and actively promote the importance of trauma-informed practice**. We will champion and look for opportunities to influence at every level, from local policy to wider conversations on the trauma-informed approach.

Trauma Informed
Bristol, North Somerset
& South Gloucestershire

Trauma-informed BNSSG: A pledge for partners supported by:				
Name	**Role**	**Signature**	**Date**	**Actions**
				1
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November 2023

Healthier Together

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

Integrated Care Partnership Board

Agenda Item	**7. Winter planning update**	**Meeting Date**	29th November 2023

Title				
Scope: System-wide or Programme?	Whole system		Programme area (Please specify)	Urgent and emergency care
Author & role	Greg Penlington, Head of Urgent & Emergency Care, BNSSG ICB			
Sponsor / Director	Dr Joanne Medhurst, Chief Medical Officer, BNSSG ICB			
Presenter	Greg Penlington, Head of Urgent & Emergency Care, BNSSG ICB			
Action required:	Discussion / Information			
Discussion/ decisions at previous committees	*Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)*			
	• Winter Workshop, 7th September • Urgent & Emergency Care Operational Delivery Group, 28th September • Community Health & Care Improvement Group, 11th October • Bristol HOSC, 11th October • North Somerset HOSP, 12th October • Acute Health & Care Improvement Group, 16th October • South Gloucestershire HOSC, 17th October • BNSSG ICB Outcomes, Quality and Performance Committee, 19th October			

Purpose:
Each year BNSSG ICB collates plans to respond to operational pressures associated with the winter period, driven largely by anticipated growth in demand, alongside concomitant factors such as increased staff sickness absence, and operational restrictions resulting from managing infection prevention and control (IPC). This paper and attached presentation summarises these plans and seeks to provide assurance to the ICP Board regarding the quality of the plans and delivery against them.
Summary of relevant background:
The slide pack within Appendix 1 (*Summary BNSSG Winter Plan 23_24*) shows how BNSSG has responded to NHS England guidance for urgent and emergency

care (UEC), and identified 4 areas that required support from the national support offer, sets out that we are compliant with national planning and modelling requirements, and how we have set up systems that enable effective system working whilst supporting our workforce. The slides that follow then describe in more detail the actions and changes agreed to comply with the requirements of the national planning template. The plan was drafted with input from a wide-range of colleagues across the system, including acute trust performance and operational teams, and were tested via a system Winter Workshop on 7th September.

Good patient flow and delivery of effective high quality care is pivotal to care delivery across Winter. The BNSSG plan focuses on both the flow within the hospital provider system but also the delivery of appropriate care in people's homes and communities.

Equipped with recurrent investment from NHS England made available from the start of the financial year, BNSSG prioritised a wide range of schemes across the ICS that aimed to address deficits in capacity for key services that are known to support system flow and performance. These schemes are summarised in slides 4-6 of Appendix 3, which also sets out their rates of delivery against agreed project timelines.

The schemes are designed to prevent admission into hospital, improve ambulance response times, and to ensure patients are discharged in a timely manner. The Home First portfolio of schemes is integral to the improvement in flow in the admitted patient pathway, which affect the 'front door' of emergency care services. The schemes include:

- Significant recurrent investment in D2A capacity and transformation, and transfer of care hubs at both acute trusts
- Further development of virtual wards pathways and capacity
- Expansion of same day emergency care (SDEC) at all three acute sites
- A circa 30% increase in community urgent care response (UCR) team capacity
- A shift to a 7-day model for the system clinical assessment service (CAS) accessed via 111
- Growth in the children's ED footprint at the BRHC
- Delivery of additional GP appointments for acute respiratory infection

Managing performance

The day-today management of system performance over winter is managed by the BNSSG System Coordination Centre, which brings together live and historical data feeds, robust operational and clinical on-call arrangements, and additional operational management within the ICB during the week to provide a high level of 'grip' and oversight of performance. The SCC ensures rapid response to emerging system risks and proactively brings together system partners to address these. The SCC concept is defined nationally and BNSSG meetings the requirements of

this specification, drawing in part from the experience of running prolonged incident coordination arrangements during the covid pandemic (summarised in slides 9 & 10). The SCC is supported by senior governance groups within the local NHS which meet frequently to identify and mitigate and performance issues as they arise. These arrangements are summarised on slide 10.
Discussion / decisions required and recommendations:
To note the report including any risks, mitigating actions and responsibilities as appropriate.

Healthier Together

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

BNSSG NHS Winter Plan – summary

November 2023

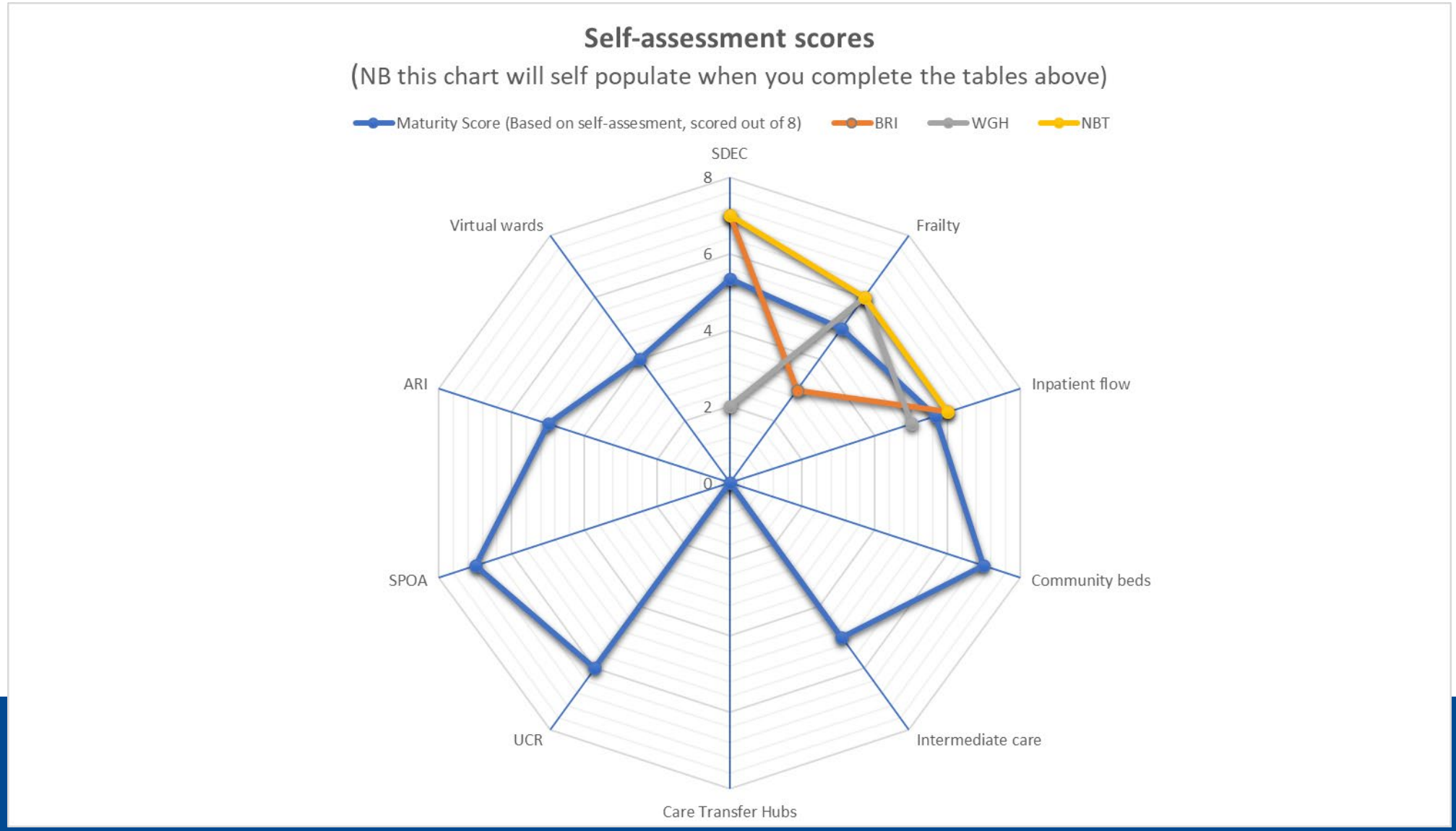
The national context: Winter guidance & BNSSG response

Action	Response
1. Continue to deliver on the UEC Recovery Plan by **ensuring high-impact interventions are in place**	Maturity matrix completed by all ICS partners. Support from NHSE universal offer requested for: 1) NHS@Home 2) Acute frailty 3) SDEC 4) ARI hubs 20+ 'Recovery Champions' nominated by the ICS and accessing webinar-based training.
2. **Completing operational and surge planning** to prepare for different winter scenarios	ICB scenario modelling completed. System review and input at Winter Workshop on 7th Sept. Submission to NHSE completed for 11th Sept alongside a numerical submission based on the BNSSG bed model.
3. **ICBs should ensure effective system working across all parts of the system**, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector.	BNSSG Operating Plan delivery – metrics now included in UEC performance and project reports. System Control Centre in place and compliant with new national specification. Updated Operational Pressures Escalation (OPEL) Framework now published. System plan to double run alongside existing OPEL framework.
4. **Supporting our workforce** to deliver over winter	Staff flu and covid vaccination. established pathway for identifying patients at-risk of COVID-19 and flu in their care, including those who are immunosuppressed. NHS People Plan delivery.

Winter planning began at the start of the year

- BNSSG ICS committed record new, recurrent investment into urgent and emergency care (UEC) and ‘Home First’ services through the 23/24 planning round.
- These investment schemes are spread across the system and address ‘front door’, through flow, and ‘back door’ capacity, and address many of the ‘high impact interventions’.
- Many ramp up and their impact peaks in the autumn months, in time for winter.
- Monitoring delivery takes place through the Operational Delivery Groups (UEC ODG and D2A Board).

In July BNSSG self-assessed its maturity against the national 10 high impact interventions



Summary of additional investment in winter schemes (1)

Ref.	Description		Lead Provider	23/24 revised financial plan (£k)	FYE (£k)	Peak bed impact (plan)	Progress on delivery (RAG):
	Urgent & Emergency Care						
U1	Same day Urgent Community Response expansion	Circa 25% expansion in same-day community nursing teams to respond to individuals with urgent needs who may otherwise deteriorate.	Sirona	-960	-960	10	Green
U2	System Clinical Assessment Service expansion	Increase in capacity of clinicians working within BNSSG 111 to further assess patients who would otherwise be routed to 999 or ED. Includes a move to 7-day working from October.	Brisdoc	-1,124	-1,424	9	Green
U3	SWAST access to Urgent Community Response service.	Embedding senior urgent care clinicians within the community call centre to triage and assess patients with urgent needs in the community who may benefit from the UCR service (above), particularly aimed at supported ambulance crews to access this pathway.	Sirona	-71	-221	6	Green
U4	Community Emergency Medicine Service (CEMS) introduction	Embedding senior ED clinicians within the ambulance service to respond to 999 calls (remotely and in person) for the most complex and frail individuals, to support community management of direct access to hospital pathways.	UHBW	-370	-370	2	Amber
U5	NBT Level 6 beds	Additional physical ward at NBT to support ability to continue elective programme alongside non-elective demand.	NBT	-4,539	-4,539	32	Green
U6	NBT Same Day Emergency Care expansion	Increase capacity in the SDEC service which front loads senior clinical review and diagnostics to avoid patients requiring multiple overnight stays.	NBT	-1,654	-1,654	16	Amber
U7	BRI Discharge lounge capacity	Increase capacity in the discharge lounge and introduce registered nurse cover to allow for wider range of patients to use the service. Allows beds to be made available earlier in the day on wards in line with expected demand, while discharge activities are undertake (transport, medication etc).	UHBW - BRI	-285	-570	8	Amber
U8	BRI SDEC		UHBW - BRI	-1,528	-2,037		
	BRI Medical SDEC	Increase capacity in the SDEC service which front loads senior clinical review and diagnostics to avoid patients requiring multiple overnight stays.		-879	-879	13	Green
	BRI Surgical SDEC	As above.		-609	-609	1.2	Amber
	BRI Cardiology SDEC	As above.		-550	-550	4	Amber
U9	Healthy Weston 2 (Phase 1& 2) (recurrent only)	Range of long term changes to WGH including a new frailty short stay unit, increases in SDEC, new hot clinics and improvements to emergency surgery provision.	UHBW -Weston	-1,900	-2,643	5	Green

Summary of additional investment in winter schemes (2)

Ref.	Description		Lead Provider	Other Providers	23/24 revised financial plan (£k)	FYE (£k)	Peak bed impact (plan)	Progress on delivery (RAG):
	Home First							
H1	Discharge to Assess	Increasing community rehabilitation capacity in line with demand, with a focus on shifting towards home-based pathways (following a peer review of other ICS').	Sirona	Acute, LAs, VCSE	-5,562	-5,562	150	Amber
H2	Transfer of care hub	Increasing multi-agency capacity for discharge planning from hospitals including therapists, social workers etc.	NBT	Sirona, Social Care	-2,884	-2,884	25	Green
H3	TOC Hub	As above.	UHBW - Both	Sirona, Social Care	-2,900	-2,900	25	Green
H4	NHS @ Home expansion	Increasing 'virtual ward' capacity to support admission avoidance and earlier discharge using remote monitoring technology couple with community teams.	Sirona	Acute	-6,750	-7,275	92	Amber
H5	Ageing Well EHCH: NCHIP	Dedicated clinical team working through care homes to ensure up-to-date and quality care plans for those most at risk of admission.	NBT	Sirona, Primary Care	-700	-700	4	Green
H6	Ageing Well EHCH: Weston hub	Dedicated multi-professional team working directly with care home residents most at risk of admission.	Pier Health	Sirona, Primary Care	-600	-600	6	Green

Summary of additional investment in winter schemes (3)

Ref.	Description		Lead Provider	23/24 revised financial plan (£k)	FYE (£k)	Leading indicator(s):	Progress on delivery (RAG):
	Investments with non-bed impact						
U10	Carousel Project - Children's Hospital	Significant increase in children's ED physical capacity and staffing including GPs, to manage minor acuity patients.	UHBW - Children's	-654	-654	ED waiting times at the children's hospital.	Green
U11	Community Acute Respiratory Infection (ARI) Hubs	Introduction of dedicated community sites via Primary Care Networks for managing patients with acute respiratory conditions away from general practices.	Primary Care	-600	-600	We will develop robust impact and evaluation to measure the impact of the hubs on system flow, patient outcomes and workforce.	Green
	SWAST additional capacity	Additional ambulance crews in place to manage winter demand and maintain response time standards despite increased time lost handing patients over to hospitals. Based on performance in 22/23.	SWAST	-2,900	-2,900	Ambulance response times: Category 1 and Category 2.	Green
	SWAST additional capacity for handover delays	As above.	SWAST	-2,000	0	As above.	Green

Urgent & Emergency Mental Health Winter 2023/24

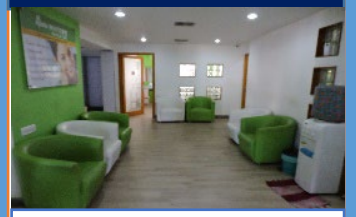
111 Mental Health Clinical Assessment Service

Developing 24/7 Response via 111 for any individuals needing urgent/crisis mental health support & advice – integrated with physical health response (CAS/OOH GPs)

Crisis @ Night

Delivering 10pm-8am UAC, Community assessment & home treatment, POS & Acute Trust ED In reach Crisis response for assessment

Urgent Assessment Centre



Developing Pre-Hospital Integrated location based assessment & intervention response as part of Crisis @ Night as alternative conveyance point to ED and community based responses for individuals in crisis

Professionals Response Line

24/7 Response, advice and guidance available by telephone for police, ambulance and other emergency and urgent care responses at scene

999 Mental Health Responses

24/7 Response via 999 including – integrated with emergency services/physical health:

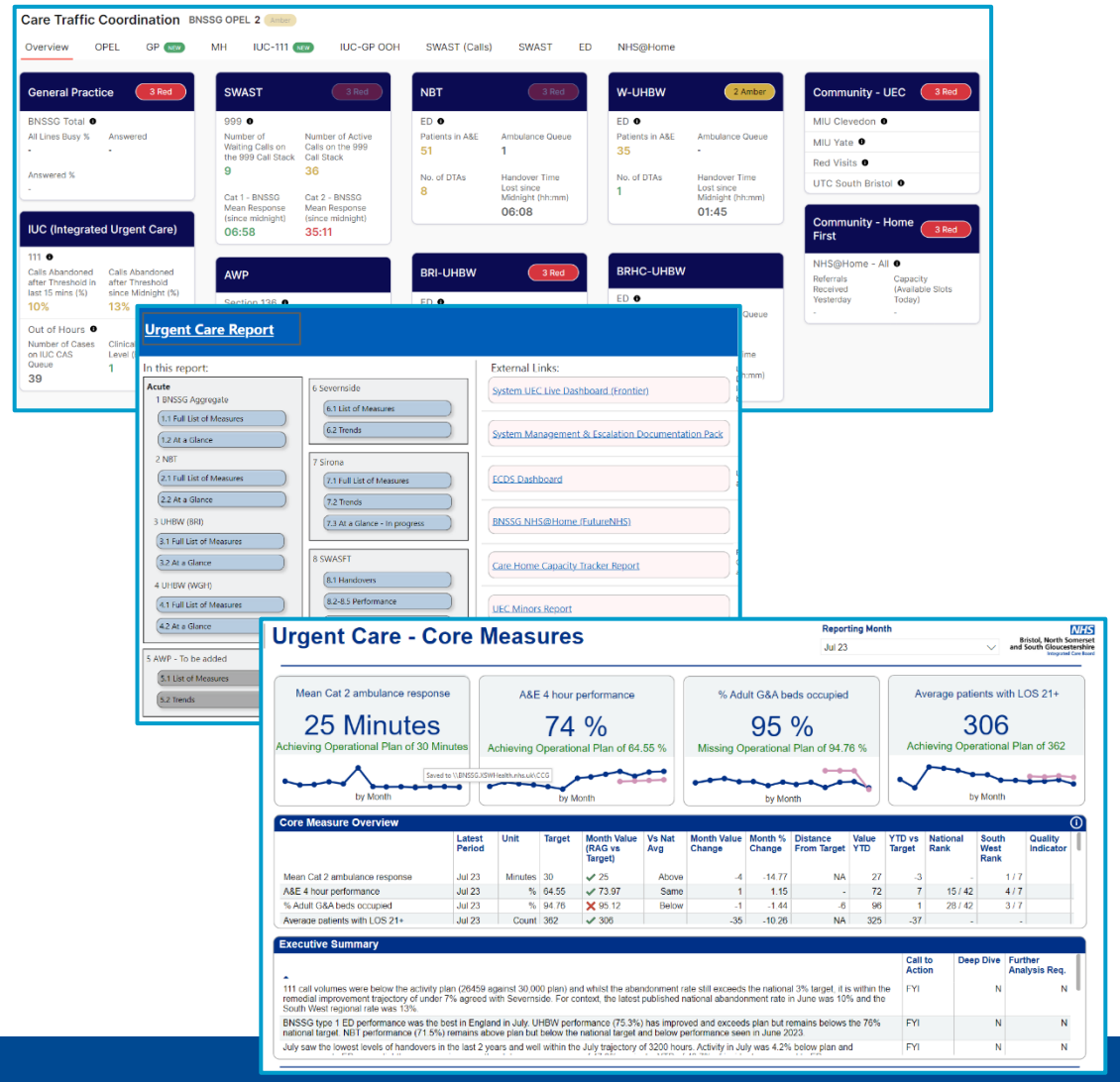
- MH Desk – inc PLO
- RRVs/MH Ambulances
- Rapid Engagement Workers

Overseeing system performance

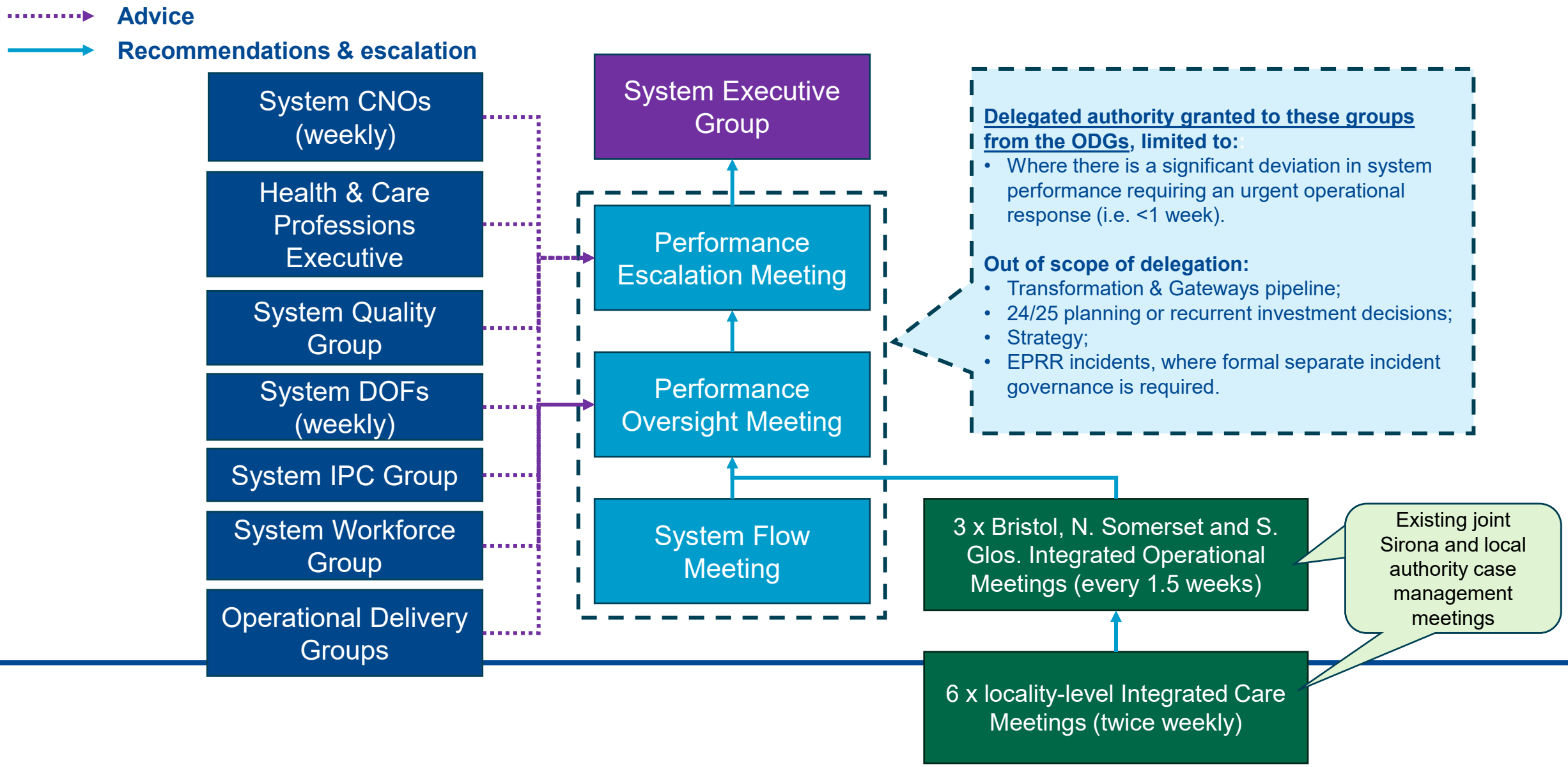
Tackling performance issues as they arise is managed by the new, nationally-defined System Control Centre, including a daily System Flow Meeting 7 days a week.

System tools available:

- New real-time 111, 999, mental health (s136) & ED metrics plus forecasts – within Frontier platform
- Daily data across all providers available to understand trends and root causes – within ICS PowerBI
- Refreshed processes to align monthly validated reporting with the NHS Operating Plan – in formal ICS reporting



Refreshed local NHS governance supports timely oversight and intervention of system performance



BNSSG's System Control Centre

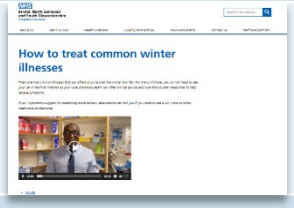
ID	National requirement	Section	Requirement Met	BNSSG Compliance
SCC – PE 1	SCC has identified board-level executive member and is supported by a Senior Responsible Officer (or equivalent).	4.2	Yes	SCC Executive lead and SRO: Lisa Manson
SCC – PE 2	SCC has sufficient resource to deliver day-to-day function in line with national operating model between 0800 & 1800 hrs.	5.2, 5.3 and 6.2.6	Yes	Mon-Fri 0800-1800: SCC delivered by UEC Performance Team (x3 team members). OOH and weekends: ICB on-call rota (strategic, tactical and call support). System clinical on call rota also in place 24/7.
SCC – PE 3	The ICB will ensure that they either have SCC room leadership with active clinical registration (GMC, NMC or HCPC), or an operating structure that enables input from senior clinicians in the ICB	5.4	Yes	System clinical on call rota in place 24/7 with role card descriptor, including a range of ICB clinicians.
SCC – PE 4	SCC Director on-call cover is in place between 1800 & 0800 hrs.	5.5	Yes	SCC director and tactical on-call cover 24/7, including out of hours and weekends. During in hours (0800-1800) they are on-call, however the SCC is managed by the UEC Performance Team.
SCC – PR 1	The SCC can demonstrate board-level presentation of SCC operations to the specification set out in the specification.	4.4	Yes	Lisa Manson SRO, ICB Board Member. SCC updates are provided as part of wider Winter assurance plans to various boards and committees and required.
SCC – PR 2	The SCC has membership of relevant clinical governance and quality assurance forums as required.	4.5	Yes	Lisa Manson is a member of the ICB Putcomes, Quality and Performance Committee. Work is live with the System Quality Group with a project to quantify and compare clinical risks in different parts of the system to inform SCC and provider decision making.
SCC – PR 3	SCC's role and responsibility are clearly laid out in system escalation and governance frameworks, including but not limited to surge management, ambulance handover process and incident management.	4.6	Yes	This information is detailed in the SCC System Management and Escalation policies and SOPs; which are available on Frontier (https://bnssg.my.faculty.ai/home) within document storage and published in the BNSSG ICBs on-call pack. In the event of an incident the BNSSG ICB Incident Response Plan (IRP) details additional responsibilities for the individual roles within the SCC. The IRP is available in the BNSSG ICBs on-call pack.
SCC – PR 4	SCC has an SOP in place that captures the daily operational cadence and reflects roles and responsibilities under the OPEL Framework. This will include the upload of the ICB OPEL onto the NHSE national database.	6.1 and 6.2	Yes	This information is detailed in the SCC System Management and Escalation policies and SOPs; which are available on Frontier (https://bnssg.my.faculty.ai/home) within document storage and published in the BNSSG ICBs on-call pack. This includes OPEL action cards for the system and providers, and standard cadences for system calls which occur 7/7 at 11am. This information is also outlined in the BNSSG ICBs on-call system management and escalation training slides.
SCC – PR 5	SCC will have SOPs to track, assure and validate submissions to NHS England national and regional teams as specified.	6.2	Yes	The SCC has an NHSE returns tracker and log in place. Data quality controls are in place for provider OPEL submissions, the metrics for which are updated every 6-12 months.
SCC – PR 6	SCC will maintain appropriate records in line with the NHS England's Corporate record management policy.	6.2.4	Yes	The SCC adheres to the BNSSG ICBs Records Management Policy, which aligns with the NHSE policy. This includes inbox management, note taking and action log tracking.
SCC – PR 7	SCCs will provide 7-day cover in-line with the regional/national operational model between 0800 and 1800 hrs, with a provision contained within a localised SOP to increase cover as required.	6.2.6	Yes	Mon-Fri 0800-1800: SCC delivered by UEC Performance Team (x3 team members). OOH and weekends: ICB on-call rota (strategic, tactical and call support). System clinical on call rota also in place 24/7. This is reviewed during periods of escalation or incident management. This information is detailed in the SCC System Management and Escalation policies and SOPs; which are available on Frontier (https://bnssg.my.faculty.ai/home) within document storage and published in the BNSSG ICBs on-call pack.
SCC – PR 8	SCC has real time digital software and a process to monitor in real time, the minimum key metric set detailed in section 7.2.1 to 7.2.10 to allow rapid identification of risks and required intervention. These will also be accessible to the DOC and relevant clinical support for the SCC.	7.2	Yes	The BNSSG System UEC Live Dashboard (Frontier) includes real time feeds for a number of providers across the system including SWAST, 111, AWP, acute trusts, NHS@Home and GPOOH. Frontier is accessible to the whole system, and has been promoted with all members of the ICB and provider on-call teams.
SCC – PR 9	SCC must have digital software that can add or evolve 'wider' system pathway metrics as part of real time process.	7.3.1	Yes	The ICB, through the Care Traffic Coordination Centre programme, is adding additional system pathway metrics including GP data, NCTR, UTC/MIU statuses, and social care data.
SCC – PR 10	SCC digital software must be accessible through both 'desktop' and mobile devices.	7.3.2	Yes	Frontier is available on both desktop and mobile devices.
SCC – PR 11	SCC digital software must have the capability to set notifications that alert / notify when pre-determined thresholds or parameters have been breached.	7.3.3	Yes	This is captured in the specification for CTCC and available in the Frontier system via Superset technology.

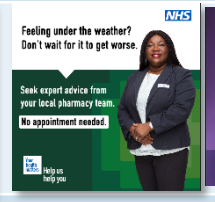
BNSSG Winter Vaccination Programme

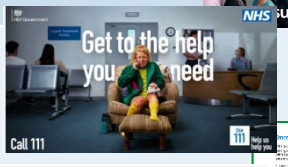
- BNSSG is planning for both flu and covid co administration where possible.
- Primary Care Networks will be visiting care homes to vaccinate both staff and residents and providing practice-based clinics which can be accessed by staff. Programme staff will also provide workforce if required.
- The programme has worked on robust communications with local authority partners, ensuring staff know how to access vaccinations.
- The national grabajab site will also have staff vaccination information.

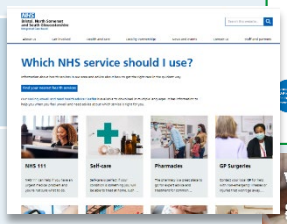
BNSSG winter 2023/24: Communications approach Oct - Mar

Objective	Campaign focus	Tactics
Promote vaccination uptake	Covid and flu campaigns (public and staff)	• BNSSG health and care staff 'Take control' campaign • Amplify national 'Winter strong' campaign via PR, social media, on-site promotion • Community partnership and engagement/outreach
Support people to access 'right care first time'	Self-care and pharmacy	• PR, social media, on-site promotion • Amplify national Pharmacy First campaign • Winter illness advice on ICB website • Self-care app promotion inc Handi paediatric
	Primary care access (multidisciplinary team / care navigation)	• PR, social media, on-site promotion • Amplify national 'Meet Team GP' campaign • Practice channels (websites, waiting rooms)
	NHS 111 (inc mental health crisis)	• Amplify national NHS 111 online campaign 'Get to the help you need' • PR, social media, on-site promotion • Targeted social media advertising
	Health literacy / system navigation	• Service guide on ICB website 'Which NHS service should I use?' • Multilingual 'Choosewell' leaflet distribution to health and care settings
Promote timely discharge	'Home first'	• PR, social media • In-hospital promotion targeting families/carers









Healthier Together

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

Integrated Care Partnership Board

Agenda Item	8	Meeting Date	29th November

Title	Discharge to Assess Programme Update			
Scope: System-wide or Programme?	Whole system		Programme area (Please specify)	X Discharge to Assess (D2A)
Author & role	D2A programme Team			
Sponsor / Director	Ceridwen Massey, Chief Operating Officer, Sirona CIC Sue Porto, Chief Executive Officer, Sirona CIC			
Presenter	Rosanna James, Programme Director D2A			
Action required:	Discussion / Information The ICP Board is asked to: • Note receipt of this update on the delivery of the D2A transformation programme, including progress, priorities and the recent implementation of a refreshed governance approach. • Take assurance that the programme is fully operational and has appropriate engagement, governance and delivery mechanisms in place. • Note whole system involvement in the review of winter plans and implementation of additional non-recurrent funding recommended by the D2A Board.			
Discussion/ decisions at previous committees	*Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)*			
	Information/ report also received and endorsed by the following Boards & groups: Health Scrutiny Committee (Sub-committee of the People Scrutiny Commission) 11 October 2023 South Gloucestershire Council Health Overview and Scrutiny Committee (HOSC) – 17 October 2023 Community Health and Care Improvement Group (HCIG) 11 October 2023 BNSSG System Executive Group meeting 19 October 2023			

Healthier Together

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

Purpose:

The purpose of this paper is to provide an update on the delivery of the Discharge to Assess (D2A) Transformation Programme including progress, priorities and the recent implementation of a refreshed governance approach.

Summary of relevant background:

1. Background

Figure 1 and 2 below provide an overview of the scope of the D2A Programme and how the goals of the programme relate to key Integrated Care System (ICS) goals. Following Health and Wellbeing Board approval of Better Care Fund (BCF) investment for 23/24 the D2A transformation plan and approach was revised in part to ensure better alignment across the BCF investments.

Figure 1: Scope of D2A Transformation Programme

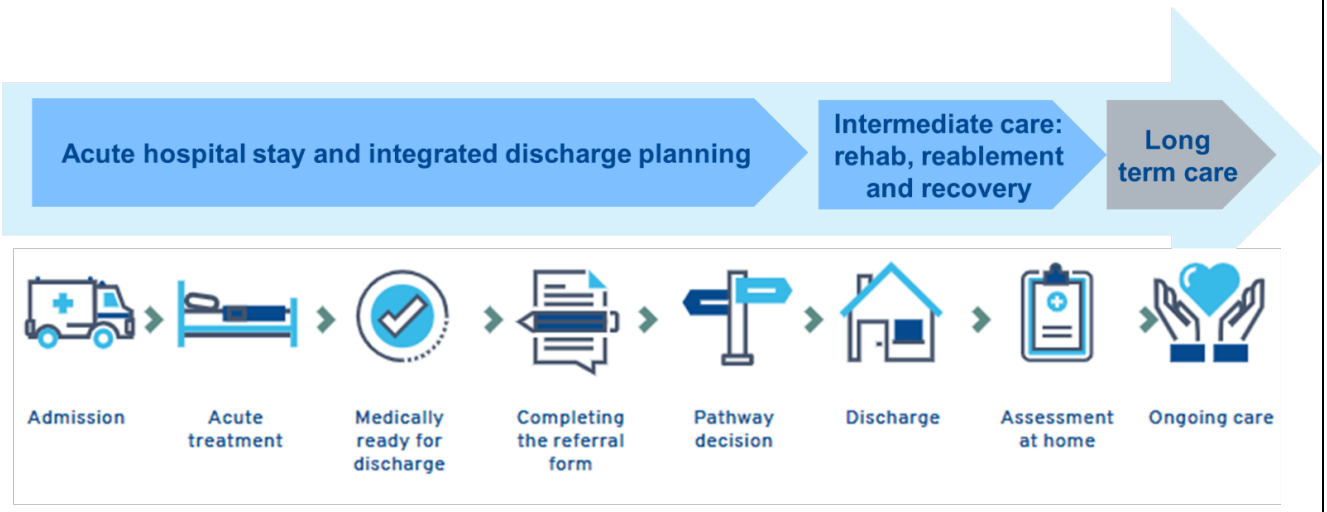
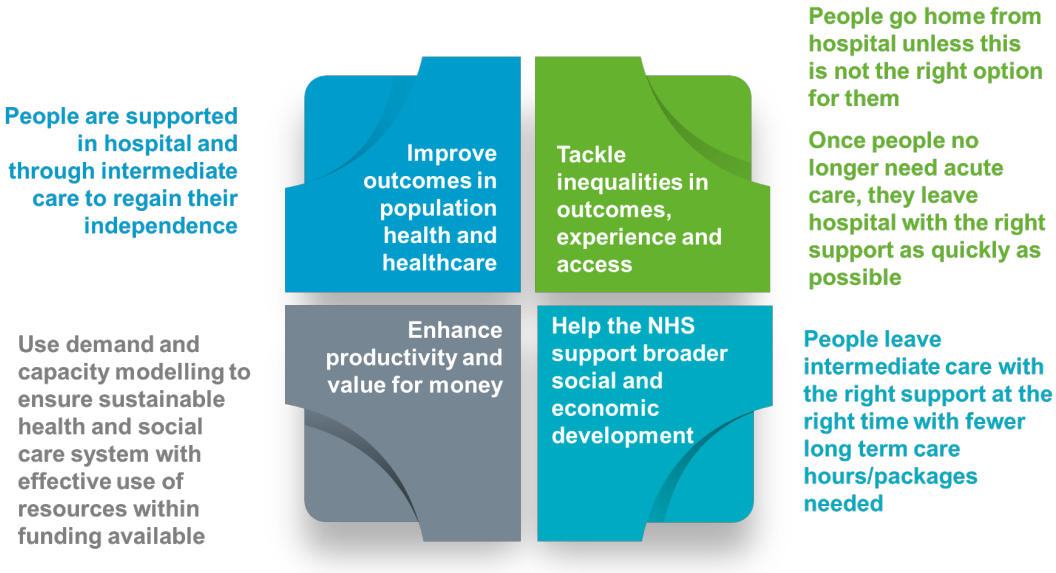


Figure 2: BNSSG system and D2A Programme Goals



Since June 2023, the programme team have implemented actions (with programme partners) across a number of priority areas for improvement and transformation delivery work. These include:

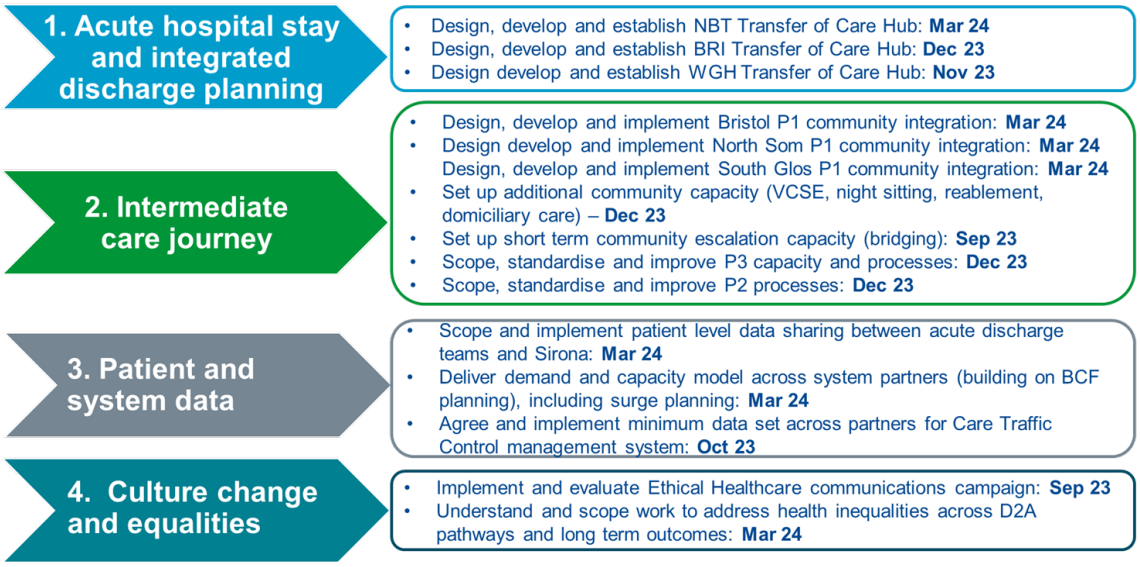
1. **Programme Plan Progress Monitoring**
2. **Results and Benefits Measurement (12 Results)**
3. **System Performance Oversight (Dashboard Development)**
4. **A Refreshed Governance and Accountability Approach**
5. **Winter Planning**
6. **Communication of the Ethical Health Campaign**
7. **Better Care Support Fund (BCSF) National Development Fund Bid (Digital and Leadership)**

This report provides an overview of the key elements of progress, against each of the priority areas above, for HOSC to consider.

2.2 Programme plan progress monitoring

Key programme deliverables are summarised in Figure 3 below. An overview of RAG ratings is presented to the D2A Transformation Group every three weeks with discussion to understand successes and challenges, identify risks and to learn about practice and solutions from across the system. The updated programme plan is then shared with the D2A Board for assurance purposes. See Appendix 1 for the most recent progress report discussed at D2A Board on 6 September 2023.

Figure 3: D2A Transformation Programme Deliverables



2.3 Results and benefits measurement (the 12 results)

The D2A Programme continues to drive the '12 results' measures with work underway to renew baselines and agree/mobilise targets. The 12 results (see Figure 4 below) enable the programme to take a more system wide view of progress, success and delivery.

Figure 4: D2A Transformation Programme Results

	What do we want to achieve?
R1	40% reduction in 'non ideal' pathway decisions across Pathway 0/1/2/3
R2	% shift into Pathway 0 and Pathway 1 from Pathway 2 and Pathway 3
R3	25% reduction in hospital length of stay across Pathway 0/1/2/3 (pre and post Transfer of Care Document)
R4	Reduce the use of acute hospital beds by 200 beds
R5	Reduce acute hospital No Criteria to Reside
R6	Reduce community No Criteria to Reside
R7	Increase % patients getting ideal long-term outcomes following P1/P2/P3 and reablement
R8	Reduce down to 230 Pathway 2 and 3 beds

R9	Reduce avoidable long term care hours/packages of care following hospital stay
R10	Reduce number of long-term residential care/nursing care packages following hospital stay
R11	Increase staff trust, relationships and understanding of the D2A process
R12	Increase number of people/carers with a positive experience of hospital discharge and D2A pathways

Based on currently available data, between November 22 (when the Better Care Support Fund diagnostic was completed) and August 23, the system has made progress towards achieving these results. There have been significant inroads into the target of saving 200 acute beds (R4) with 170 acute beds saved by August 23 against target of 200 for pathways 1 to 3; separate analysis of P0 savings across all ICS transformation programmes is underway. The system is delivering a shift away from P3 to lower level pathways. This P3 shift is expected to reduce the number of long-term residential care/ nursing care packages following hospital stay (R10).

However, the opportunities to improve decision-making and shift people into P0 and P1 from P2 (R2) are yet to be fully realised. There is also a clear opportunity to reduce P2 and P3 community length of stay, especially in Bristol. On 6 September, D2A Board agreed to add a thirteenth programme result focused on reducing community length of stay for P2 and P3, to allow greater monitoring of the impact of the P2/P3 bed reduction mitigation plan actions. This additional result has now been added into the workplan.

2.4 System performance oversight (dashboard development)

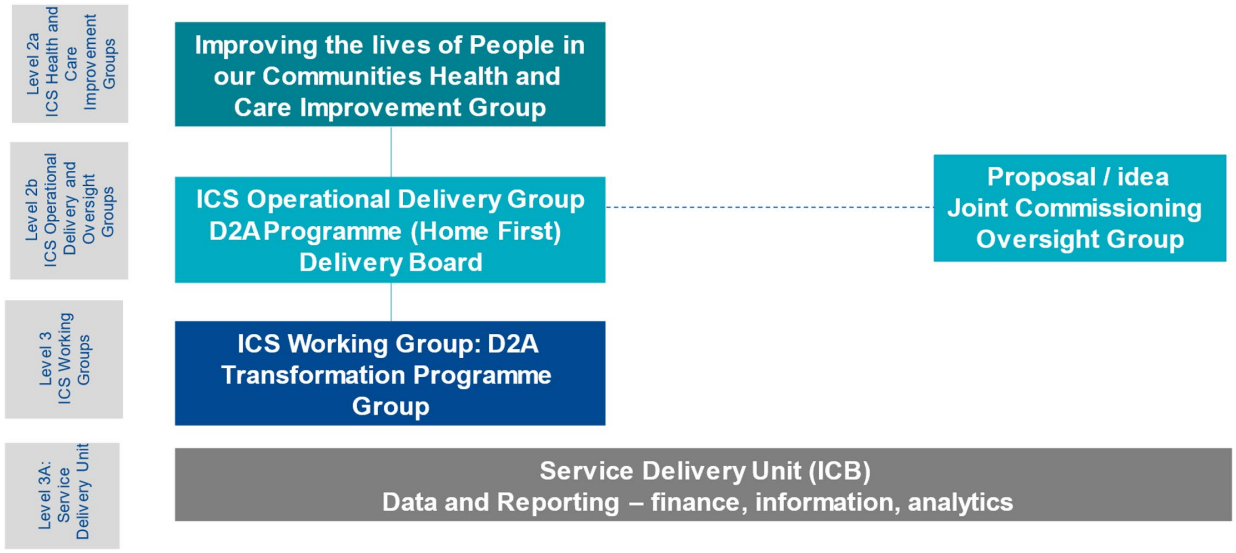
The D2A programme is finalising a D2A Performance Data Dashboard (a draft version of which has been shared with programme members). The dashboard focuses on demographic and health inequality data, using information from acute trusts with NHS number to allow linkages to the hospital record and to understand more details about the types of patients being discharged into D2A and their distribution (by age, geography, length of stay, deprivation quartile and reason for admission in the first place). Further work is required to receive a full suite of data that can be linked with community providers, but this work is underway.

2.5 Refreshed governance and accountability

To support onward progression the team have initiated a new governance approach that reduces the number of virtual sub-group meetings and increases opportunities for design, development and recommendation-making work to be addressed both face to face and through one overall session. The new D2A Transformation Programme Group Session sits under the D2A Board which in turn reports up to the Improving Lives of Our Communities Health and Care Improvement Group.

A visual outline of the D2A Programme Governance is outlined in Figure 5 below.

Figure 5: Draft outline of D2A within the new ICS governance framework



In November a new Terms of Reference for the D2A Board were agreed reflecting the revised governance structure of the ICS, the updated ICS Operating and Decision-Making Framework, as well as ensuring they are compatible with the democratic responsibilities of local authorities (and their obligations through Health Overview and Scrutiny Committees and Health and Well-Being Boards).

2.6 Winter planning

On 25 July, the programme team were requested to develop additional risk mitigation actions, linked to forward planning for potential seasonal winter surge pressures (e.g. covid or flu outbreaks etc.). The team worked with colleagues to mobilise a D2A programme winter planning session, with attendance from a range of stakeholders.

On 29 August a D2A winter planning workshop was held with operational leads and system partners. The purpose of the workshop was to analyse forecast winter scenarios, reflect on the learning from mitigating actions taken in previous winters, understand the key pressure points along D2A pathways and identify additional actions that can be put in place to add a further layer of mitigation. The group identified five key proposals for winter mitigation actions for further consideration by the D2A Board on 6 September.

The D2A Board supported these recommendations and release of unallocated non-recurrent D2A reserves (£1.5m) to deliver as many as possible of the additional (until March 2024) mitigations as can be reasonably afforded and implemented. The plans were approved by the ICB Board in September and are in the process of being set up. The mitigation plans in no way undermine existing effort on transformation and the Board continued to support on-going work to deliver both decision making and community length of stay improvements.

2.7 Communication of the Ethical Healthcare Campaign

The roll out of the Ethical Health Campaign continues with the support of communications leads from across the D2A system. Blogs, case studies, videos and briefings are all being disseminated to raise awareness of services that can support with discharging people from hospital. Take up of materials by communications leads across the D2A partnership is being monitored to ensure effective information sharing.

Staff and patient surveys have been developed and are live at the present time, to assess the impact of the campaign on staff across the system and on the experiences of patients. A further carer's survey is going through final engagement processes and will be released in December. Monitoring of results will be quarterly via the D2A board.

2.8 Better Care Support Fund (BCFS) national bid (digital and leadership)

Following interviews with senior leaders/CEO's a proposal has been developed to apply to the BCSF for funding to support onward work with:

Priority 1: Leadership, Culture and Learning. Focused on senior leaders rather than frontline staff (as this is being addressed via the Ethical Behaviour Change campaign). Strengthening of leadership culture and behaviour supported by the right development, delivery and communication tools to enable transparent and effective decisions about strategic priorities and allocation of financial resources. Embedding trust, collaboration and participation so that leaders at all levels are informed, engaged and collectively proactive. Learning from how other areas have engaged to develop a joint plan that works at place-based level across multiple local authorities .

In addition, a second priority was identified within the bid. This was:

Priority 2: An Improved Approach (Modelling and Data) for Managing Out of Hospital Demand and Capacity Across BNSSG. Development phase to improve discharge evaluation, reporting data and systems, linking the aims of both D2A and the ICB Care Traffic Control plans. Development of a common data set that would be used by multi-agency operational teams to help refine capacity and demand planning over time. BCSF support would fill the capacity and capability gap, while we recruit staff we have allocated funding for from the D2A Programme Team budget.

The national BCSF team have supported the procurement process to secure external support; we expect the BCSF to award the contract in mid-November, with work starting immediately afterwards.

3. Public Sector Equality Duties

A full equality impact assessment was completed and signed off as part of the Discharge to Assess Business Case in November 2021. This noted that the implementation of the D2A Programme should not discriminate against people of protected characteristics.

Appendices:

Appendix one: Programme update exec summary attached.

Discussion / decisions required and recommendations:

4 Discussions/decision required and recommendations

The ICP Board is asked to:

- Note receipt of this update on the delivery of the D2A transformation programme, including progress, priorities and the recent implementation of a refreshed governance approach.
- Take assurance that the programme is fully operational and has appropriate engagement, governance and delivery mechanisms in place.
- Note whole system involvement in the review of winter plans and implementation of additional non-recurrent funding recommended by the D2A Board.

Healthier Together

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

Appendix Discharge to Assess Programme update – Exec Summary

September 2023

Summary

#	Deliverable	Status
D1	Design, develop and establish NBT Transfer of Care Hub	On time
D2	Design, develop and establish BRI Transfer of Care Hub	On time
D3	Design, develop and establish WGH Transfer of Care Hub	On time
D4	Design, develop and implement Bristol P1 community integration	On time
D5	Design develop and implement North Somerset P1 community integration	Some concerns
D6	Design, develop and implement South Gloucestershire P1 community integration	On time
D7	Set up additional community capacity (VCSE, night sitting, reablement, domiciliary care)	On time
D8	Set up short term community escalation capacity (bridging)	Bristol: on time South Glos: on time North Som: on time/some concerns
D9	Scope, standardise and improve P3 capacity and processes	Some concerns
D10	Scope, standardise and improve P2 processes	Some concerns
D11	Scope and implement patient level data sharing between acute discharge teams and Sirona	No update
D12	Deliver demand and capacity model across system partners (building on BCF planning), including surge planning	Some concerns
D13	Agree and implement minimum data set across partners for Care Traffic Control management system	Some concerns
D14	Implement and evaluate Ethical Healthcare communications campaign	Some concerns
D15	Understand and scope work to address health inequalities across D2A pathways and long-term outcomes	On time

Healthier Together

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

Smokefree BNSSG

Update for Integrated Care Partnership Board

Samuel Hayward, SRO Smokefree BNSSG, Consultant in Public Health

29th November 2023

Updates

1. ICS strategy
2. Vision and scale of the problem
3. Smokefree BNSSG: Our ICS Tobacco Control Alliance
4. Smokefree BNSSG: Whole System Strategy
5. Smokefree Generation
6. That vaping question
7. Treating Tobacco Dependency

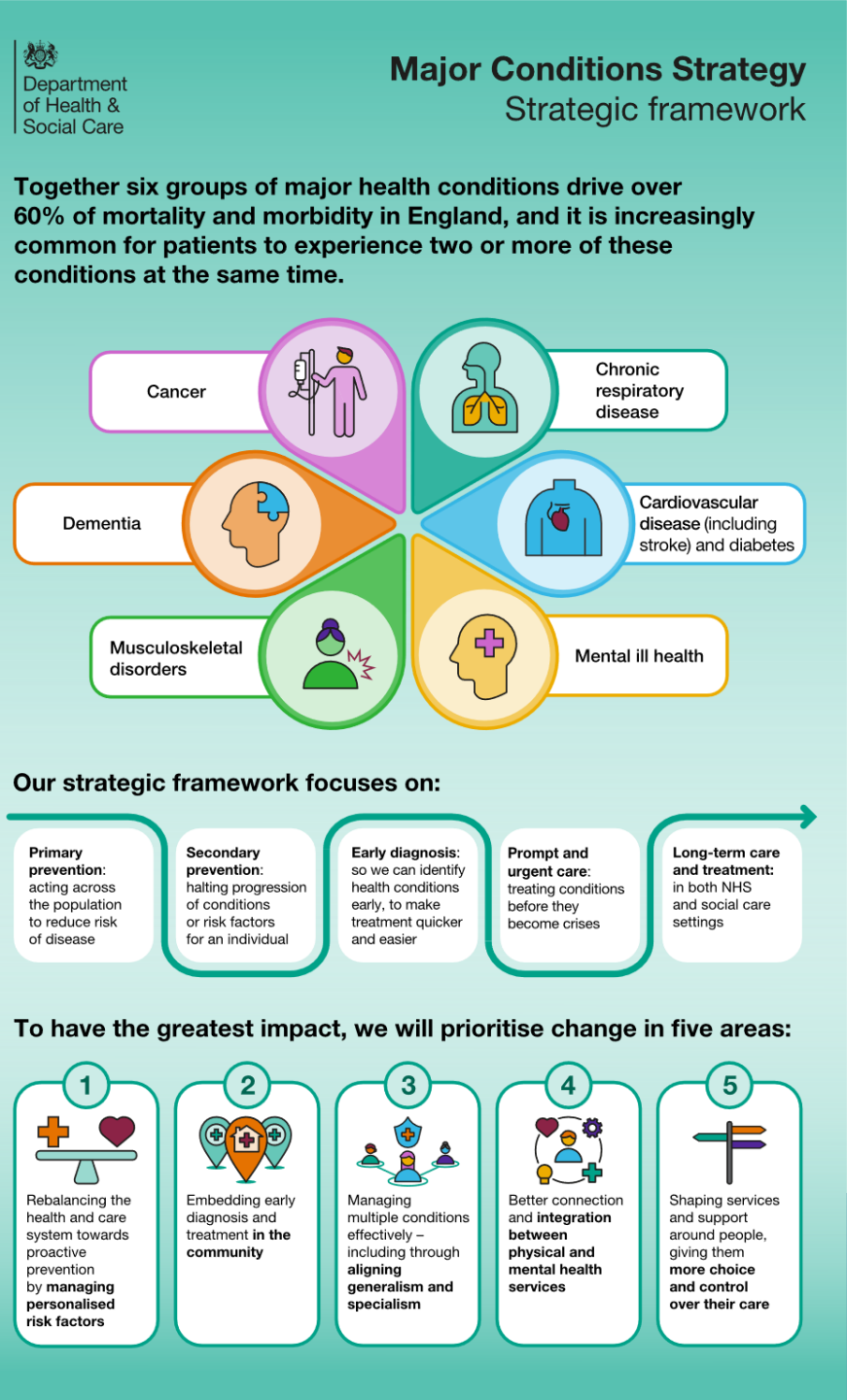
“Tobacco dependence is chronic, relapsing, and more prevalent than most long-term conditions.”

Healthier Together

ICS strategic commitment: Develop a whole-system programme for stopping smoking

- Smoking is leading cause of preventable illness and early death, and biggest driver of health inequality between most and least deprived.
- Smoking accounts for more years of life lost than any other changeable factor that damages health.
- Overall smoking rate is 13%, but 1 in 3 households in areas of high deprivation include smokers.
- Bristol has the highest rate in the South West.
- Many smokers want to quit, but it takes multiple attempts.
- Stop smoking interventions are among the most cost-effective health services, and highly effective.
- We need to address gaps in pathways and services.
- Want to take every opportunity to ask and offer help.

Healthier Together



Our vision for Smokefree BNSSG

System partners have set a vision for a Smokefree BNSSG[1] where less than 5% of our population smoke by 2030. Working towards this vision gives us a big opportunity to reduce the impact of tobacco on our population through:

- Preventing initiation of smoking, supporting people to quit, and reducing use and harm.
- Protecting non-smokers.
- Building community capacity.
- Improving outcomes and reducing inequalities.

Healthier Together

[1] Department of Health Towards a Smoke free Generation - A Tobacco Control Plan for England 2017-2022

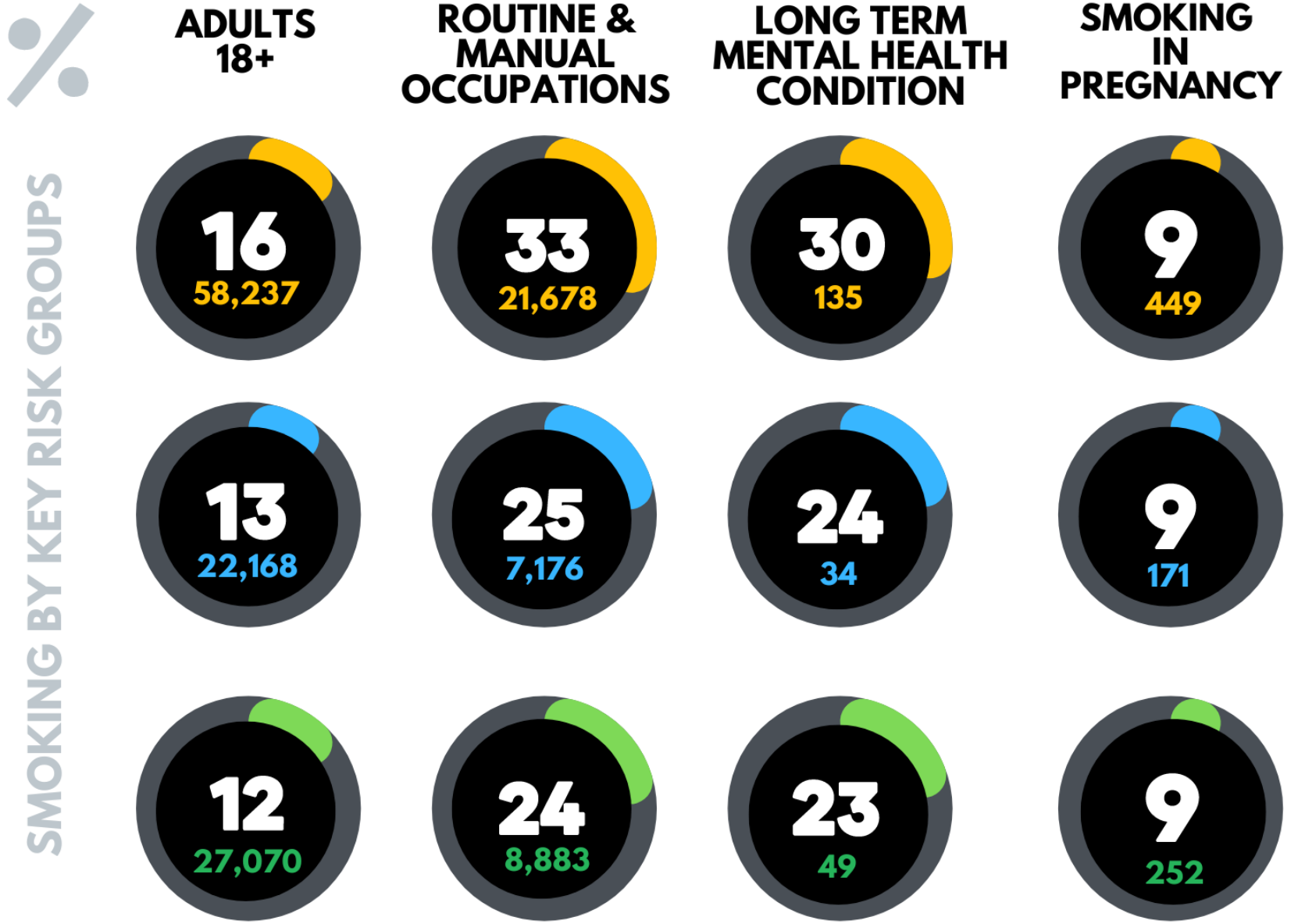
Smoking in BNSSG

There are an estimated 144,320 smokers across BNSSG Local Authority areas (QOF):

- Bristol: 86,479 (60%)
- North Somerset: 27,180 (19%)
- South Gloucestershire: 30,661 (21%)
- BNSSG total: 144,320 (100%)

To achieve our Smokefree vision (<5% by 2030/31) we will need approximately 24,000 quits per year between 2024/25 & 2030/31.

SMOKING BY KEY RISK GROUPS



Healthier Together

Note: Figures have been rounded, data source underestimates

Smokefree BNSSG: Tobacco Control Alliance

- Four meetings since July 2023
- At first focussed on relationship building, then signed off the Terms of references and governance, and planned meetings.
- Took learning from HCPE session and developed a **system wide plan**, priorities for next 12 months:
  1. Communications campaign/s (Stoptober and answering **“that vaping question**”)
  2. Consolidation of TTD programme
  3. Workforce offer (quits and CPD)

  **** Smokefree Generation announcements ****

A WHOLE SYSTEM APPROACH TO IMPROVING TOBACCO OUTCOMES IN BNSSG

Example people

Who needs to be involved

What we need to do

Example actions

Level 4

- Hospital clinical leadership
- Community Services

Level 3

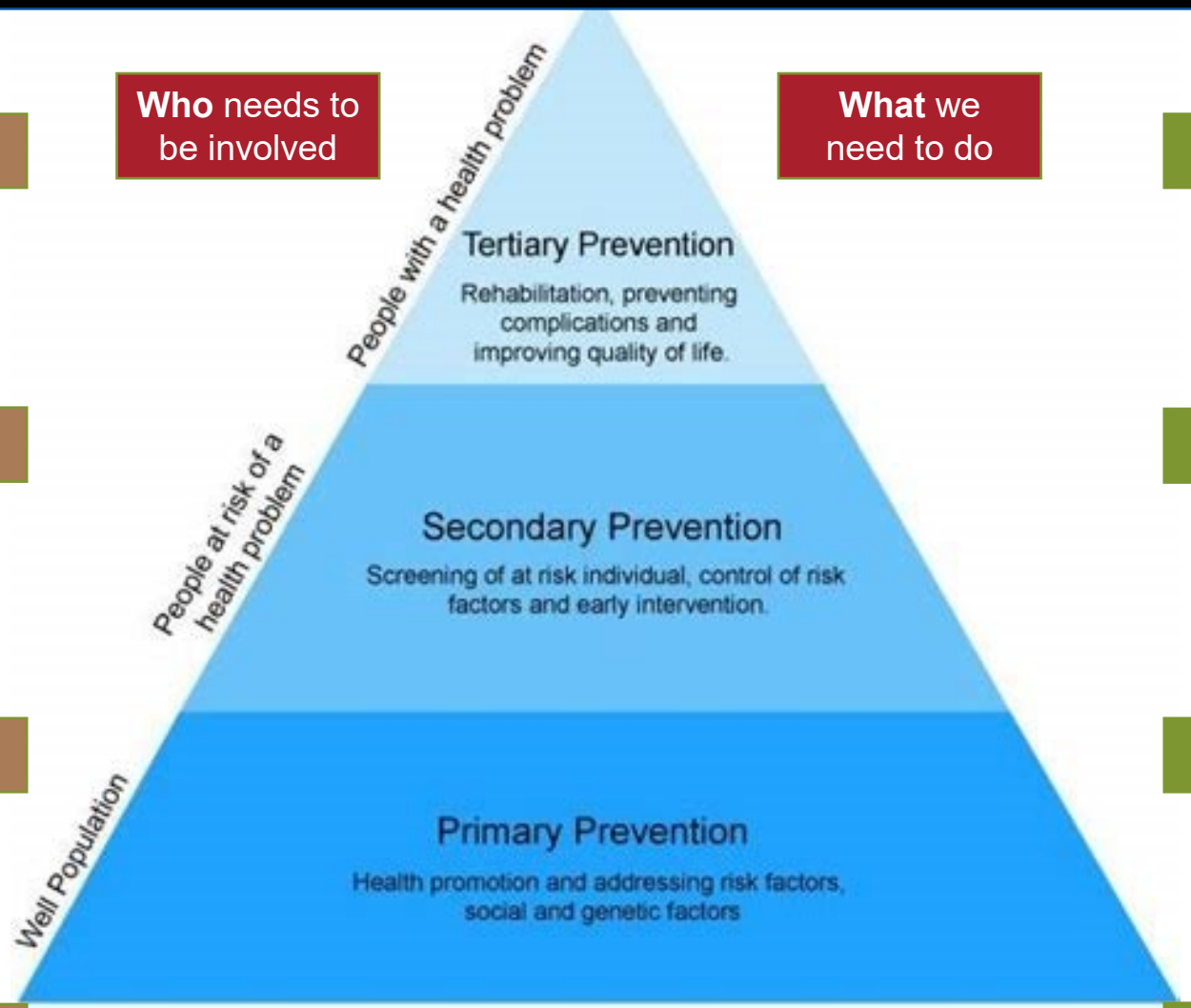
- GP practices/PCNs/Localities
- Pharmacies
- Local Authorities
- Dentists

Level 2

- Health Visitors/School Nurses
- VCSE groups working with priority groups e.g. deprivation, pregnancy

Level 1

- Trading standards & Law enforcement
- Business & economic development
- Schools and Universities
- Communications



Wider determinants of health

Establish or maintain conditions that minimise risk and maximise potential for good health and wellbeing, and reduce inequalities e.g. education, housing, built/natural environment, employment.

Level 4

- Treating Tobacco Dependency Programme

Level 3

- LA Stop smoking services (community, online and integrated)
- Primary Care Stop smoking services (GP and pharmacy)
- MECC

Level 2

- Children and Family Hub brief interventions
- Workplace health programme
- Community development

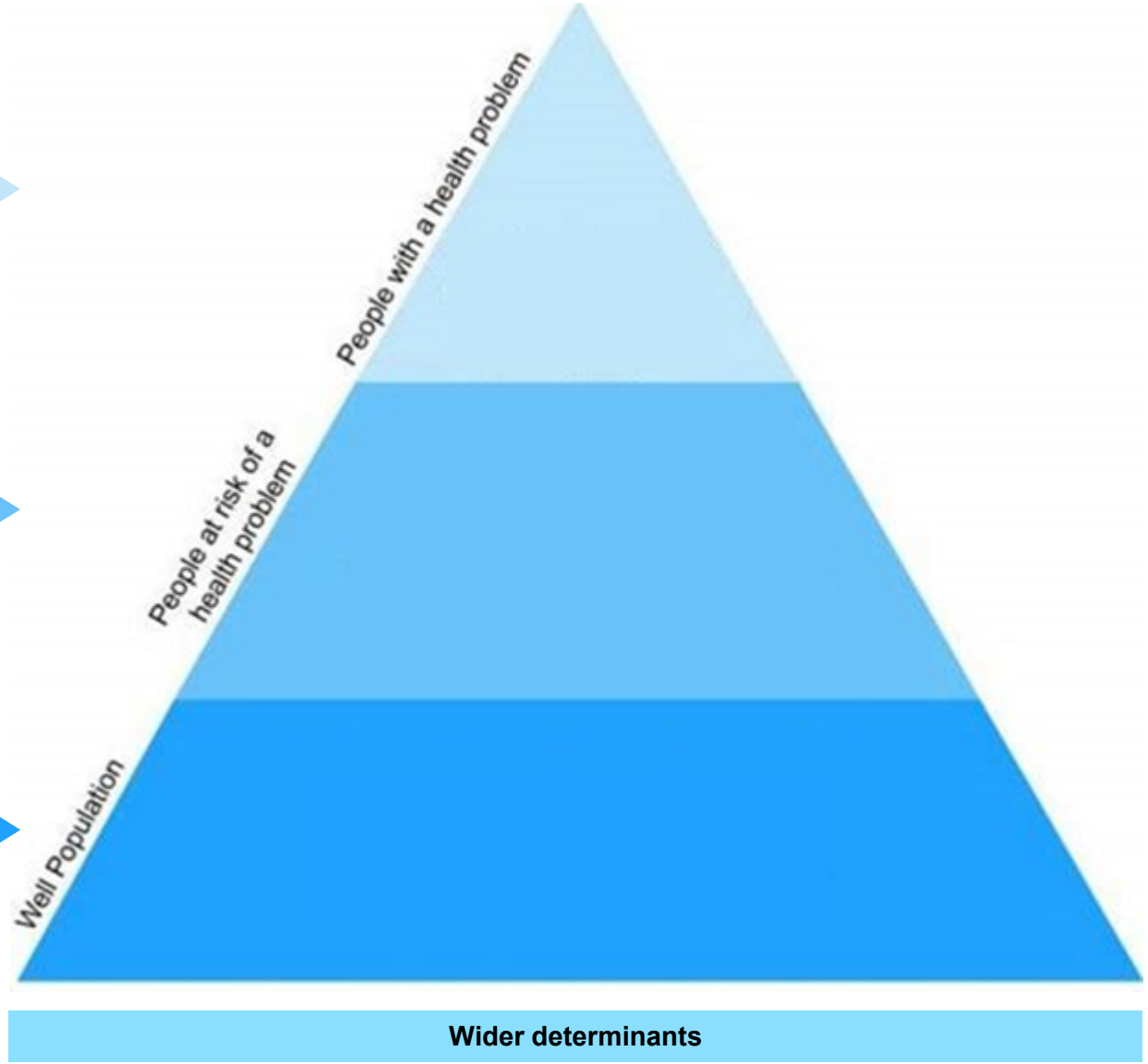
Level 1

- Planning policy
- Interrupting illegal tobacco supply
- PSHE and early support
- Campaigns and social movement
- Smokefree places & quit zones

Complex quits: 3,000+

Complicated quits: 6,000+

“DIY” quits: 15,000+



NHS England

NHS 75
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

NHS
North Bristol
NHS Trust

NHS
Avon and Wiltshire
Mental Health Partnership
NHS Trust

NHS 75
University Hospitals
Bristol and Weston
NHS Foundation Trust

North Somerset Council

Targeted Lung Health Check Programme

NHS Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance

ONE YOU

SMOKEFREE

Bristol City Council

South Gloucestershire Council

Better Health North Somerset
Smokefree Support

everyonehealth
because everyone matters

ILLEGAL TOBACCO KEEP IT OUT

Trading Standards South West
ILLEGAL TOBACCO REPORTING

Office for Health Improvement & Disparities

STOPTOBER

Healthier Together

Office for Health Improvement & Disparities

A Smokefree Generation

Action to address smoking and vaping

Outlined a case for change and proposed:

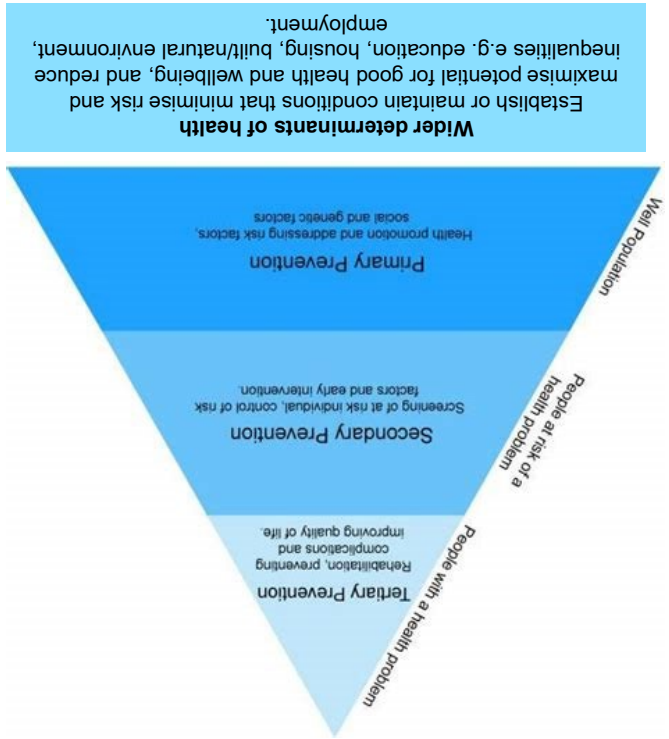
- Smokefree Generation legislation on raising age that cigarettes can legally be sold
- Increased funding for Local Authority Stop Smoking Services
- Measures to tackle youth vaping
- Increased funding for enforcement action across HMRC, Border force and Trading Standards
- Swap to Stop campaign

Consultation link

Healthier Together

Responding to Smokefree Generation

- Planning activity of LSSS being supported through Smokefree BNSSG.
- Smokefree BNSSG response to the **consultation**
- Development of system wide community **peer support programme** is a shared ambition.



Our ICS position on nicotine vaping:

The evidence is clear that, **for smokers, nicotine vaping is a far less risky option** and poses a small fraction of the risks of smoking in the short and medium term.

Vaping should be offered as an alternative for smoking but not as an activity which is appealing to the wider non-smoking population.

Vaping is not for children; we need to reduce the uptake of vaping and the number of young people accessing vape products.

Swap to stop

- Vape starter kits funded by DHSC to support smokers to **Swap to stop**.
- Expression of interest to be a Swap to Stop Pathfinder ICS submitted on 3rd November.
- Bid is for **60,000x** Swap to Stop vape starter kits.
- Value of the bid is **£2.2 million**.
- Delivery through existing specialist stop smoking services.
- New ask of system partners to support roll out of Swap to Stop brief intervention model **at scale**.

Treating Tobacco Dependency Programme

Evidence based targeted tobacco dependency treatment in acute settings.

Serves the **most complex, highest risk** and **highest need** populations of smokers, including:

- Acute inpatients
- Mental health inpatients
- Maternity

Ask of the system to consolidate delivery of this programme as business-as-usual activity for the populations at the acute end of our prevention triangle.

Summary

1. We will pull on that golden thread and weave Smokefree BNSSG action across the system
2. We have a clear and ambitious vision and can describe the scale of the problem
3. We will apply systems thinking, and build on our alliance to deliver our Smokefree strategy
4. Throughout we will collaborate, innovate, deliver, and evaluate

"Most smokers, encouraged by the dark arts of the tobacco industry, became addicted in childhood"

Celebrating the Alliance!

- Samuel Hayward, Consultant in Public Health, North Somerset Council,
  Email: Samuel.hayward@n-somerset.gov.uk Tel: 07771 838 819
  LinkedIn: www.linkedin.com/in/samuelthomashayward/

- Zoe Rice, Programme Manager for Population Health, BNSSG ICB z.rice@nhs.net
- Chris Miles, Tobacco Control Lead, NSC, Chris.Miles@n-somerset.gov.uk
- Jen Davies, Tobacco Control Lead, BCC, Jennifer.Davies@bristol.gov.uk
- Fionna Vosper, Strategic Lead, SGC, Fionna.Vosper@southglos.gov.uk
- **And many other others! The movement is growing...**