Healthier Together

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, Thursday 29 February 2024
Venue: Bristol and Bath Science Park, Dirac Crescent, Emersons Green, BS16 7FT

Please note: the venue is accessible by public transport – MetroBus service M3 operated by First Bus from the city centre via M32 - Find Us | Bristol & Bath Science Park (bbsp.co.uk).

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 29 November 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 Board for BNSSG.

REPORTS/ITEMS FOR DISCUSSION (total time: 2.20 – 3.50 pm)

6. Innovate Healthier Together programme (2.20 – 2.40 pm)
- Item for information/discussion.
- Item to be presented by Ellie Wetz, Associate Director, Innovate Healthier Together

7. Embedding Personalised Care across BNSSG (2.40 – 3.20 pm)
- Update/discussion on roll out of Personalised Care agenda and how this is supporting better self-management, shared decision making and personalised care planning, particularly for people with complex long term ill health
- Item for information/discussion.
- Item to be presented by Michelle Scofield, Sirona Care and Health, Head of Personalised Care, and Steve Spiers, Programme Manager for Personalised Care

8. Integrated Care System All Age Mental Health Strategy (3.20 – 3.35 pm)
- Item for update/sign-off of strategy following engagement
- Item to be presented by Julia Chappell, Senior Business Development and Planning Manager, Avon & Wiltshire Mental Health Partnership NHS Trust

9. BNSSG Trauma Informed Pledge (3.35– 3.50 pm)
- Item for update/discussion (following initial discussion at previous meeting)
- Item to be presented by Hazel Renouf, ICB Trauma Informed Systems Manager

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Minutes of the meeting of the BNSSG Integrated Care Partnership Board held at 2.00 pm, Wednesday 29 November 2023 at Somerset Hall, 11 The Precinct, Portishead BS20 6AH

Attendance List:

Partnership Board Leadership Group: Councillor Jenna Ho Marris, North Somerset; Jeff Farrar, BNSSSG ICB (**Chair for this meeting)**

Community and VCS Voices: Aileen Edwards (Second Step); Tim Poole (sub Kay Libby); Chris Head (WERN); Mandy Gardner (VANs); Fiona Cope (North Bristol CAB); Jane Emanuel (ACFA The Advice Network); Mark Coates (Creative Youth Network)

Voices in the Community: Alan Davies

Constituent Health and Care Organisations: Matt Lenny (DPH NSCC); Chris Sivers (Director CS South Glos); Amanda Cheesley (Sirona Care & Health); Ruth Taylor (PCS)

Locality Partnerships: Sharron Norman (Bristol North & West); Steve Beet (South Bristol); Tharsha Sivayokan (South Glos); David Moss (WWV); Joe Poole (ICE)

Other Attendees: Shane Devlin (BNSSG ICB); Georgie Bigg (Healthwatch); David Smallacomb (Care and Support West); Becky Balloch; Ros Cox (ICS DPM); Rosi Shepherd (Chief Nursing Officer); Claudette Campbell (Democratic Services); Ian Hird (Scrutiny Advisor)

Apologies for Absence: Cllr H Holland: Cllr J O'Neill; Steve Curry; Raz Akbar; Kay Libby; Hugh Evans (Director ASC Bristol CC); Jayne Mee (UHBW); Laura Welti (Voices in the Community); Alison Findley (Southern Brooks); Dr Joanne Medhurst (Chief Medical Officer); Michelle Romain (NBT): Charlotte Hitchings (AWP); Rebecca Mear (VOSCUR); Dominic Ellis, (WECIL)

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

    a. It was noted that Councillor Helen Holland (Chair of the ICP Board) had given her apologies for this meeting. Jeff Farrar took the Chair in her absence as Vice-Chair of the ICP Board. He welcomed attendees to the meeting and led introductions.

    b. Board members discussed whether future meetings could be held as remote virtual meetings, to potentially enable wider attendance. It was suggested that consideration could be given to future meetings alternating between being hosted on a virtual platform and in-person.

2. **Minutes of the meeting of the ICP Board held on 28 September 2023**
   The minutes of the meeting of the Board held on 28 September 2023 were confirmed as a correct record, subject to noting that Charlotte Hitchings had tendered her apologies for that meeting.

3. **Public Forum**
   It was noted that no public forum items had been received for this meeting.

4. **Health and Wellbeing Board updates**
   The written update reports from the respective Chairs of the Bristol, North Somerset and South Gloucestershire Health and Wellbeing Boards were received and noted.

5. **Integrated Care Board update**
   The written update from the Chair of the Integrated Care Board was received and noted.

   Main points raised/noted in discussion:

    a. An update was provided on the liaison that had taken place with Avon & Somerset Police at local partnership level. Initial meetings had focused on outlining the work of local partnerships and considered how the Police can best connect and engage with them.

    b. It had been proposed that the Police and Crime Commissioner should be approached to sit on the ICP Board.

    c. It was suggested that Avon Fire and Rescue Service & other safety services may be a source of intelligence in terms of intelligence on vulnerable people in neighbourhoods; it was proposed that partners should consider liaising with them and other agencies to seek out vital intelligence and to identify ways in which duplication of efforts could be avoided.

d. The impact of industrial action was still being felt causing a £15 million negative impact on budgets. Strikes have impacted waiting times and service delivery. NHS England had created a fund to go towards alleviating the burden and an application would be made to them for a funding award.

6. Trauma informed pledge

Hazel Renouf, BNSSG ICB Trauma Informed Systems Manager, presented the report. The ask of ICP Board members was to support the 'Trauma Informed BNSSG: A pledge for partners' and to commit to embedding a trauma-informed approach across services and systems.

The following was highlighted from the report:

a. Experiences of trauma and adversity can have a profound and wide-reaching impact on the lives of individuals, families, communities and workforce. This can lead to poorer health outcomes.

b. The trauma-informed Systems Manager leading on the programme is co-director of the Trauma and Adversity HIT and a Core20Plus Ambassador.

c. BNSSG was the first ICB to have a dedicated Trauma informed Systems Manager to enable systems to be trauma informed.

The following was noted from the discussion:

d. Further information was sought on activities and developments that currently operate to support trauma knowledge.

e. It was suggested that further explanation will be helpful on how partners can best support the aspiration once the pledge was signed. Further clarity was sought on 'next steps' – it was suggested there is a need to consider/clarify the timeline for reporting/capturing progress; an annual review of progress was suggested.

f. ICP Board members were asked to start the conversations about adopting the pledge within their organisations; assurance was given that an online resource would be available that would include contacts and guidance.

Decision

g. The Chair confirmed that there was support in principle for the Board and organisations signing up to the pledge, pending a further report to the next ICP Board meeting in February 2024 to clarify all aspects of the programme and the commitment required from partners.

7. Winter planning update

Greg Penlington, Head of Urgent & Emergency Care, BNSSG ICB introduced the report setting out the BNSSG winter plan 2023/24. The report sought to assure the ICP Board that fit-for-purpose plans were in place and being acted on to support positive outcomes.

The following was highlighted.

a. It was noted that good patient flow and delivery of effective high-quality care is pivotal to care delivery across winter. The BNSSG plan focuses on the flow within the hospital provider system but also the delivery of appropriate care in people's homes and communities.

b. Partners welcomed the fact that recurrent investment from NHS England was made available from the start of the financial year; BNSSG had therefore been able to prioritise a wide range of schemes across the ICS aiming to address deficits in capacity for key services that are known to support system flow and performance.

c. It was noted that the Winter Plan highlights how partners pull together as a system to address ongoing issues; this continues to be challenging but the approach is now more joined-up, bringing incremental system-wide improvement in dealing with the winter situation.

d. It was noted that Locality Partnership planning links in with and supports the approach.

e. A key challenge is to further develop and implement preventative actions, at the same time as delivering acute care.

f. A particular issue to address is the identified increase across winter in respiratory infections in children and young people, likely to be linked with affordability issues around household heating due to the 'cost of living' situation.

g. Assurance was given that there was a communication plan targeting all organisations, detailing the strategy, including using a winter wellbeing advent calendar to embed messaging.

h. Board members were encouraged to share the update within their respective organisations/systems.

The Chair welcomed the report and, as per the above encouraged members to share and promote it within their respective organisations.

8. Discharge to Assess (D2A) Programme Update

Rosanna James, Programme Director (D2A) introduced the report and accompanying presentation setting out detail on the delivery of the Discharge to Assess transformation programme, including progress, priorities and the recent implementation of a refreshed governance approach.

Board members were asked to note the update on the delivery of the transformation; the report sought to reassure the Board that the programme was fully operational and that it was supported by the whole system.

The following was highlighted:

a. It was noted that a key aim of the programme has been to improve system flow whilst maintaining a patient centred approach.

b. It was noted that the programme has achieved significant inroads into the target of saving 200 acute beds, with 170 acute beds saved by August 2023.

c. The overall progress achieved was generally welcomed. It was noted that in terms of system performance oversight, a D2A Performance Data Dashboard is being finalised. The dashboard focuses on demographic and health inequality data, using information from acute trusts with NHS numbers 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.

d. It was noted that linked in with updated governance arrangements, there is ongoing communication and engagement with partners.

e. The Chair thanked the Programme Director for the report, acknowledging that this work was encouraging; he noted in particular the positive emphasis on improving patient flow and welcomed the patient centred approach underpinning this work.

The Board agreed to note the report/update.

9. Smokefree BNSSG

Matt Lenny, North Somerset DPH and Samuel Hayward Consultant in Public Health introduced the report/presentation that provided an update on the BNSSG Smokefree Strategy. The Board was asked to note and support the whole system approach to improving tobacco outcomes in BNSSG.

The following was highlighted:

a. It was noted that in line with the ICS strategic commitment to develop a whole-system programme for stopping smoking, system partners have set a vision for a Smokefree BNSSG where less than 5% of our population smoke by 2030.

b. The vision and whole system approach to improving tobacco outcomes was strongly welcomed.

c. It was noted that in terms of smoking prevention, it will be particularly important to continue to target interventions around young people.

d. All partners were asked to continue to proactively support Smokefree BNSSG and related actions and interventions.

e. The Chair confirmed that all partners endorsed the strategy and its excellent work and vision. At a future point, an update should be brought back to the Board assessing the ongoing delivery of the strategy.

The Board agreed to note the report/update.

The meeting finished at 4.15 pm

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

BNSSG INTEGRATED CARE PARTNERSHIP BOARD **Item 4**
Thursday 29 February 2024

UPDATE FROM CHAIR OF BRISTOL HEALTH AND WELLBEING BOARD

1. The most recent in-public meeting of the Bristol Health and Wellbeing Board was held on 14 December.
All the papers can be viewed at:
ModernGov - bristol.gov.uk

The main issues considered at the meeting included:

a. Update on the proposal and approach to be taken to develop a BNSSG Women's Health Hub. This is being developed in line with the top priority in the Women's Health Strategy for England to develop and expand women's health hubs with the intention of bringing together healthcare professionals and existing services to provide integrated women's health services in the community.

b. Update following engagement by Healthwatch around the experiences of women when seeking support for symptoms of peri-menopause or menopause. The insights from this engagement have led to a set of recommendations which seek to influence decision making about future health services for women going through menopause. The recommendations are aimed to address these issues through a local lens with solutions that are timely, relevant and applicable across diverse communities.

c. Consideration of the Director of Public Health's Annual Report 2023: 'The Power of Us: We are Bristol, One City Many Communities'. The final chapter of the report sets out a call for action, emphasising that creating the conditions for health through community requires commitment from everyone: individuals, businesses, the NHS, the voluntary sector, the local authority and communities themselves.

d. An update by Adult Social Care on the Care Quality Commission assurance framework.

2. On 24 January, we held a joint development session/workshop with the One City Children and Young People's Board. This was focused on the forthcoming refresh of the Belonging Strategy. The workshop discussions were focused on:

- Board members' thoughts about the draft priorities in the strategy and how the Boards can contribute to delivering these priorities.
- How the Boards can contribute towards strengthened integration between health, Council and VCSE services to ensure that all children get the best start in life.
- How to contribute to better health outcomes for children in care.

3. Other current issues:

The next Bristol One City Gathering is taking place on Friday 8th March, 9 to 1 pm at the Bristol Beacon and brings together over 200+ leaders from the public, private, voluntary and community sectors to discuss and mobilise activities to deliver the goals within the One City Plan, across its themes: Culture, Economy and Skills, Children and Young People, Transport, Homes and Communities, Environment, and Health and Wellbeing. Please register on Eventbrite here: https://MarchOneCItyGathering.eventbrite.co.uk

Councillor Helen Holland
Chair, Bristol Health and Wellbeing Board
February 2024

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BNSSG INTEGRATED CARE PARTNERSHIP BOARD **Item 4**
Thursday 29 February 2024

UPDATE FROM CHAIR OF NORTH SOMERSET HEALTH AND WELLBEING BOARD

1. The most recent meeting of the North Somerset Health and Wellbeing Board was held on 14 February. All the papers can be viewed at
Agenda for Health and Wellbeing Board on Wednesday, 14th February, 2024, 2.00 pm | North Somerset Council (moderngov.co.uk)

The Board has continued with the pattern of holding meetings outside of the formal Council chamber and meeting in community venues. Colleagues were pleased to visit the Campus, a multi-purpose venue hosting a children's centre, library, café and public hall that serves the Worle community. At the same time as the Board were meeting, a temporary skateboarding/scooter park was being enjoyed downstairs in the main hall by local young people!

The main issues considered at the meeting were:

a. Joint Health and Wellbeing Strategy: Consideration and endorsement of proposals for the overarching structure which is in development for the next Joint Local Health and Wellbeing Strategy 2024-2028; and approval of minor changes to the delivery of actions in the current Joint Health and Wellbeing Strategy and a proposal for funding additional capacity to support the development of the next strategy.

The above recommendations were agreed by the Board after a rich discussion around the way in which the strategy may develop through the upcoming refresh. Some of the welcomed changes included shifting to a wellbeing and health narrative, greater emphasis on a trauma informed approach and promoting equality of opportunity in how we deliver local actions.

Food, and the development of a new, compassionate and positive culture for food prompted a lot of debate. Key themes included working with town and parish councils, links with the climate emergency and cost of living crisis, and applying planning and economic development interventions to support healthier, more sustainable produce. There was a commitment to share insights from different agencies, e.g. recent surveys of opportunities and barriers undertaken in Weston super Mare and learning from working with children and young people

settings including schools. The Board are keen to sponsor the development of a new strategy in this area.

b. Review and feedback on the BNSSG Healthwatch report 'Time to think differently about adult social care'.

An overview was provided around the process used to develop in-depth survey and the key conclusions it generated. This prompted a good discussion about how to provide information to the public through a range of channels, particularly when we are trying to promote a strengths based approach towards independence. Work has been going on locally to make sure information is collected and shared through one data system and provide a consistent approach for the public and professionals. The Board was keen to endorse this aim but also highlighted the risk of digital exclusion and the need for different channels to be available and promoted through local key workers. A future discussion on the area of public information, advice and support has been noted for the Board's forward plan. This includes the planned use of MIDOS as a platform for effective information sharing.

c. Updates from the Weston, Worle and Villages, and Woodspring Locality Partnerships.

The good work described in the update from our two localities was welcomed with some additional comments around the roll out of the new integrated mental health team in Woodspring, and noting recent analysis of unmet CVD risk in the north of the district which shows a need to provide universal and timely support to improve outcomes. The potential to work with local employers was noted, particularly those at higher risk because of the nature of their work or access to food/drink in their daily routines. Improving understanding and the response to neurodiverse children and young people and a rise in cases of asthma were two other action areas currently being assessed. The focus on addressing inequalities through additional interventions for children and young people in Weston, Worle and Villages was also welcomed.

d. Endorsement of the final version of the BNSSG All Age Mental Health and Wellbeing Strategy.

Board members thanked those from North Somerset who had developed the content of the new strategy with some questions about how mental health support for students in schools is working. It was confirmed that activity is focused on the secondary age through the mental health support teams in place in some schools and use of Off the Record support in those who have not yet been covered by the national programme.

The North Somerset Mental Health Strategy is about to go out to public engagement. The Board asked for all actions to be lined up so that we can see best use of resources around the agreed priorities.

2. Other current issues:

a) The Board agreed to provide a letter supporting the application for a pharmacy on the site of a Boots branch serving the South Ward which is due to close at the end of February. The Board also agreed to publish a supplementary statement to the Pharmaceutical Needs Assessment outlining needs in the area. This is intended to help inform decision making on the application alongside the letter of support channelling local community views.

b) After the formal Board meeting finished, the Board continued with its approach of holding an 'appreciative inquiry' session to discuss a topic where partnership working can help to improve health and wellbeing outcomes and the reduction of inequalities for local residents.

The Board reviewed a list of draft commitments within the developing North Somerset Corporate Plan which was shared by the local authority with local residents recently for comments. The briefing material used on the day is available in appendix 1.

A final version of the plan is due to be published soon and the Board welcomed the chance to consider areas where action across the partnership can help to drive valued improvements. Some of the areas highlighted in the discussion included more action around understanding child development and taking action to address gaps in the pre-school period, a wish to focus on food as a positive force for change across a range of outcomes and reducing levels of self-harm among local young people. The Board are also keen to track how engagement is reaching those in more disadvantaged communities as an aim within overall interaction with the public. A summary of key areas of potential will be checked with the Board and used to inform its action plan for 2024/25.

The Board are developing its forward plan through an inclusive process including regular discussion with the Health Overview and Scrutiny Panel about topics of interest across the two forums with the use of joint sessions where that is helpful. Working with Town and Parish Councils is another area of interest, for example, the opportunity to take part in a health day in Portishead on 2 March to engage with and support the local community.

Councillor Jenna Ho Marris
Chair, North Somerset Health and Wellbeing Board
February 2024

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

BNSSG INTEGRATED CARE PARTNERSHIP BOARD **Item 4**
Thursday 29 February 2024

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 24 January. All the papers can be viewed at: Agenda for Health & Wellbeing Board on Wednesday, 24th January, 2024, 10.00 am - South Gloucestershire Council (southglos.gov.uk).

The main issues considered at the meeting were:

a. **A deep dive into the Joint Health and Wellbeing Strategy 2021-25** strategic objective 1 - improve educational attainment of children and young people (CYP) and promote their wellbeing and aspirations. The item covered:
   i. Key headlines and emerging findings related to CYP health and wellbeing and inequalities.
   ii. Children's Partnership arrangements, Best Start in Life work and formal receipt of the Children's Safeguarding Annual Report.
   iii. Update on Early Help.
   iv. Sirona care and health services for CYP, including public Health nursing.
   v. Overview of education, including the Attendance Strategy, Special Education Needs and Disabilities (SEND) Strategy, early years developments, the Health in Schools programme and a new Family Link Worker initiative.
b. The Health and Wellbeing Board noted the key findings from the CYP needs assessment, the DPH Annual Report and actions to date to improve CYP educational attainment and wellbeing.
c. The Health and Wellbeing Board formally received the Children's Safeguarding Report.
d. The Health and Wellbeing Board discussed ongoing challenges and opportunities for partners to continue to implement actions to reduce inequalities and promote educational attainment and wellbeing of CYP. Points included:
   i. Resources not being sufficient and the challenge to use existing resources effectively particularly in terms of prevention and intervention in the early years.
   ii. Potentially developing voluntary sector support for CYP emotional health.
   iii. Challenge of system wide communication, particularly to frontline workers.
   iv. Potential of further work by GP practices following a pilot to bridge work between health and the local authority.

v. Perception of mental health issues amongst CYP.

e. **Safeguarding Adults Annual Report** was included in the agenda papers and was formally noted by the Health and Wellbeing Board.

f. A report on the **process to update the BNSSG Joint Forward Plan (JFP)** was provided to the Health and Wellbeing Board in line with the requirement for the ICB to consult with local authorities and health and wellbeing boards. Considering comments during the deep dive earlier in the meeting it was stated that the JFP must include the voice of CYP and their families. Members were encouraged to review the updated JFP and provide further feedback.

g. **Recommissioning of Sexual Health Services across BNSSG** – the Health and Wellbeing Board noted the report, which explained the current contract would expire on 31 March 2024, the engagement work to date and the new service specification, which was currently out for consultation.

h. **Adult Social Care Assurance Framewor**k, a new assessment framework introduced by the Care Quality Commission to measure performance and outcomes delivered by adult social care services across the country, was shared with the Health and Wellbeing Board for awareness. Members were advised that an Executive Assurance Board had been established to have oversight of progress and risk, and support mitigation actions required. The assessment date for South Gloucestershire was not yet known, but members were informed that they may be invited for interview or be part of a focus group.

i. **Council Plan 2024**, emerging themes from the developing strategy were shared with members: climate and nature emergency; children and young people; and wellbeing and strong communities. Members noted that the emerging themes fitted well with existing strategies of the Integrated Care System and Health and Wellbeing Board, but further detail was needed before members could provide meaningful feedback. Members were asked to participate in the formal consultation, which would begin in mid-February.

2. Other current issues:

   a. In December the Health and Wellbeing Board and Locality Partnership had a successful development session on inequalities. The aims of the session were to:
      i. understand inequalities in South Glos and the importance of the wider determinants of health;
      ii. understand the part all organisations play in reducing inequalities;
      iii. identify groups to target in South Glos; and
      iv. synthesise learning and experience to identify opportunities for local action.

b. Following group work discussion, members highlighted some priority areas to support and engage in South Glos:
    i. Multiple inequalities – cluster in key individuals/groups
    ii. Children, Young People and Families
    iii. Manual workers and smoking
    iv. Access to services
        - Geography
        - Transport
        - Language
        - Digital exclusion
    v. Mental Health / Learning Disability / Neurodiversity
    vi. Changing population – different ethnic groups

c. We are now considering next steps and how we link further work with the development of the Joint Health and Wellbeing Strategy 2025-2029, which will begin in the summer.

d. We are planning a development session with the Drugs and Alcohol Partnership and Safer, Stronger Communities Strategic Partnership.

e. We are reviewing Health and Wellbeing Board working arrangements for the 2024-25 civic year onwards.

Councillor John O'Neill
Chair, South Gloucestershire Health and Wellbeing Board
February 2024

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

BNSSG INTEGRATED CARE PARTNERSHIP BOARD **Item 5**
Thursday 29 February 2024

UPDATE FROM CHAIR OF INTEGRATED CARE BOARD FOR BNNSG

1. The most recent meeting of the BNSSG Integrated Care Board was held on 1 February. All the papers can be viewed at:
Integrated Care Board (ICB) Board meeting - 1 February 2024 - NHS BNSSG ICB

2. The main issues considered at the meeting included:

a. Update from the ICB Chief Executive, covering:

i. ICB organisational structure: update on the new operating model, developed in light of NHS England's requirement that all ICBs reduce their running costs by 30%.

ii. Winter planning update: £40m extra recurrent investment has been allocated to high-impact urgent/emergency care and discharge/rehab interventions which increase during the challenging winter months. These plans will help to reduce unnecessary hospital admissions by delivering more urgent care outside of hospitals and helping emergency patients return home on the same day (£16.5m extra investment). They will also support faster hospital discharge and reduced length of stay through improved discharge planning and extra community rehab capacity (£20m extra investment).

iii. Update following the 11 January ICB Board and ICP Board development session.

b. Update on a review which is being undertaken of the impacts of industrial action to fully understand the impacts on healthcare (including people delivering care) and on the health of the population. Given the statutory importance of both health care and health to ICBs, it is crucial for ICBs to understand the impacts already experienced through industrial action on these areas and the further risks to these should industrial action continue into the future.

c. Approval of the Digital Strategy Portfolio for 2024/25, and the projects to be prioritised in the next year.

d. Adoption of a new commissioning approach and an improved treatment pathway for the assessment and treatment of varicose veins and venous ulcers.

e. Endorsement of the final version of the BNSSG All Age Mental Health and Wellbeing Strategy.

f. Review of the draft BNSSG dental strategy, noting that further patient, staff and public consultation will be undertaken.

2. Other current issues:

a. Establishment of an Independent Advisory Group on Race and Ethnicity

b. Dental Strategy

c. Impact of Industrial Action

Dr Jeff Farrar QPM
Chair, Integrated Care Board for BNSSG
February 2024

Developing a health inequalities plan

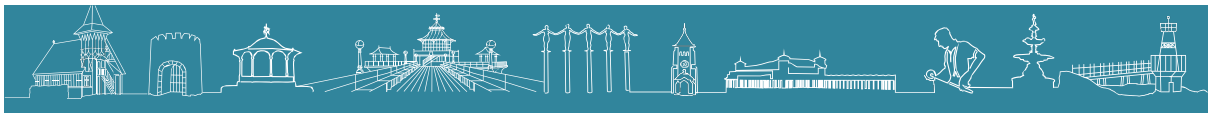
North Somerset Council

Open, Fairer, Greener

Tackling health inequalities

Developing an action plan to tackle inequalities in alignment with the NSC Corporate Plan

14 February 2024



North Somerset Council

Introduction

- The new NSC corporate plan is being developed to improve life in North Somerset in line with the vision to be Open, Fair and Green.
- The Fair ambition links directly with a ction to tackle inequalities and there is clear crossover with the ambitions set out in the Health and Wellbeing Strategy.
- Before the draft plan was published, there was an initial screen of outcomes described in the plan, to identify which could make a meaningful and measurable contribution to creating a fairer North Somerset
- A review has taken place with all Directorates in the Council to identify some priority areas for 2024/25 and across the lifetime of the plan delivery
- Input from Health and Wellbeing Board members would be welcome on both **what** areas of work we could/should concentrate on and **how** we work together to realise those ambitions.

Set out below are a range of indicators that could help to deliver against our ambition to reduce inequalities. Our aim is to work in small groups to look at these areas against the following questions:

- From the list – **what** do you think the potential priority areas of work could or should be to have the most impact for our communities (aim for consensus for up to 5 outcomes per table) (20 mins)

And then:

- **How** can we best work together to realise those ambitions and **who** do you think needs to be involved in helping to deliver those improvements? (20 mins)

And then:

- Feedback from our table and summary of collective view (20 mins)

The draft corporate plan has already been subject to public consultation. Those comments are currently being reviewed to support the publication of a final version to be approved at a Council meeting.

You can read the draft document and action plan here: North Somerset Corporate Plan and budget 2024-2028 consultation - North Somerset Council Consultations (inconsult.uk)

Potential indicators to reduce inequalities by the four ambitions:

Children and young people

- An increase in breastfeeding prevalence at 6-8 weeks after birth to above the national average in South Weston Children's Centre locality by 2028 **(!)**.
- An increase in the percentage of children who achieve better than the national average on the Early Years Foundation Stage Profile (EYFSP) from 2024 through to 2028 **(!)**.
- A reduction in the EYFSP attainment gap between all pupils and children eligible for free school meals from 2024 through to 2028 **(!)**.
- An increase in the percentage of children aged two being seen by Health Visitors for their development check **(!)**.
- A decrease in the percentage of 5 year olds with experience of visually obvious dentinal decay by 2028 **(!)**
- Maintained a low under 18 conception rate **(!)**.
- An increase in the chlamydia detection rate for all those under 25 years by 2028.
- The physical and psychological health of children coming into care, Children in Care and Care Experienced young people will be improved and maintained.
- An increase in the percentage of children who achieve a good level of development year on year by 2028 **(!)**.
- An increase in the percentage of children achieving the expected standard in reading, writing and maths year on year by 2028 **(!)**.
- An increase in the percentage of children achieving the expected standard in reading, writing and maths at key stage two year on year by 2028 **(!)**.

- An increase in the percentage of children achieving the attainment 8 measure of average achievement year on year by 2028 **(!)**.
- A decrease in the attainment gap between all pupils and children who are eligible for free school meals year on year across the key stages from 2024 through to 2028 **(!)**.
- An increase in weight management support to residents via the healthy lifestyles advisor's scheme **(!)**.
- A decrease in the prevalence of physically inactive children and young people by 2028 **(!)**.
- A decrease in the prevalence of physically inactive adults to by 2028 **(!)**.
- An increase in the percentage of adults who walk and cycle for work and for leisure **(!)**.
- A decrease in the prevalence of unhealthy weight in reception-aged children **(!)**.
- An increase in the proportion of children consuming five pieces of fruit and vegetables a day **(!)**.
- An increase in the provision and uptake of infant feeding, oral health and food, nutrition and healthy eating training in wider early years settings **(!)**.
- A decrease in the rate of hospital admission as a result of self-harm among children and young people aged 10-24 years by 2028 **(!)**
- A decrease the attainment gap between all pupils and children with SEND year on year across the key stages from 2024 to 2028

Communities

- An increase in affordable homes between 2024 and 2028
- An increase in the provision of specialist and supported housing across North Somerset by 2028, informed by a robust understanding of the needs of our residents.
- The social care related quality of life score continues to be better than the national average year on year to 2028 **(!)**.
- The proportion of people who use services who have control over their daily life is better than the national average by 2028 **(!)**.
- An increase in the proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed by 2028 **(!)**.
- Carer reported quality of life score is better than the national average by 2028 **(!)**.
- All known carers are offered a carers assessment year on year to 2028.
- The percentage of adult carers who have as much social contact as they would like (18+ yrs) is better than the national average by 2028 **(!)**.
- A narrowing of the gap in premature mortality between people with serious mental illness and the general population by 2028
- An increase in opportunities for older adults to participate in physical activity **(!)**
- An increase in the usage of the Better Health North Somerset and related tools
- A series of Health and Wellbeing community grant funded projects delivered year on year with identified outcomes
- A decrease in the number of residents admitted to an acute hospital due to a fall
- An increase in the provision of No Proof of Age, No Sale training to retailers to prevent under age sales of tobacco and vapes.
- A decrease in the percentage of smokers by 2028 **(!)**.
- A decrease in the gap between the percentage of all smokers in North Somerset and those in IMD decile 1 areas by 2028 **(!)**.
- A decrease in the prevalence of smokers aged under 18 years **(!)**.

- Better coordination of existing and future routes for engagement and insight into the needs and preferences of our local population and show how we have extended reach into our community
- Demonstrate how we have reduced inequalities in experience and outcomes for different population groups, including telling more stories of people's experiences as well as statistical trends.
- An increase in adults taking up green social prescribing activities
- Re-designed Get Active scheme, ensuring that people on low incomes are able to access discounts to leisure centres and are supported to get active **(!)**
- Co-produced Food Inequalities Strategy and action plan by the end of 2024
- Delivery of the food community grants programme in 2024/25

Towns and villages

- Delivered the energy efficiency and climate change aims of the North Somerset Housing Strategy
- An increase in the number of jobs created through inward investment in North Somerset.
- An increase in the number of residents supported with employment and skills development and lifelong learning.
- An increase in the number of households taking up energy efficiency measures
- An increase in the number of rural businesses to benefit from the creation and safeguarding of jobs
- Through delivery of the LUF capital interventions, improve outcomes for residents of Weston, including:
  - An increase in new jobs created by the end of 2028.
  - An increase in spend in the town year on year to 2028.
  - Adoption of Placemaking Strategies for each town by March 2026.
- A Rural Strategy and action plan is developed and implemented with a series of focused actions that are aimed to support rural communities across the Corporate Plan ambitions for 2024 through to 2028
- A year on year reduction in overall crime and anti-social behaviour.
- Achieved target of the food inspection intervention plan to ensure compliant food businesses achieved in 2024/25

Our Council delivers

- An increase in the number of residents signed up to our communication channels.
- An increase in the number of users signed up to the consultation and engagement hub.
- An increase in the number of residents who are part of the citizens' panel.
- An increase in the number of residents who take part in focus and testing groups.
- An increase in customer satisfaction across all channels or where satisfaction is already high, that is maintained.
- Fully embed the provision for less complex customer services queries face to face via libraries.
- Understand which residents experience digital exclusion and create a plan to support them in accessing council services.
- Our workforce is representative of our community
- An increase in opportunities to bid for funding to enable delivery of priorities despite local budget pressures.

Healthier Together

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

Integrated Care Partnership Board

Agenda Item	6	Meeting Date	29 February 2024

Title	Innovate Healthier Together Programme			
Scope: System-wide or Programme?	Whole system	x	Programme area (Please specify)	
Author & role	Ellie Wetz, Associate Director, Health Innovation West of England (HIWE)			
Sponsor / Director	Shane Devlin, ICB CEO			
Presenter	Ellie Wetz, Associate Director, Health Innovation West of England (HIWE)			
Action required:	Information			
Discussion/ decisions at previous committees	*Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)*			

***Please delete this sentence and all wording in italics below.*

Purpose:

Please provide a brief and concise summary of what you are seeking approval from Cabinet for in no more than 100 words - report for information, to approve, to implement, to delegate, to adopt, to accept, etc.

This presentation aims to:

- Inform ICP members about Innovate Healthier Together Programme including objectives, key deliverables and how their organisation can get involved.

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.

Health Innovation West of England is working in partnership with Bristol, North Somerset and South Gloucestershire Integrated Care Board (ICB) over the next 12 months to deliver an exciting new programme to accelerate the adoption and spread of innovation across our Integrated Care System (ICS).

This programme will look at innovation through a broad lens; it could be a new way of working, a new idea, method or device. The 'Innovate Healthier Together Programme' will support the ICB with ambitions to change lives and improve health, wellbeing and care for the populations they serve.

The programme has multiple objectives:

- Setting up a network of innovation enthusiasts across the system, providing a space to come together, build a community, share knowledge and learn from one another in how to ensure innovations are adopted and spread successfully. A key component of this will be the establishment of an Innovate Healthier Together Fellowship – see Appendix A.
- Engaging leaders from across ICS partner organisations, including non-executives, to build their capability and confidence to drive innovation across the Healthier Together system and share knowledge and expertise from other industries.
- Designing a bespoke development programme to upskill colleagues in innovation principles to increase the innovation talent pool within the system.
- Working with procurement teams with the aim of making it easier to adopt innovative solutions into the system.
- Working with multi-partner ICS groups at both place level (Locality Partnerships) and system-wide to identify opportunities to bring innovations into practice.
- The outcome of this work will be the development of a well-networked innovation community and a blueprint for accelerating innovation into services that positively impact the health of our population.

NIHR ARC West are contributing this to programme with an exploratory qualitative study with leaders from ICS partner organisations. The data assimilated from this study will be used to inform future opportunities for promoting innovative practices through the Innovate Healthier Together programme, as well as providing a baseline for a potential wider programme impact evaluation.

We've already started to share progress through our monthly Innovate Healthier Together newsletter, Please click here to receive future additions plus early access to an inspiring programme of online lunch-and-learns and in-person events.

Discussion / decisions required and recommendations:

Please provide any key discussion points that you would like the Partnership Board to consider?
What are the decisions that the Partnership needs to take in relation to this item?

For information and wider ICS-partner engagement in the programme.

Healthier Together

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

Appendix A:

Health Innovation West of England x Innovate Healthier Together

Item 1: Fellowship Vision

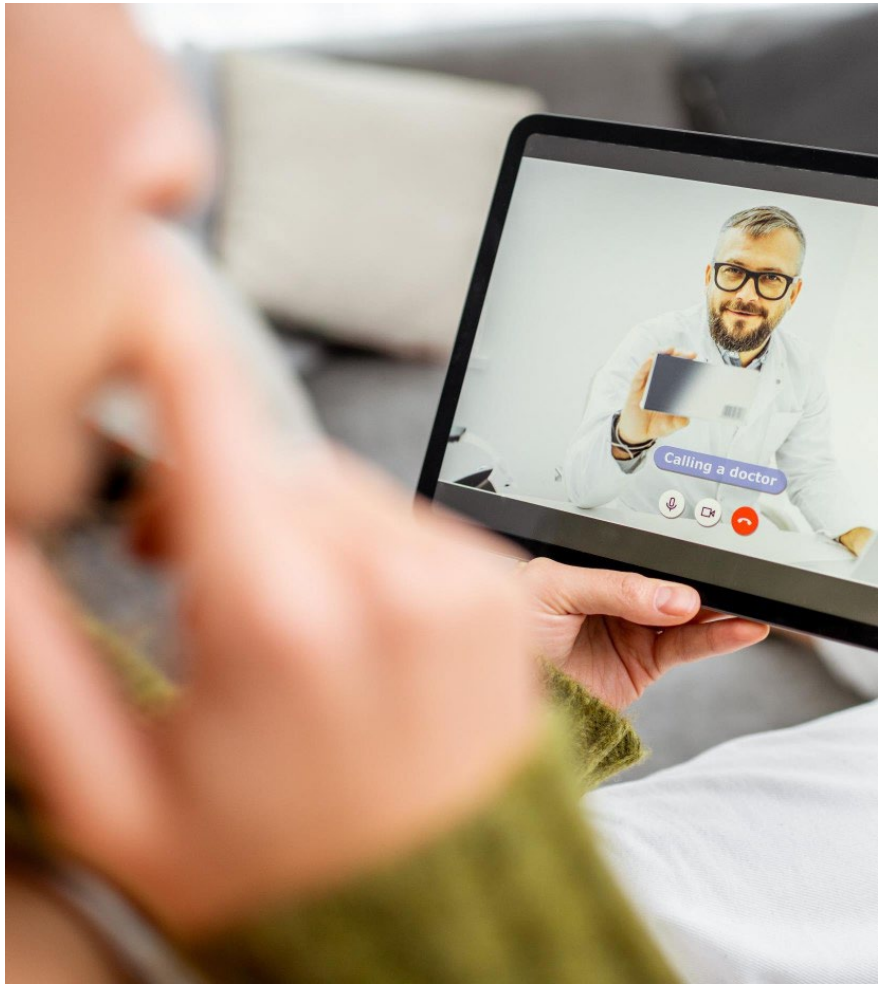
The IHT Programme Vision:

The Innovate Healthier Together Programme aims to increase the uptake of innovations and innovative ways of working across health and care services in BNSSG.

We will do this by growing a connected community of innovation enthusiasts across the integrated care system and developing a blueprint for accelerating innovation into practice to positively impact the health of our population.

The IHT Fellowship Vision:

The Innovate Healthier Together Fellowship will galvanise the innovation community by fostering collaboration, knowledge-sharing and mentorship in pursuit of reimagining and improving health and care services for the population of BNSSG and beyond.



Healthier **Together**

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Innovate Healthier Together

The Innovate Healthier Together Fellowship Offer:

The Innovate Healthier Together Fellowship will offer members:

1. **Structured Collaboration:** We will create a structured program that brings together individuals with diverse skills and backgrounds, encourage interdisciplinary collaboration and provide a platform for fellows to work on innovative projects together. This will lead to the exchange of ideas and the generation of novel solutions.
2. **Resource Sharing:** We will provide fellows with access to resources developed by the national Health Innovation Network, local ICS health and care and industry partners. This will significantly enhance their ability to turn innovative ideas into tangible projects.
3. **Mentorship and Guidance:** We will pair fellows with experienced mentors who can guide them through the innovation process. Mentors can share their knowledge, provide feedback, and help fellows navigate challenges. This mentorship will be instrumental in the development of innovative ideas.
4. **Training and Workshops:** Fellows will have access to training opportunities through the Innovate Healthier Together Curriculum offer as well as access to a programme of workshops and seminars to enhance the skills of the fellows. These will include sessions on design thinking, project management, the health and care regulatory landscape and other relevant topics. Building the capacity of the Fellowship community will lead to more impactful innovations.
5. **Showcasing Success Stories:** We will highlight the success stories of fellows to inspire and motivate others. This will create a culture of achievement and demonstrate the tangible impact of innovative ideas within the community.
6. **Networking Events:** We will organise regular networking events where fellows can connect with each other, clinical and industry experts and potential collaborators. Networking is essential for building a vibrant innovation ecosystem and will lead to valuable partnerships.
7. **Community Engagement:** We will foster a sense of community among the fellows by organising regular meetings, forums, or online platforms for communication. Encourage the sharing of ideas and experiences, creating a supportive environment for innovation.
8. **Challenges and Competitions:** We will look to develop innovation challenges, competitions or awards within the Fellowship community. This will spark friendly competition, fuel creativity, and provide opportunities for recognition and rewards.

By implementing these strategies, this Fellowship programme will effectively galvanise an innovation community in BNSSG, turning it into a dynamic and collaborative network for generating impactful ideas and solutions.

Innovate Healthier Together

Innovate Healthier Together Fellowship Founders:

To kick-start and launch the Fellowship – key individuals from the Healthier Together innovation eco-system will be invited to be **Fellowship Founders**. Fellowship Founders will receive personalised support from the IHT Programme Team but would be requested to commit to:

- Contributing to regular IHT communication and engagement channels.
- Contributing to IHT Fellowship events.
- Offering mentorship to IHT Fellows.
- Contributing to judging innovation competitions and/or awards.

Fellowship Founding Members will need to be considered by the Programme Board, but suggest they represent staff at all levels from:

- A range of health and care professions.
- A range of health and care service providers, including Locality Partnerships and VCSE.
- Academia and Research
- Innovators

Time commitment to the Fellowship will be agreed on an individual basis. However, we would request a minimum commitment of **20 hours per annum** to support, shape and deliver the Fellowship programme of content and events. Backfill payments will be considered if out of scope of individual job plans.

Healthier Together

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

Integrated Care Partnership Board

Agenda Item	7	Meeting Date	29th Feb 2024

Title	**Personalised Care**			
Scope: System-wide or Programme?	Whole system	**x**	Programme area (Please specify)	
Author & role	**Michelle Scofield Head of Personalised Care & Steve Spiers Programme Manager for Personalised Care**			
Sponsor / Director	**Penny Agent Sirona care & health**			
Presenter	**Michelle Scofield and Steve Spiers**			
Action required:	~~Decision /~~ Discussion / Information			
Discussion/ decisions at previous committees	*Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)*			
	Training aspect presented and discussed at Learning and Leadership Academy			

Purpose:

This presentation aims to:

- **Inform on the Personalised Care agenda and scope for implementation**
- **Seek support for shared investment models and shared training approach system wide**
- **Request nomination of a name senior manager to attend the Personalised Care steering group**
- **Request for information on Shared Decision Making leads across all organisations**

Summary of relevant background:

Personalised care is at the heart of the Joint Forward Plan and ICS strategy vision and purpose:

"People enjoying healthy and productive lives, supported by a fully integrated health and care system - providing personalised support close to home for everyone who needs it." BNSSG ICS Strategy

1. **Training for Personalised Care**

We are trying to solve the challenge of how we work together to embed consistent personalised care delivery across the system. Training approaches currently

vastly differ, or do not exist across the system, with some hosting internal training, some purchasing training providers in silos and some seeking NHSE resources which are coming to an end. From data available to us from the Personalised Care Institute we can see that since September 2019 there have been over 30 different commissioned courses for personalised care within Bristol, North Somerset and South Gloucestershire, which have costed a significant amount for our system but have little sustainability, with individual organisations working independently. We would like to identify agreed resources and approaches for personalised care that are lower in costs, high in quality, sustainable and scalable. This approach needs to be modelled but would likely range from staff inductions featuring introduction to personalised care through to train the train health coaches. We currently have a sustainable offer with the South-West Collaborative Community Interest company available to utilise which already provides some training to the Primary Care Training Hub.

The recommendation we make is for a joint exploration for personalised care training with a system wide tiered approach and a joint collaborative approach to funding; to support whole system offers in a sustainable train the trainer model for health coaching. Health coaching is a supported self-management intervention. It focuses on supporting people to make more informed and conscious choices about their health and care needs. It enables people to develop the knowledge, skills, and confidence to take opportunities to become active participants in their care. It is not an add on to the work we do but a different way of us asking the questions we already have and engaging people in this approach. Evaluations of roll outs in other areas outline that *'Health coaching effectiveness and widespread adoption within a clinical setting seemed primarily dependent on high organisational support' (1)* which is why we believe that the discussion with the board is vital, high quality training is available and supportive systems can be put in place but a culture of coaching is essential to help support and enable this approach.

The system recognises key areas such as diabetes, anxiety & depression, stopping smoking and maintaining healthy weight as key areas for interventions. All of these and other conditions, can be supported through a personalised care approach. To have consistent methods, organisations need to be working together to identify the desired outcomes that people using our services would experience and the skills confidence and support that the method gives to staff, by working together to deliver the same approach. We know that with this approach there is the opportunity for '*higher patient compliance, reductions in episodes of care, reductions in appointments per patient, improved care quality and consistency, quicker discharge off caseload, potential to cut waiting times and less waste from unnecessary medication.' (1).* Health Coaching and Motivational Interviewing research has identified compelling evidence of the positive impact on people with chronic diseases as well as higher staff and person satisfaction with increased motivation for self-management.

'It has also been found to reduce the demand on healthcare services. In Sweden a large-scale randomised control trial demonstrated that the implementation of health coaching reduced hospitalisation rates by 12 per cent. Another study of a health coaching on a rehabilitation ward in Hampshire estimated an indicative cost saving of £3 million.' NHS England (2).

This joint approach will support staff to have the skills and confidence in understanding what matters to people. It also allows us to help people formulate their care and treatment plans around their strengths, needs concerns and problems. Meaning that both person and professional are working towards the same agenda and goal reducing potential wasted energy when goals are mismatched. We aim to deliver this by embedding personalised care across our system so that personalised care becomes business and usual. We want the people who use our services to know that we listen to what matters to them. That we will work alongside them and their self-management of their own needs to achieve their desired health and care outcomes by providing support in ways that matters to them and meet their individual needs, concerns and problems and works towards their strengths.

2. Shared Investment Models

Shared Investment models are an innovative way to better use existing funding but also bring in external funding to develop a strong community health offer that meets the needs of the people in our place. Providing opportunities for people and communities to proactively manage their own health within their networks and place which is one of the focuses of the healthier together strategy.

'In order for social prescribing to be sustainable, we need to look at ways to ensure longer term funding for organisations providing socially prescribed support, matched to local health priorities.' (3)

As a system we already invest in local community provision often provided by VCSE partners but there is an ongoing challenge of sustainability. Shared Investment models look to more effectively use existing funding but also lever in funding from other partners. There is now an opportunity to join a national programme and for BNSSG to be a pilot ICS for the Shared Investment Approach thereby drawing down additional national investment.

3.Shared Decision Making

Shared Decision Making can be provided to 100% of people that use health and care services. As a concept it has four domains:

- Prepared patients (people)

- Supportive systems and processes
- Trained teams
- Commissioned services

Shared decision making is where we utilise the learned experience of the practitioner and the lived and learnt experience of the person, understand what matters to them and what and how they need to know about the decision they have to make, and what would help them to make the decision. NICE: National Institute for Health and Care Excellence have provided guidance on shared decision making and an outline baseline assessment tool for organisations to understand their approaches across all age and life spans.

The below brief case example evidences the need for opportunities to understand what matters to people and what informs decision. This case example came from University Hospitals Bristol and Western Hospital provided by Ellie Lewis Personalised Care & Support and Cancer Information & Support Manager:

76 Year old Female:

- Patient's treatment plan was for radiotherapy, however they strongly declined this. The consultant referred to the cancer support worker team for support around this decision and managing their wellbeing.
- Patient shared the decision would impact her prognosis but did not want to trouble family & friends. Cancer support worker identified that due to cost of traveling to Bristol on a daily basis, they had refused the radiotherapy.
- After discussion, the patient accepted referral to the Macmillan CAB Advisor who could review finances.
- Macmillan grant for £350 arranged for the patient within days. Personalised care & support plan listed this follow up action for the cancer support worker, and the patient used this to book their transport in advance.
- Transport with local company, Weston Wheels was arranged for the trip to Bristol.
- The patient accepted radiotherapy.

The below dashboard data is from the NHSE Personalised Care dashboard and is a national reporting requirement. The data shows we are under the target required within primary care, however we do not believe this is isolated within primary care.

Within the joint forward plan and healthier together strategy it is clear to see that providing people accessible information in multiple languages is a system challenge. Sirona care & health Knowledge and Library lead outlined that '*many people do not know how to find good information regardless of what it is for. They don't know how to evaluate the information they find properly to be able to work out if it is reliable or not. This is obviously more critical when they are looking for health information.*'

Having a central place to find relevant, appropriate level information would provide people with a reliable source at a time when their health literacy level is likely to be lowered. The Sirona care & Health Knowledge and Library Service Lead Sarah Matheison is planning to develop a webpage for staff which will provide links to publicly available online health information sources that can be passed on to patients and their families, this is the sort of resource that could be replicated across systems with clear communication to staff and systems giving assurance on high quality information and reduce the need for people to utilise google searches for their health and care needs (4 & 5).

We are looking to come together alongside the systems to be able to understand the current picture across the system. Information on current baseline NG197 Shared Decision Making assessments completed would be helpful in coordinating a system wide picture and then enable us to establish a working group to explore the analysis of this data and information. With a dedicated approach and options through our system we would have assurance on what information our staff are providing to people but also people would be able to access this information in advance to help them understand what questions or information they might need to know about their health needs, at the moment this does not appear clear and would be an area for exploration through the personalised care steering group.

Discussion / decisions required and recommendations:

Please provide any key discussion points that you would like the Partnership Board to consider?
What are the decisions that the Partnership needs to take in relation to this item?

Training:
The training model we are proposing is a sustainable model for development over the medium to long term with two aspects:

1. **Tiered model**
2. **Health Coaching train the trainer approach commissioned from the South-West Collaborative.**

A key discussion point that needs to be considered is a sustainable training model. We can evidence that there is a demand and lots happening within the system for personalised care training, from mandatory training for the ARRS Additional Roles Reimbursement Scheme, Beyond CPA, Maternity, Cancer and Dementia care plans and Digital Neighbourhood Vangard to name but a few programmes of work and that there is a significant evidence base of the use of health coaching in supporting people to better understand and manage their own health conditions. We have committed to a train the trainer model within our join forward plan and would propose that systems come together and model their needs into a system wide tiered offer. Each system would need to consider the financial offer it could make and how we can support this with staffing already available to us. It must be

shared that the proposed model is significantly cheaper and more affordable to the system when working together and supporting system delivery.

Shared Investment Model:
Support to together develop options and opportunities for the communities to help develop models that help meet their need to support preventative long term health initiatives using local strengths. Request for endorsement to help grow this model of smarter shared investment to be able to be considered as a pilot site.

Shared Decision Making:
It is clear that shared decision making is essential for supported self-management of many long-term conditions that are prominent features of the heath of the population of Bristol North Somerset and South Gloucestershire. It appears that we are not hitting national requirements for shared decision making with NHS Personalised Care Dashboards. It is anticipated that a future need to attend board with a full proposal for shared decision making will be required once more is known about the whole system via baseline assessments. Each organisation is asked to put forward a representative to share any baseline assessments on NG197 Shared Decision Making baseline assessments (NICE) : Overview | Shared decision making | Guidance | NICE

(1) The Case for Health Coaching Lessons learned from implementing a training and development intervention for clinicians across the East of England : Institute for Employment Studies & Health Education East of England
(2) NHS England » Supported self-management: health coaching guide:
[1] Compendium of the health and wellness coaching literature. American Journal of Lifestyle Medicine, 12(6), pp.436-447.
[2] A case management intervention targeted to reduce healthcare consumption for frequent Emergency Department visitors. European Journal of Emergency Medicine, 23(5), pp.344-350.
[3] Recovery coaching in an acute older people rehabilitation ward. BMJ Quality Improvement Reports, 3(1), pp.u205646.w2316
(3) https://socialprescribingacademy.org.uk/resources/social-prescribing-the-voluntary-sector-and-shared-investment/
(4)Benefits of good-quality online health information and risks of 'Dr Google'. Clinical Practice Discussion Health information. Nursing Times [online] October 2023 / Vol 119 Issue 10
(5) Making the Case for Information: The evidence for investing in high quality health information for patients and the public. Patient Information Forum

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ICP Board February 2024
Embedding Personalised Care across BNSSG

Michelle Scofield – Head of Personalised Care
Steve Spiers – Programme Manager, Personalised Care

Introduction to the Universal Model of Personalised Care

The Shift:

From '**What's the Matter**' to '**<u>What Matters to You</u>**?'

Helps to understand what is most important to people moving to better care partnership and experience.

All age whole population approach

Ask, Listen, Do ….what matters to people

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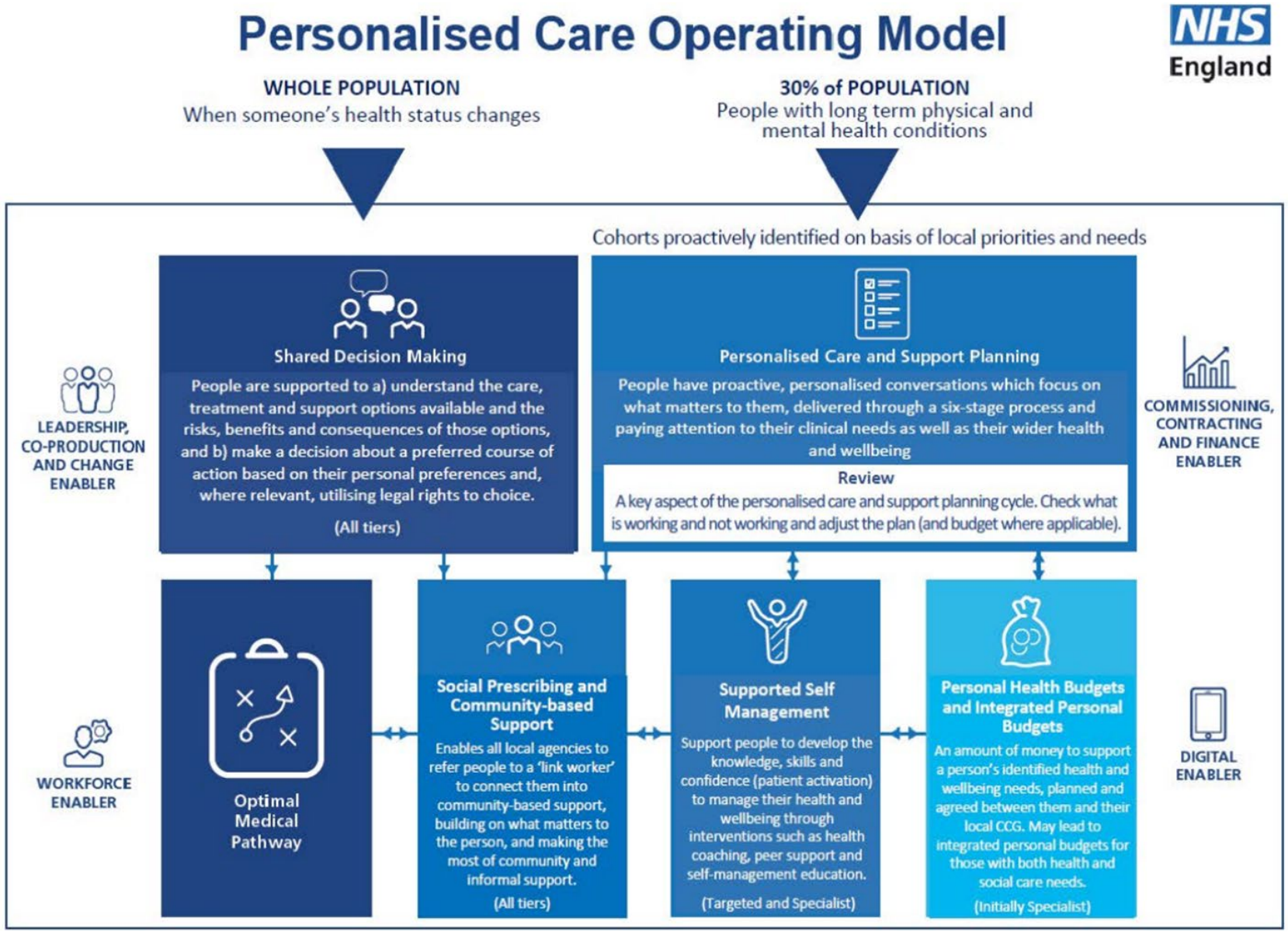

Health Outcomes

- Getting it right first time
- Focusing on what matters
- Choice and control
- Active participation
- Prepared patients
- Strengths based
- Joined up services
- Knowledge, skills, confidence

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Personalised Care Case Study

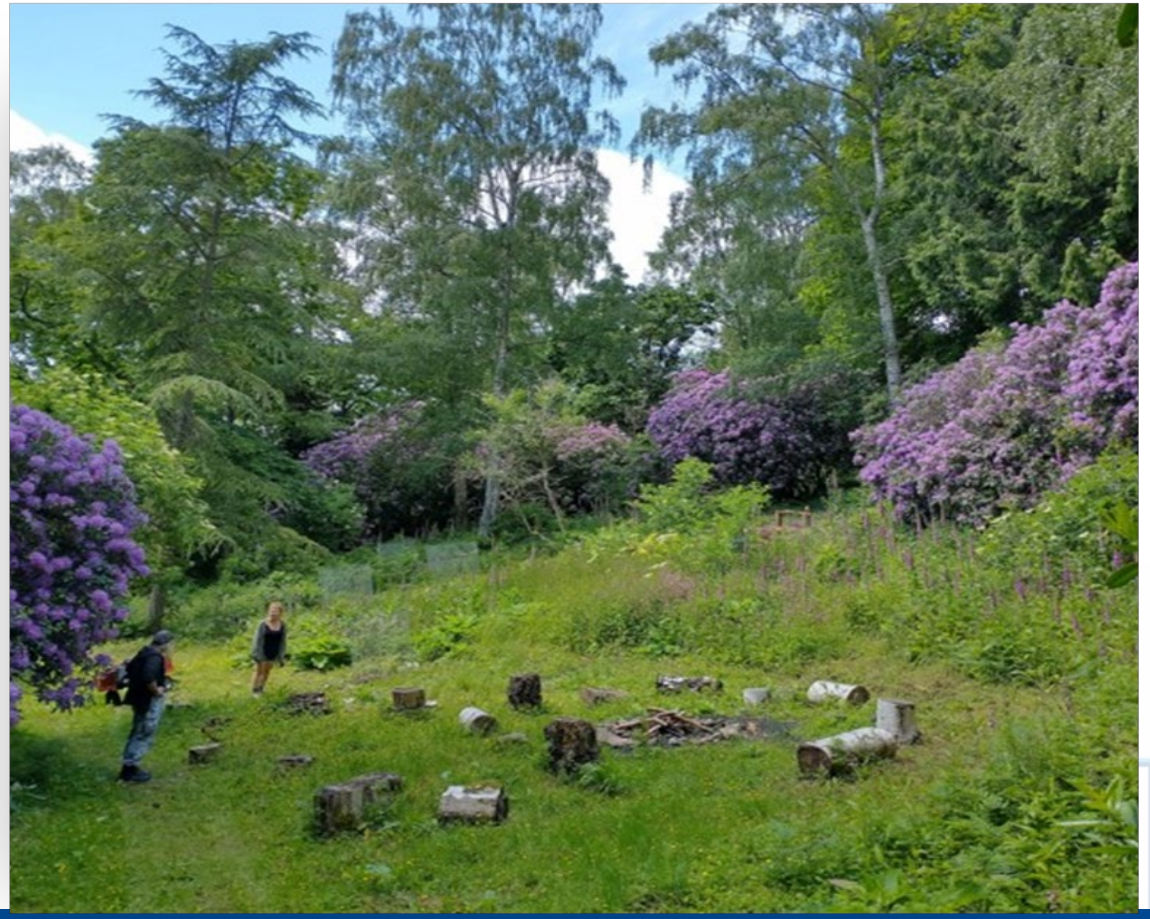
December 2022 Green Social Prescribing Programme contacted by Complex Case Team

Male in 40s with 10 year pattern of discharge and readmission to Callington Road

What matters to me conversation reveals range of interests

Community provider found to support pre and post discharge

What was different?



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System : One approach?

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What Matters to our BNSSG population?

Over 2500 people across BNSSG

Took part in the 'Have your say' Big Conversation

They reported the following as the top 5 thing that keep them healthy and well

Relationships and social interaction (58.7%)

Active and healthy lifestyles / Exercise (47.6%)

Healthy eating and diet (35.0%)

Access to outdoors, nature and environment (20.5%)

Hobbies and pastimes (15.0%)

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Long term aspirations

A culture that puts what matters to people and communities at the heart our service offer and clinical practice.

High quality and consistent processes to support personalised care across BNSSG as business as usual.

Well supported and well trained staff who understand their role in informing and activating people and patients to lead their own their individual health and care, and seeing great job satisfaction for our staff.

Our ask to the Board

For each ICP partner to identify a senior officer to attend the Personalised Care Steering group

Training: A demand and cost understanding of our current picture

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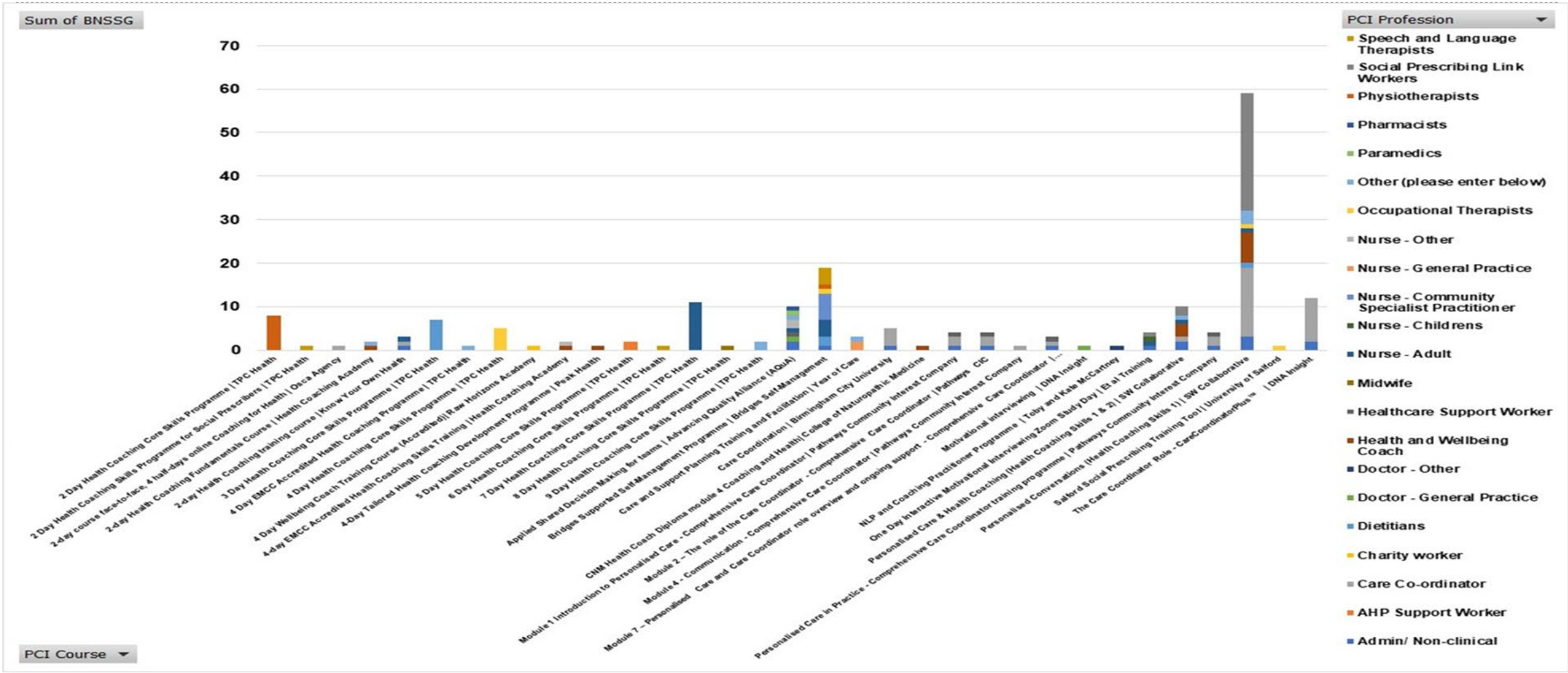

Training 2

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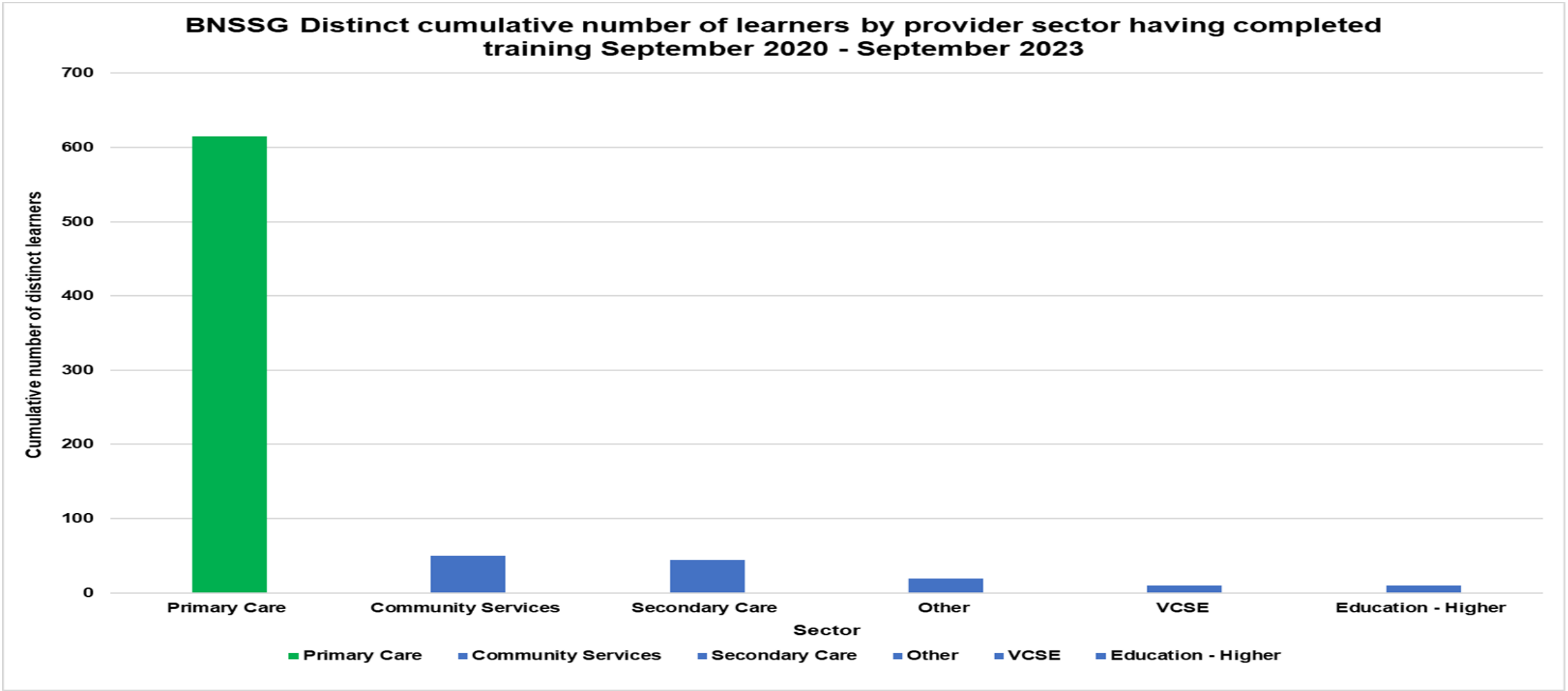

A problem that needs solving

Fragmented, reactive and short term funding for the community and voluntary sector

Health professionals Want to deliver personalised care

Community settings have unstable funding

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The Solution

Better Funding & More Leveraged Funding

- Shared Investment Funds align money from different public sector partners, national funders, grant funders, corporates and private philanthropy
- How it might work in BNSSG – A locality based model
- The national opportunity – NASP & National Lottery

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Short and medium term milestones

- Agreed system wide training plan to embed personalised care in all professionals groups (including the VCSE sector and social care staff)
- Increased use of personal health budgets
- Agreed system wide approach to care support plans
- Agreed system wide comms programme showcasing high quality personalised care
- Shared decision making embedded in professional practice
- Sustained and planned Investment in community offers
- Senior representation from all system partners at the Personalised Care Steering Group

Summary and ask to Board

Summary

- Personalised care is an evidence based, effective way to deliver health care
- Across BNSSG there is an appetite to deliver personalised care but practice is fragmented
- A system wide plan is in development but it needs wide and senior ownership to succeed

Asks to Board members

1. Identify a senior officer from your organisation to attend the Personalised Care Steering group

2. Confirm in principle support for an ICS wide shared investment approach

3. Identify a point of contact in your organisation's training team to support a system wide approach to personlaised care training (including health coaching)

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Any Questions?

A few snippets we haven't covered:

Time to celebrate: Did you know; BNSSG has achieved 161% MOU trajectory of its number of individuals that have been referred for social prescribing since April 2019! That a total of 35,777 referrals!

Case example's with thanks to Southern Brooks:

'Social prescribing has had a very positive effect on my situation.

It put me in touch with services in my area that I wasn't aware of. It gave me the confidence to take action and make use of these new contacts.

I now feel less anxious and I am looking forward to my new routine.

This has given me a sense of purpose and reason to go out and meet new people'

'I think it's amazing, I don't know what I would have done without it. The cold water swimming and being in the forest have changed my life.'

Healthier **Together**

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

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@HTBNSSG

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

Integrated Care Partnership Board

Agenda Item	8	**Meeting Date**	29th February 2024

Title	**Integrated Care System All Age Mental Health Strategy**			
Scope: System-wide or Programme?	Whole system	X	Programme area (Please specify)	
Author & role	Julia Chappell, Senior Business Development & Planning Manager, AWP			
Sponsor / Director	Dominic Hardisty, Chief Executive of AWP NHS Trust Jo Walker Chief Executive of North Somerset Council As Co-chairs of the MH LD & A HCIG			
Presenter	Christina Gray, Director of Public Health, Bristol City Council Julia Chappell, Senior Business Development & Planning Manager, AWP			
Action required:	Decision			
Discussion/ decisions at previous committees	*Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)*			
	Key system governance meetings have been highlighted below. A full engagement log is available upon request; • Mental Health, Learning Disability & Autism Health and Care Improvement Group (MH LD&A HCIG) – 15th May & 11th September 2023 – comments provided & draft endorsed, 29th January final version endorsed • Children's HCIG – 4th July & 22nd September 2023 - comments provided & draft endorsed, 19th January final version endorsed • ICB Board – final version endorsed 2nd February 2024 • Integrated Care Partnership Board – 28th September – comments provided & draft endorsed for publication • H&WBB endorsement of final draft scheduled as follows; 14th February North Somerset, 28th February Bristol, 24th April South Gloucestershire			

***Please delete this sentence and all wording in italics below.*

Purpose:

Please provide a brief and concise summary of what you are seeking approval from Cabinet for in no more than 100 words - report for information, to approve, to implement, to delegate, to adopt, to accept, etc.

The final BNSSG Integrated Care System (ICS) All Age Mental Health & Wellbeing Strategy and plan on a page is being presented to the Integrated Care Partnership Board for endorsement. The

Integrated Partnership Board previously endorsed the draft strategy for publication for engagement in September 2023.

The final document is also being submitted to the three Health & Wellbeing Boards for endorsement and will then be implemented and monitored via the Mental Health and Learning Disability & Autism Health and Care Improvement Group (MH LD & A HCIG).

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.

This cover paper accompanies the full BNSSG ICS All Age Mental Health and Wellbeing Strategy document and the plan on a page which has now been finalised following an engagement process. The cover paper summarises the process of, and feedback from, engagement between the first and final draft as well as the edits which have been made as a result.

Developing the first draft

All systems are required by NHS England to have a mental health strategy describing their vision and ambitions for mental health within their system. A system wide mental health strategy brings all partners together to work towards a set of collective priorities.

The strategy aligns to the overarching Integrated Care System strategy which identifies mental health as a key priority area. The mental health strategy provides the next level of detail on specific areas of work within the mental health system.

The strategy development has been overseen by a task and finish group comprising representatives from AWP, the ICB, 3 Local Authority Public Health Departments, acute providers and the VCSE mental health alliance.

In addition to formal partnership meetings, some of which also included people with lived experience, specific meetings were held to share the draft strategy with people with lived experience. These included the Barnardo's Helping Young People Engage (HYPE) Group which has representatives from a number of young people's sub groups, the Independent Futures (IF) group representing people who have experience of multiple disadvantage and the Independent Mental Health Network (IMHN). Through this initial engagement process over 300 people had the opportunity to input into the draft.

Feedback from the ICP Board

The table below summarises the feedback from ICP Board in September and the edits that were made to the strategy as a result;

Feedback from ICP Board	Edits as a result
It could be clearer how will the strategy be delivered in practice.	Including graphic on the final page explaining JFP will have detail on projects to deliver the strategy.

	As described below there will also be a strategy action plan led by the ICB.
How do we shift left to invest more in prevention?	An opportunity costs graphic was developed to demonstrate the benefits of investing in prevention. The development of a strategy action plan and a new cover sheet will support HCIG to ensure investments are being made in the right place and represent value for money.
The measurements in the strategy need to be clearer to understand and monitor impact	A table with all the detailed metrics we will use has been added as appendix 2 of the strategy.
Can Healthwatch being included in the engagement process	Healthwatch was specifically notified of the launch of the engagement period and very helpfully distributed this across their networks. Healthwatch also submitted specific feedback which was reviewed alongside other feedback (see themes below). Healthwatch have also been referenced in the strategy as a group HCIG need to actively utilise moving forwards.
Locality Partnerships need to be further engaged	The Heads of Locality (HoL) meeting was attended and all 6 HoL commented on the strategy and shared the link to the survey monkey across their networks with feedback considered as part of this process. A definition of Locality Partnerships has also been included in the glossary to make clear the role they hold to a wider audience.

Engagement on the draft

Following approval of the draft strategy by the Integrated Care Partnership Board in September 2023, the strategy and plan on a page were published on the ICB website for an 8 week engagement period with an accompanying survey monkey to capture views.

There were 53 responses were received to the survey monkey. 20 of these were from groups/Organisations (reflecting at least 124 individuals with 7 group responses not confirming how many people took part) and 33 from individuals.

People who answered as individuals were asked to share their demographic information. An analysis of demographics indicated those who took part were broadly reflective of the BNSSG population in terms of age, ethnicity, sexuality and religion. However, in terms of gender 23 responses were female and only 8 were male. This may reflect the higher number of female staff within the health and social care workforce.

The themes and changes which have been made as a result are summarised below, a number of which overlap with comments from the ICP Board;

Theme	Edits as a result
The strategy reflects the correct aspirations, but how will it be delivered?	Including graphic on the final page explaining JFP will have detail on projects to deliver the strategy. As described below there will also be a strategy action plan led by the ICB.
Are there enough resources to deliver the strategy and how will this be managed?	An opportunity costs graphic was developed to demonstrate the benefits of investing in prevention. However, it is recognised resources will continue to be a challenge requiring HCIG to prioritise and phase investments over the lifetime of the strategy.
How will you measure impact?	A table with all the detailed metrics we will use has been added as appendix 2 of the strategy.
You need to emphasise social support more	Case studies have been added to show impact of social support and text added to strengthen to highlight the impact of social support.
You need to emphasise multiple disadvantage/dual diagnosis more.	A paragraph to be added to specifically address this and it has been addressed through case studies.
The strategy should recognise the change from the Care Programme Approach to Support Conversations.	Text has been added to explain the move to Support Conversations under our holistic care ambition.
The Strategy talks a lot about children, young people and adults but not enough about older people.	We have added text under holistic care to describe the programme of work being led by our older people's mental health clinical lead across both functional mental ill health and dementia.

In addition to the survey monkey, there were was a specific focus group with representatives of the deaf community after they identified that the survey monkey would not be accessible to all members of their community. The feedback from this was that across all services there is not enough awareness of the requirement to have follow the Accessible Information Standard (AIS) and as a result people who are deaf are often only given inaccessible means to contact services e.g. letters in English rather than British Sigh Language or only given a phone number to enquire about referrals. As a result, the feedback was shared with the ICB contracting team with a recommendation they add specific contract monitoring on the AIS. There will also be a signed version of the final strategy as well as an easy read version.

Next steps following the endorsement of the strategy by the system

A strategy action plan is being developed to pick up on the specific, immediate term, commitments within the strategy and ensure that these are being delivered. Once populated, this plan will be shared with the MH LD & A HCIG for approval. It will then be monitored by HCIG on a quarterly basis with a proposal for an annual update on progress to come to ICP Board.

In the medium to long term, the strategy will be implemented through the Joint Forward Plan and its annual refreshes. The 2024/25 JFP has therefore been structured so that all projects are aligned against the six strategy ambitions.

Finally, a brief cover sheet will be developed for MH LD&A HCIG so that every paper coming for discussion or decision is aligned to the ambitions within the strategy. This will allow the MH LD&A HCIG all work against the ambitions and consider where there may be gaps.

Discussion / decisions required and recommendations:

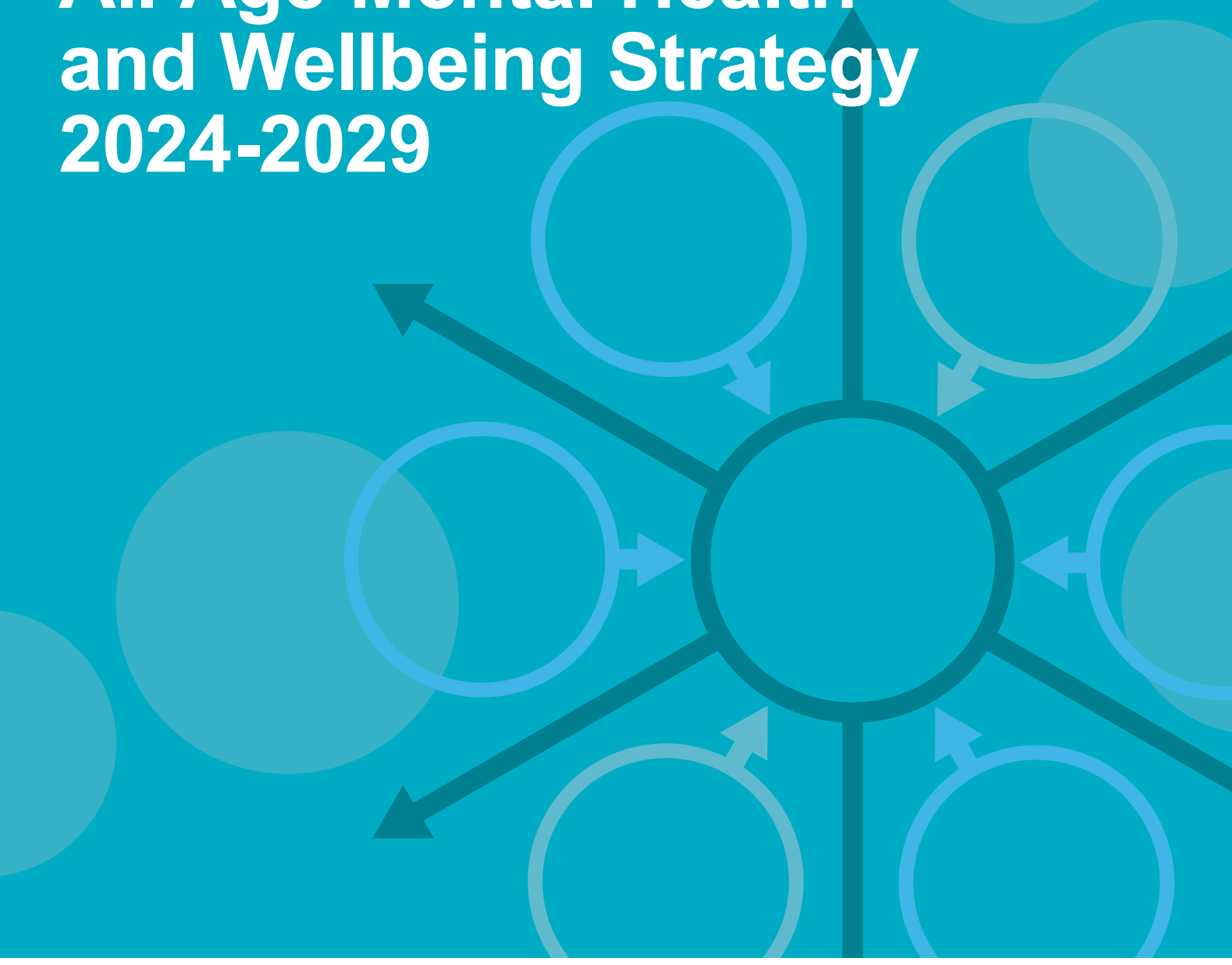
The Integrated Care Partnership Board is requested to;

- Endorse the final version of the strategy following the engagement along with Health & Wellbeing Boards
- Note that the MH LD&A HCIG will implement and monitor the strategy through a combination of an action plan and the annual refreshes of the joint Forward Plan
- Approve an annual update on progress against the strategy being brought to the ICP Board

Healthier **Together**

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

Bristol, North Somerset and South Gloucestershire Integrated Care System All Age Mental Health and Wellbeing Strategy 2024-2029



Contents

Introduction

We are delighted to present our All Age Mental Health and Wellbeing Strategy, setting out our partnership approach to improving mental health and wellbeing in the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System. This Strategy is for anyone who wants to understand the vision and ambitions for the future mental health services and support in BNSSG, including the work which will deliver this.

This vision and Strategy has been co-produced and are co-owned by people with lived experience and their families, community representatives, voluntary sector organisations, statutory health and social care providers, wider mental health stakeholders and commissioners.

The Strategy takes an **all age** life course approach, recognising that good mental health is a key principle underpinning wellbeing, and is embedded in family and community life.

This Strategy sets out six key ambitions for more effective **joint-working**. In doing so, it will deliver a five-year vision for our mental health system, driving improvements against key outcomes - supported by detailed delivery plans.

The Strategy takes a **thrive approach,** embracing the spectrum of mental health from thriving through to those who need higher levels of support.

Recognising that mental health is everyone's business, we are committed to becoming a community that **works together,** delivering the best mental health outcomes.

Whilst also delivering a service for people of all ages, that is person centered, trauma-informed, recovery focused and is a place where people want to live and work.

Whilst mental health and wellbeing is our focus, we will strive to deliver **wider social, economic and environmental benefits** as part of this work. In particular, we recognise the absolutely vital role of stable housing in supporting good mental health.

A separate Strategy is being developed with and for people with learning disabilities and neurodiversity, although interdependencies and the need for personalised support have been recognised in this Strategy.

Healthier Together

The wider context

Our system has developed a document which assesses the health needs of the people who live here; Our Future Health
This has identified that mental health conditions are among the biggest drivers of population health and care needs. This Mental Health and Wellbeing Strategy supports the overarching BNSSG Integrated Care Partnership Strategy. The ICS Strategy prioritises specific projects to support delivering transformation in health outcomes. We will ensure this work aligns with the ambitions within the Strategy and includes priority projects for mental health.

Mental health and age

Children and young people (CYP): 75% of children and young people who experience mental health problems aren't getting the help they need.

Students: With social and academic pressures, this is a time of major life transition during the developmental transition to adulthood. Adding in financial stresses and potential negative consequences of digital technology and social media, students are a high risk group for developing mental health and wellbeing problems.

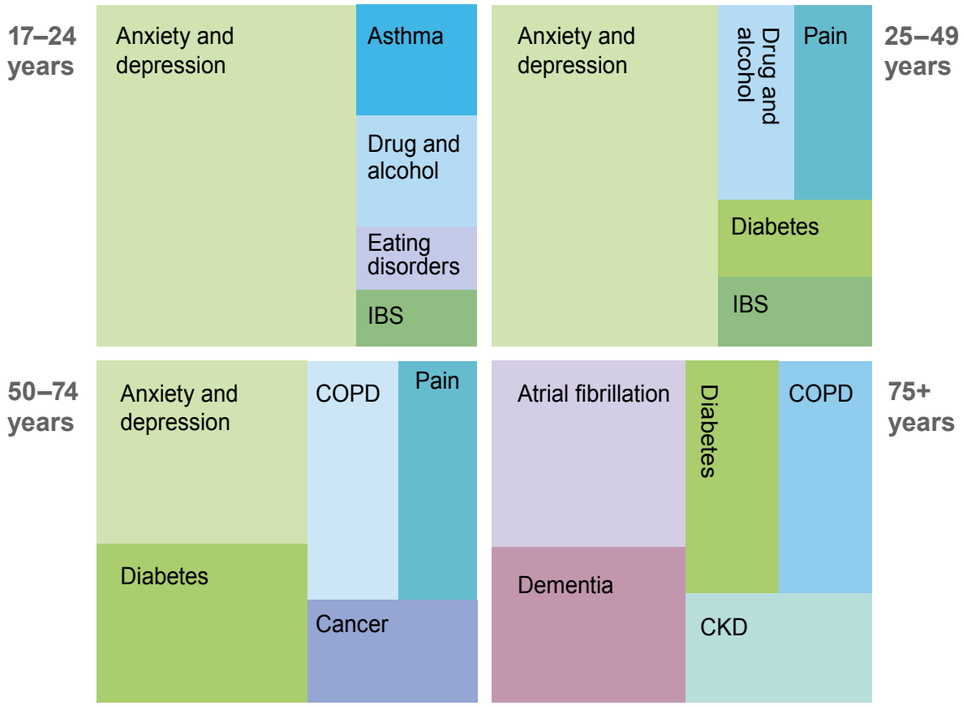
Parenting and mental health: All parents face challenges and there may be additional difficulties if you have a mental health problem. Other stressful life experiences such as money problems or a relationship breakdown can negatively affect mental health.

Later in life: Changes in life as we get older such as retirement, bereavement, loneliness, becoming a carer and physical illness can affect mental health and wellbeing.

Source: Mental Health Foundation 2021.

Our population

The impacts on health through the life course in BNSSG



Source: Our Future Health 2022

The graph above shows conditions that have the greatest impact on the population, shown in four different age groups. The bigger the box within each of the four squares, the bigger the impact of that condition. This only includes people over 16 years old as the tool that has been used to create this graph has only been validated in adults.

Painful conditions are within the top 5 most impactful conditions across the life course (particularly among the over 50s population) within BNSSG. There is significant overlap with mental health issues especially anxiety and depression, and this is unlikely to be resolved through more prescribing or faster access to procedures.

Eating disorders rank in the top five most impactful conditions among 17-25 year olds in BNSSG.

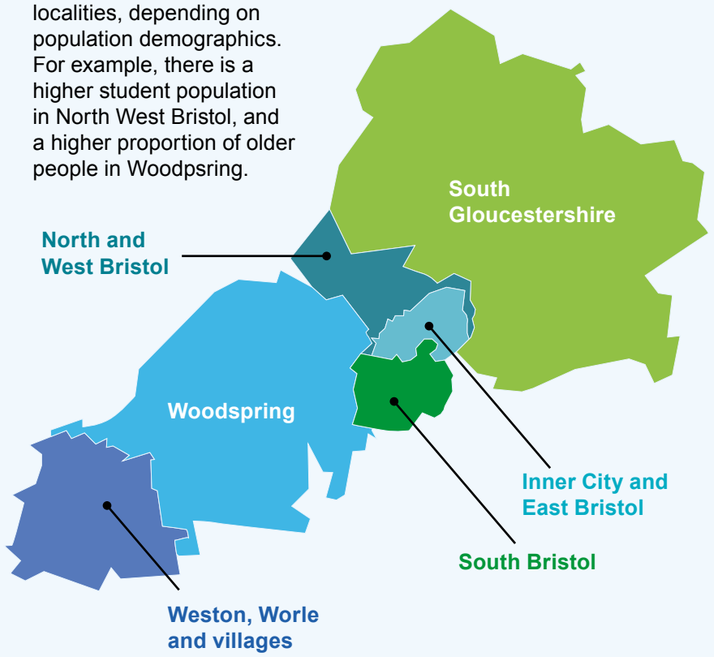
The numbers of children and young people in treatment for eating disorders in BNSSG has increased from 107 in 2017-18 to 367 in 2021-22.

Suicide is uncommon, but a leading cause of years of life lost as it is more common in young people with more years ahead of them.

Suicide is our second biggest cause of years of life lost, after heart disease.

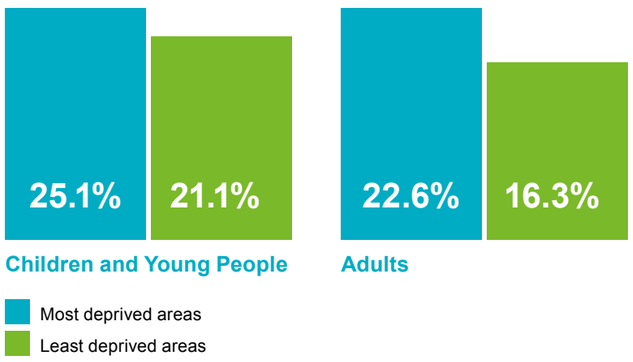
Our population

There are different mental health needs across localities, depending on population demographics. For example, there is a higher student population in North West Bristol, and a higher proportion of older people in Woodpsring.



Mental health in areas of deprivation

People with a mental health need are more likely to be living in the most deprived areas compared to those without.



Source: BNSSG System Wide Dataset Analysis.

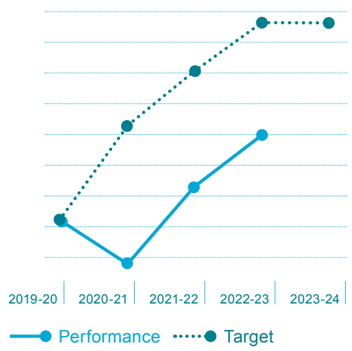
Where are we now?

Long Term Plan for mental health

In 2019, the NHS Long Term Plan (LTP) for mental health was published. This set out ambitious expectations for health systems across the country to deliver significant improvements in all age mental health and wellbeing over the next four to five years.

Significant progress has been made in improving our mental health offer over the past few years. Concentrated work has been completed in line with the NHS LTP, through working with key partners and with increased investment. This progress is demonstrated through our system's improved performance against some of the core national measures highlighted here.

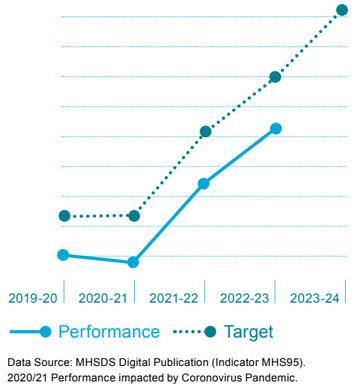
Perinatal Access



Data Source: MHSDS Digital Publication (Indicator MHS91). 2020/21 Performance impacted by Coronovirus Pandemic.

More than £2.7 million has been invested into improving perinatal mental health since 2019, and a brand new Maternal Loss and Trauma service was established in 2023.

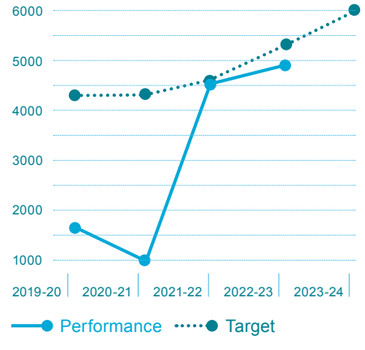
Children and Young People Access



Data Source: MHSDS Digital Publication (Indicator MHS95). 2020/21 Performance impacted by Coronovirus Pandemic.

By 2025 over 50% of school aged pupils in BNSSG will have access to early help delivered by a mental health support team in their school.

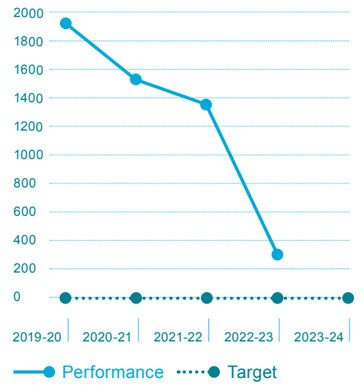
Physical Health Checks for people with Severe Mental Illness (SMI)



Data Source: NHS Stats Physical Health Checks SMI Publication. 2020/21 Performance impacted by Coronovirus Pandemic.

There has been collaborative work across primary and secondary care to help people with SMI access an annual physical health check. We have more work to do to make sure this happens every year.

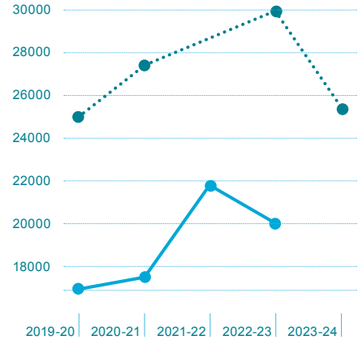
Out of Area Placements



Data Source: Out of Area Placements in Mental Health Services NHS Digital. 2020/21 Performance impacted by Coronovirus Pandemic.

Many staff across organisations in our system have worked intensively to bring people placed in out of area hospitals back to BNSSG to be near their families and communities. Our efforts mean that very few people are now placed out of area unless they have highly specialist needs that cannot be met by local services.

NHS Talking Therapies

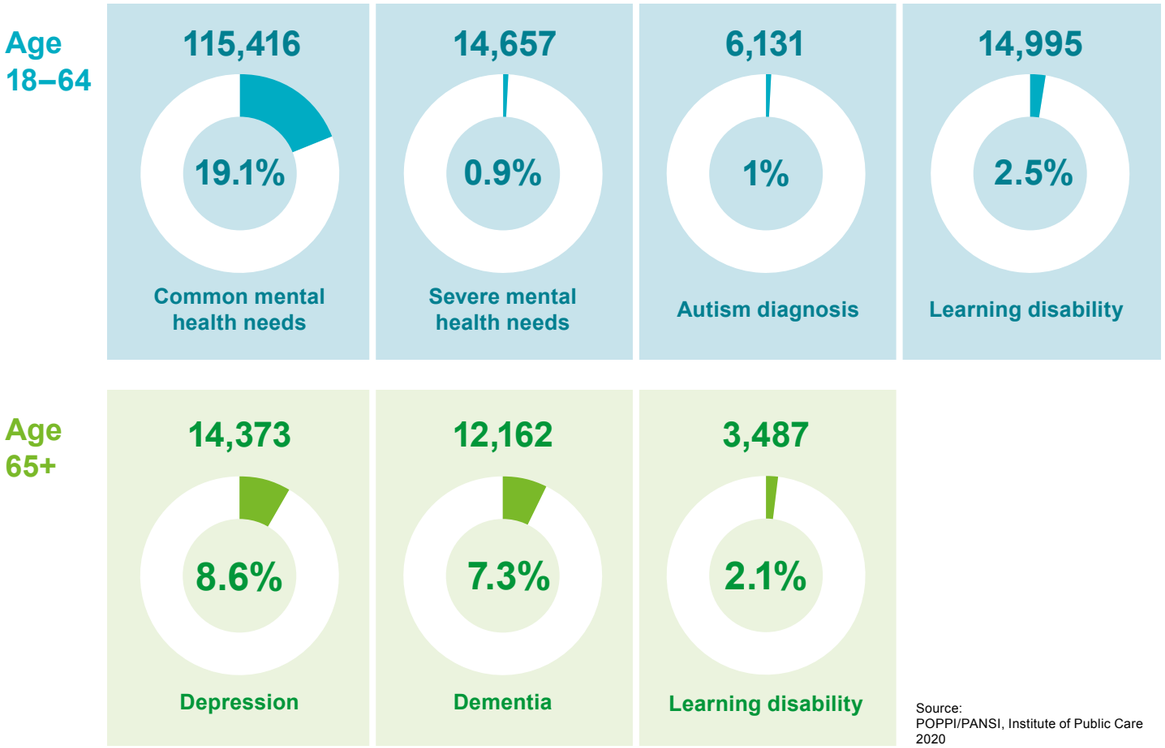


Data Source: Psychologoical Therapies, Reports on the use of IAPT services – NHS Digital (Indicatore MO31). 2020/21 Performance impacted by Coronovirus Pandemic.

As a system we are meeting multiple national NHS Talking Therapies targets, such as those which measure recovery from illness. The NHS Talking Therapies target measures the number of people able to get help from NHS Talking Therapies. Increasing the access to Talking Therapies has been difficult due to a combination of investment and transformation however we are planning to meet the target in 2023/24.

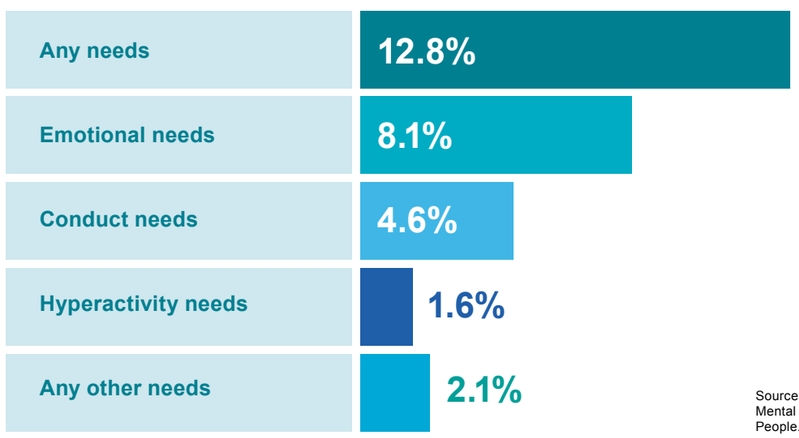
Whilst our system has made significant progress, the performance above also demonstrates that there is much further to go to meet our ambitions and improve care for our population. It is also significant that current national metrics have focused on measuring access to services. A vital part of our next steps as a mental health system will be to embed the measuring of meaningful outcomes and experience measures so that we know what is helping people of all ages the most in their recovery.

Estimated levels of mental health needs, learning disability and autism in adults across BNSSG



Source:
POPPI/PANSI, Institute of Public Care 2020

Estimated levels of metal health need among 5-19 year olds across BNSGG



Source:
Mental Health of Children and Young People. NHS Digital (2017, 2020)

Costs for adults (18+) with a mental health condition in BNSSG

The pyramid diagrams below are designed to show how, currently, very large amounts of funding are spent on a small group of the most unwell people. Our ambition is to create a shift so that more money is invested in prevention to keep people well.

1% of the BNSSG population with a mental health condition flagged in Primary Care or in contact with mental health services account for **20%** of the total costs across the whole system.

For BNSSG this is 1609 people

Annual cost: £52.5m

Average cost per person of £32,648

People (% of total)	Total cost (%)	Total cost (£)
1%	20%	£52,530,436
1-5%	25%	£66,065,629
5-10%	16%	£40,433,118
10-20%	16%	£41,601,705
20-30%	9%	£22,395,331
30-50%	9%	£23,276,330
50-100%	5%	£13,239,970

Costs include admissions and attendances across primary, secondary and community care as well as prescribing (1 year, 2021/22). Some costs are Payment By Results (PBR), some are indicative. Maternity inpatient activity is included because it cannot be separated from outpatients using the system wide dataset

Costs for children and young people aged 0–17 with a mental health condition in BNSSG

1% of the BNSSG population aged between 0 and 17 with a mental health condition flagged in Primary Care or in contact with mental health services account for **19%** of the total costs across the whole system.

For BNSSG this is 116 people

Annual cost: £3m

Average cost per person of £26,442

People (% of total)	Total cost (%)	Total cost (£)
1%	19%	£3,067,289
1-5%	22%	£3,536,470
5-10%	15%	£2,334,801
10-20%	17%	£2,733,376
20-30%	10%	£1,597,053
30-50%	11%	£1,683,247
50-100%	6%	£1,026,234

Costs include admissions and attendances across primary, secondary and community care as well as prescribing (1 year, 2021/22). Some costs are Payment By Results (PBR), some are indicative. Maternity inpatient activity is included because it cannot be separated from outpatients using the system wide dataset. Kooth data is not included as no patient details available and OTR (Off The Record) data is limited as not all records have NHS numbers or costs, so some patients are not included.

Mental health cohort derived from primary care mental health flags, secondary care mental health inpatient stays or any referral or outpatient activity in MHSDS – all reasons, all services, including OTR where NHS number is available. learning disability and autism included.

Opportunity costs for our system

We have analysed examples of average costs within our system to understand what we could buy if we were able to stop using one mental health inpatient bed a year. The diagram below demonstrates that we must focus on prevention because we can help far more people with our resources through this approach.

For the cost for **1 mental health inpatient bed** each year we could pay for:

4 **people** to live in a **residential care home** for a year

6 **people** to live in **supported living accommodation** for a year

17 **people** to have a year round care package of **support at home**

93 **people** to have **Community Mental Health Team support** for a year

187 **people** to have access to a course of **high intensity talking therapies**

883 **people** to access **green social prescribing support**

Sources: AWP RiO, Bristol City Council Social Care purchasing system, BNSSG Green Social Prescribing Programme, VITA Health Talking Therapies Service. N.B. talking therapies is based on an average length of 9 sessions not including assessment.

Community Mental Health Framework

Following the Long Term Plan, the national Community Mental Health Framework for adults and older adults was published in 2019. It set out a fundamental change to the delivery of community mental health services for adults, and young people moving into adult services, with a vision for mental health services which are integrated, personalised and delivered close to home. In line with this vision, the framework also removes the requirement for the Care Programme Approach in favour of much more individual and goal focused care planning for everyone.

As an Integrated Care System we have:

Co-produced and implemented a First Episode Rapid Early Intervention for Eating Disorder (FREED) service and introduced a new Voluntary, Community and Social Enterprise (VCSE) partner, called Sweda, who deliver holistic support closer to home. This quickly offers people more holistic support and has reduced waiting lists by over 50%.

Co-designed, and started to deliver, an integrated model of care for people with difficulties associated with personality disorders, inclusive of complex emotional needs, to address the current gap in provision of specialist interventions at primary care level.

Started providing Mental health and wellbeing Integrated Network Teams (MINTs) for adults across BNSSG. These bring health, social care and VCSE partners together to meet people's diverse needs, offering access to the right mental health support at the right time.

Strengthened our community mental health rehabilitation team and introduced a flexible grants scheme, which has reduced the number of people requiring care outside our local area by 45%.

We have co-designed a new personalised, system based, care planning approach that focuses on creating a team around each person, with enhanced involvement of family and carers. We will use co-produced 'Support Conversations' to ensure that all agencies are working together to support people achieve the outcomes that are important to them.

Increased capacity in primary care, Avon and Wiltshire Partnership's Physical Health Teams and peer support roles to enable more people on GP Severe Mental Illness registers to receive an annual physical health check and have their physical health needs met. This increased provision from 12% (2021) to 62% (2023).

Introduced a range of mental health support accessible to people calling 999 or NHS 111 to make it easier for people to get the support they need when they may be becoming more unwell.

We still have more to do with our community mental health model, such as implementing the new community waiting time of four weeks from assessment to intervention. This will build on the positive progress we have already made.

Prevention concordat

The Prevention Concordat for Better Mental Health was published in 2017 and provides resources for local areas to take an evidence based approach to public mental health and prevention. The Concordat was updated in 2022 to reflect the impact of the COVID-19 pandemic on mental wellbeing. BNSSG Integrated Care System is committed to implementing evidence based prevention at every level of need.

Trauma-Informed System Approach

In January 2023, the Integrated Care Board employed a Trauma-Informed Systems Manager to lead on a programme of work looking to promote and embed trauma-informed practice across Bristol, North Somerset and South Gloucestershire. This programme has provided dedicated resource to further develop a shared language and trauma-informed approach to practice. This helps support organisations and different parts of the system to consider how to recognise and effectively respond to trauma and adversity experienced by individuals, families, communities and staff.

Children and Young People's policy context

Transforming Children and Young People's Mental Health Provision – a Green Paper outlined the Department of Health and Department of Education's commitment to improving and embedding new ways of working across our children's mental health services and education settings. The ambition within the Green Paper was to put schools at the heart of efforts to intervene early and placed significant emphasis on the role education could play in early identification and support.

There are synergies between the Green Paper and Public Health England's Best Start in Life and Beyond which outlines the role that school health nurses and health visitors have in supporting children, young people and their families with a particular emphasis on the high impact areas, one of which is supporting maternal and family mental health and early identification.

The Long Term Plan builds on the commitments within the Green Paper. As a result of this, additional funding and support has been utilised to develop mental health support in schools and colleges across BNSSG. Furthermore, the Long Term Plan has driven, and will continue to drive expansion and transformation.

Locally, significant work has already begun to achieve the aims of the Long Term Plan. This includes:

Mental Health Support Teams in Schools (MHSTs): BNSSG has completed three waves of MHSTs, with 10 teams now available across the geography, in locations which have been chosen on a needs-led based approach. At the end of 2022/23, MHSTs had delivered both individual interactions and wider engagement of the whole school approach in 115 schools.

Crisis: Our local Crisis Outreach and Intervention Teams have been expanded to provide additional support to children and young people presenting in crisis to our local hospitals. There is a 24/7 response line in place, enabling young people requiring a mental health assessment to receive one sooner, and ensuring that appropriate care is received. Furthermore the Crisis Teams provide additional support in the community to help prevent hospital admission and keep young people safe and well at home.

Eating disorders: The capacity of our Specialist Child and Adolescent Mental Health Services (CAMHS) and Acute Emergency Department eating disorder teams have been increased. Alongside this, the recruitment of a CAMHS Home Treatment Team to provide intensive support to children and young people in the community, helping keep them safe and well at home. There have been improvements in joint working across Bristol Royal Hospital for Children and CAMHS teams to ensure that young people are well supported regardless of the setting. This has been further developed through a pilot across the two organisations that helps to support young people in the community, who may otherwise require a specialist eating disorder bed.

Transition: Discussions are being held with key organisations across the system to scope transitions pathways for young people aged 16-25. This work is in its infancy but there is dedicated project management in place looking at options to improve the current pathway for children and young people, ensuring that their transitions are planned for and support is available when needed.

Significant transformation has already taken place across BNSSG, with plans to expand and build on this work to ensure that we are meeting the aims of the Long Term Plan and improve access and provision of services to our children and young people.

Changes to the Mental Health Act

The Mental Health Act 1983 is currently being updated to reflect a shift to less restrictive and more personalised care.

The key changes are expected to be:

People of all ages are detained for shorter periods of time, and only detained when absolutely necessary.

When someone is detained the care and treatment they get is focused on making them well.

People of all ages have more choice and autonomy about their treatment.

Everyone is treated equally and fairly, and disparities experienced by people from minority ethnic backgrounds are tackled.

People with a learning disability and autistic people are treated better in law, and reliance on specialist inpatient services for this group of people is reduced.

Whilst the legislation is still progressing through Parliament, it is clear there will be important implications for our system to consider, such as fully understanding the demographics of our inpatient population so we can target preventative approaches accordingly, as well as ensuring we have the best quality inpatient care and treatment.

Advancing equalities

In September 2020 the national Advancing Mental Health Equalities Strategy was published. It sets out the need for local systems to use a population health management approach to co-produce local solutions to health inequalities within mental health. As part of the Strategy, a Patient and Carer Race Equality Framework is now being rolled out nationally. The framework is a practical tool to help mental health trusts work with ethnic minority communities, and understand what steps the trusts can take to achieve practical improvements. An Equality and Diversity Workforce Improvement Plan covering all NHS services has also been published, setting the ambition of having a diverse and inclusive workforce at all levels.

Locally, we know we must ensure services are accessible to, and inclusive of, specific communities experiencing inequality of access, experience and outcomes. To do this we must improve data capture, embed training and establish culture changes. This will ensure everyone in our system understands the drivers and the impact of health inequalities. Furthermore, the compounding effects of intersection of different needs or characteristics.

> **“I feel like I am not taken seriously by doctors because I am black. I have to exaggerate for them to take what I am saying seriously and for them not to think it’s just because I am black”.**
>
> Young person, BNSSG young people’s Black Minds Matter group

Understanding local need

We have provided a snapshot of information about our local population. Further information can be found through our Local Authority Joint Strategic Needs Assessments for Bristol, South Gloucestershire and North Somerset as well as through ‘Our Future Health’ – the needs assessment supporting our Integrated Care System whole population Strategy.

Complex Multiple Disadvantage

We recognise that data and statistics cannot tell the full story. People who need mental health support will have a wealth of life experiences that impact their mental health. Some of these will be positive and support their mental wellbeing and some will result in trauma that can have a negative impact on mental health. For example, someone may have experienced trauma or domestic abuse which has caused them to be homeless and the impact of that trauma and homelessness may lead people to misuse drugs or alcohol to self-medicate. In addition, people from minority ethnic groups, people who are LGBTQIA+, people with learning or physical disabilities and neuro-divergent people are more likely to experience barriers in accessing mental health support. When they do access mental health support they tend to have a poorer experience and worse outcomes.

The data and needs analysis that we have done does not tell us about peoples real life stories and the complex difficulties that they experience. These experiences are not always well documented and different data sets look only at one kind of need or experience. Different aspects of people’s lives can intersect and compound their trauma and inequality; we want partners in the mental health support system to recognise and understand the complexities of the lives of people and, in so doing, better enable their recovery.

Our whole population

Around **one million** people live across BNSSG

Youngest population is in Bristol with an average age of

30

compared to age

46

in North Somerset and age

40

in South Gloucestershire

74.6 years — 83.2 years

A man living in the most deprived area of Bristol typically lives 9.9 years less than a man living in the least deprived area.

80.3 years — 87.8 years

A woman living in the most deprived area of North Somerset typically lives 7.9 years less than a woman living in the least deprived area.

Minority ethnic groups:

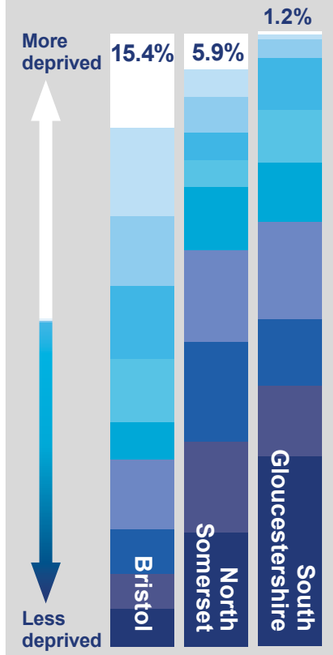
Bristol

North Somerset

South Gloucestershire

Index of multiple deprivation:

15.4% of people living in Bristol are in areas of high deprivation compared to 5.9% in North Somerset and 1.2% in South Gloucestershire



1 ICS | 3 Local Authorities | 6 Localities

BNSSG Our Future health (ethnicity statistics updated from 2021 Census)

What do we want to achieve?

Our Integrated Care System vision is:

“Healthier together by working together”

People enjoying healthy and productive lives, supported by a fully integrated health and care system – providing personalised support close to home for everyone who needs it.

Our Integrated Care System vision for mental health is:

“Better mental health for all”

People having the best mental health and wellbeing in supportive, inclusive, thriving communities.

Our mental health ambitions

We are committed to the following priorities, based on the significant co-production to date.

Six ambitions:

1 Holistic care

People of all ages will experience support and care which considers everything that might help them stay well.

2 Prevention and early help

People of all ages, their families and carers will get the support they need in the right place and in a timely way, as early as possible.

3 Quality treatment

High quality treatment is available to people of all ages as needed, closer to home, so they can stay well in their local communities.

4 Sustainable system

We will have an economically and environmentally sustainable mental health system where maximum benefit is delivered to the community.

5 Advancing equalities

We will reduce health inequalities by improving equity of access, experience and outcomes throughout people’s lives.

6 Great place to work

We will have a happy, diverse, inclusive, trauma-informed and stable workforce across our system.

Underpinned by:
Working together to create the wider social and economic conditions to support positive mental health and wellbeing, including investing in a healthy start in life.

For each ambition we have started to develop plans to address them which are described on the following pages. These plans will be developed with further projects and detail added over the lifetime of the Strategy. We expect new information to be added to our Joint Forward Plan as it is refreshed annually. We have also described how we will know we have achieved each ambition; these descriptions all link to a metric that is being measured in the system either through the Long Term Plan, BNSSG ICS Population Outcomes Framework or through something we can qualitatively track.

We are proud of what we have achieved so far

Link Team
(Holistic care)

The Link Team supports people in Bristol who are street homeless and experiencing other challenges like addiction, domestic violence, learning disabilities or neurodiversity. The team bridges the gap ensuring mental health support gets to people, often for the first time in years.

They are a skilled multi-disciplinary team from organisations across Bristol. Support is person-centred and trauma-informed, meaning the team take time to understand a person's past, the social context of their experiences (such as racism), and how this affects their life now.

"He completely took the lead, made a workout plan, and directed the session. It was a great bonding opportunity that strengthened the relationship and also created some equalising of power through role reversal: I was asking questions, he had the answers."

Link team worker

Mental Health in Schools
(Prevention and early help)

AWP has worked with local charity, Off The Record, to provide Mental Health Support Teams in schools in Bristol, North Somerset and South Gloucestershire.

They provide interventions for young people with mild to moderate mental health needs, and help develop a whole school approach to mental wellbeing. This type of support is non-stigmatising for young people and less disruptive to education. Families are included as a key part of the support team and there is access to further services if needed. The service covers approximately half of our schools and colleges, based on need.

"OTR's intervention has had a huge impact – the students have been supported quickly and proactively, and at an early stage."

BNSSG teacher

Integrated Access Partnership
(High quality treatment)

The Urgent Assessment Centre is a pilot crisis service operating 7 days a week between 5pm - midnight. It provides a safe space for people in mental health crisis who are referred from 999, NHS 111 or emergency departments.

Offering holistic mental health assessments to understand needs during a crisis, it provides mental health coping skills, emergency support with housing and finance, and ongoing help. The service provides clear and planned recovery next steps, preventing people feeling alone in a period of crisis. This has meant reductions in police use, ambulance time and those waiting in an emergency department for mental health support.

"I think that it was just the fact that I didn't have to go into hospital. I felt like I could come here and it was a way of calming down without having to spend hours at the hospital for them not to do much. I feel a lot safer going home now."

UAC service user

Green Social Prescribing (GSP)
(Sustainable services)

The BNSSG ICS Green Social Prescribing partnership is one of seven pilot sites helping people access nature to improve health outcomes. Since 2021, more than 3,000 people have been supported to access the natural environment; ranging from mothers experiencing post-natal depression, school age children experiencing anxiety, working adults with low mood and older adults with dementia.

Whether it is care farming, woodland conservation, nature photography, horticulture therapy or open water swimming, there are a range of high-quality interventions available to support our community, which also make a positive contribution to biodiversity. We are also working to offer alternatives to prescribing anti-depressants.

"Wild swimming has helped significantly reduce the quantity and intensity of suicidal thoughts I was having."

Open water swimmer referred via primary care

Women's Health Training
(Advancing equalities)

Womankind and Missing Link, two local charities, were funded by the ICB to deliver women's health training.

The training supported mental health practitioners, staff and volunteers in the NHS and VCSE to better understand the barriers women face in accessing mental health support and the factors affecting their mental health throughout their life.

"Early autism diagnosis is needed to help people understand themselves and mitigate a crisis caused by masking."

Training participant

Staff Support Debriefs
(Great place to work)

Working in mental health services, staff can be exposed to events that can be very distressing and potentially traumatic for them. AWP has implemented Staff Support Debriefs to help staff affected by such situations.

The process involves AWP trained facilitators providing a voluntary session to any staff member affected by a traumatic event. During the session the staff can speak about the event, discuss the impact on them, receive information about trauma responses, and identify further sources of support that may be of benefit.

"It has felt very supportive and I am hopeful it will allow me to move forward without feeling so bad…"

AWP Staff Member

Our holistic care ambition

People of all ages will experience support and care which considers everything that might help them stay well.

What will we do to achieve this:

We will have Mental health and wellbeing Integrated Network Teams (MINTs) established across BNSSG. These teams include a wide range of NHS, local authority, talking therapies and voluntary sector providers. This will deliver a new community based offer including; access to psychological therapies, improved physical health care, employment support, peer support, green social prescribing, personalised and trauma-informed care, medicines management and support for self-harm and co-existing substance use.

These teams will use shared personal wellbeing plans called a 'Support Conversation'. These plans will replace the Care Programme Approach and will capture people's strengths and assets alongside their mental health needs.

We will aim to have the voluntary sector as an equal partner within all our models of care. This ensures that people of all ages get holistic support that is offered at an early point. It also ensures consideration of the social determinants of health such as housing, debt or social isolation.

We will continue to invest in targeted initiatives for groups of the population who are less likely to access physical healthcare, including a specific focus on addressing the mortality gap for people with severe mental illness.

We will ensure our models of care consider the needs of carers. For children and young people, services will consider the whole family and the role of education.

Where people are in an acute physical health hospital and require mental health support, we will ensure holistic care is delivered.

We will know we are making a difference when:

We have Mental health and wellbeing Integrated Network Teams (MINTs) fully established in every locality within BNSSG

Everyone with a severe mental illness has access to an annual health check.

The gap in premature mortality between people with severe mental illness and the general population starts to close.

People of all ages will report experiencing integrated care. We see indicators for crisis presentations reducing.

We will have a dedicated clinical lead for older adults, who is reviewing care pathways to ensure they are accessible to older adults with functional illness, who currently do not always get the support they need.

"Early autism diagnosis is needed to help people understand themselves and mitigate a crisis caused by masking."

Young person,
BNSSG Neuro diverse subgroup

70%

of people who sleep rough have a mental health need

Source: Bristol City Council

45%

of respondents to the latest national health needs audits for homelessness, reported using drugs or alcohol to help them cope

Source: Homeless Link 2022

Our prevention and early help ambition

People of all ages, their families and carers will get the support they need in the right place and in a timely way, as early as possible.

What will we do to achieve this:

There will be clear, publicly accessible information available describing what is available for people of all ages, families and carers close to where they live, work or study and effective signposting to sources of support across the system.

We will ensure we systematically monitor all waiting lists and wait times within the mental health system, including the wider impact of delayed care. We will consider both service re-design and investment to address long waits for support.

Our key NHS early intervention and early life services such as Child and Adolescent Mental Health Services (CAMHS), infant mental health services, specialist perinatal services and Early Intervention in Psychosis (EIP) will meet national performance expectations and will receive particular focus on embedding best practice models of care.

We commit to working together to create the wider conditions for good mental health, including early years work, mental health in schools, thrive approaches, social prescribing, access to employment, debt and housing advice.

We will ensure we work as a trauma-informed system, adapting services to reduce potential unintended negative effects on those who have experienced trauma.

We will develop a dementia Strategy which delivers equity of offer across BNSSG, and seeks to support early diagnosis.

We will know we are making a difference when:

Our NHS services which provide early intervention such as EIP, perinatal mental health (evidenced to improve babies outcomes) and CAMHS will meet or exceed all national NHS performance measures.

We see improvements in everyone's wellbeing.

People of all ages using early intervention or early help will report it is high quality and easy to access.

People of all ages experience service support as being timely.

All service waiting times are in line with national guidance.

We see self harm rates in young people reducing.

"At the moment it feels like you have to get iller to get help so you almost want to get worse to get help. This also creates a fear of getting better because you want to get better but you are scared of losing the support which is helping you if you do"

Young person BNSSG Helping Young People Engage (HYPE) group

During the pandemic

1 in 3

children lived with at least one parent reporting emotional distress

Source: Statistical commentary on UK Household Longitudinal Study wave 11

Our high quality treatment ambition

High quality treatment is available to people of all ages as needed, closer to home, so they can stay well in their local communities.

What will we do to achieve this:

As a system we will take a quality improvement approach to all services and projects. This means all projects and programmes will be required to state the evidence base they are using or, in the case of innovation, expecting to build on and have clear agreed evaluation points. Where there is no evidence base for a service or initiative, the system will refocus resource.

We will proactively work closely with housing providers and employers to support people to live as independently as possible, to improve overall mental health and improve outcomes in treatment and recovery.

We will continue to invest in crisis alternatives such as crisis houses and ensure these are integrated with our clinical support, as well as developing new initiatives such as our Integrated Access Partnership (mental health phone support available through calling NHS 111 or 999).

The ICB, local authorities and other relevant organisations in BNSSG will work with the South West Provider Collaborative (who manage child and adolescent mental health inpatient beds) to minimise the number of children admitted to inpatient settings. We will ensure that where children and young people need to stay away from home, this is as close to where they live as possible and in as homely an environment as possible.

We will use the opportunity of changes to the Mental Health Act, alongside embedding the learning from our local work, to ensure people who require inpatient care have high quality treatment and as short a stay as possible and are supported to be discharged as soon as they are well enough.

As a system we commit to implementing new approaches to working with people who have mental ill-health as part of wider multiple disadvantages.

We will know we are making a difference when:

We have embedded the use and monitoring of 'paired outcome measures' across our system which allow people of all ages using services, clinicians and the wider system to understand which support has most helped someone with their recovery.

Fewer people of all ages are placed in an acute bed outside of our local area.

Fewer people of all ages require an admission to an inpatient ward.

Fewer people of all ages experience a delayed discharge from an inpatient bed.

Fewer children and young people rely on emergency department support when in crisis. Our service models meet national best practice requirements. Our service models meet national best practice requirements.

"

My mum can't speak English and when I go to health appointments with her, they don't take her seriously".

Young person, BNSSG young people's Black and Brown Minds Matter group

10%

of children and Young People in BNSSG who have regularly attended Accident and Emergency have done so because of a mental health need

Source: BNSSG System Wide Dataset Analysis 2023

Our advancing equalities ambition

We will reduce health inequalities by improving equity of access, experience and outcomes throughout people's lives.

What will we do to achieve this:

We will invest in our local community groups and grass roots organisations, working in partnership with them to deliver services and support.

We will create opportunities for community led groups to become involved in designing, delivering and evaluating services and grow their organisations.

All work undertaken within the BNSSG mental health system will clearly address health inequalities, and improve equity of access and outcomes.

Our NHS Talking Therapies service will offer specific activities to those previously not reached, enabling everyone in our population to access help early.

We will improve data capture across the system so that we fully understand where gaps in equity exist. This will include supporting our workforce to understand why capturing demographic information is so important. We will then use this data to set out targeted improvement plans.

Co-production will be a feature of all projects, encompassing both a range of partner organisations including Healthwatch as well as people of all ages and backgrounds, families and carers with lived experience. We will specifically seek to understand from people of all ages and backgrounds with lived experience what does or could have helped them stay well. This will also include paid progression opportunities and lived experience leadership roles.

We will have a diverse and inclusive workforce, representative of our population, and equipped with the skills and knowledge needed to address inequalities.

We will know we are making a difference when:

We can demonstrate impactful investment in our local communities.

We have good quality data flowing which lets us know if people of all ages with protected characteristics, or other measure of health inequalities such a socio-economic status, are achieving outcomes at the same level as the rest of the population.

Where inequity of access, experience or outcomes have been identified, there are targeted and time bound improvement plans, which are scrutinised by the ICB's Mental Health, Learning Disability and Autism Health and Care Improvement Group.

For every project in the system there is strong evidence of co-production and measurable action to address health inequalities.

1 in 7

LGBTQIA+ people have avoided health treatment for fear of discrimination

Source: Stonewall 2017

52%

of LGBTQIA+ people have experienced depression in the last 12 months

Source: Stonewall 2017

Around

1 in 5

women have a mental health problem

Source: Mental Health Foundation, 2021

3x

as many men as women die by suicide

Source: Mental Health Foundation, 2021

Black people are

3x

more likely than white people to be sectioned under the Mental Health Act

Commission for Equality in Mental Health, 2020

Our great place to work ambition

We will have a happy, diverse, inclusive, trauma-informed and stable workforce within our system.

What will we do to achieve this:

Alongside learning from the South West Workforce Forum, we will pilot new approaches to staff skill mixes ensuring people are able to use and develop their skills appropriately.

We will seek out proposals from staff about how their work could be done differently.

We will have a focus on staff wellbeing, such as providing staff with access to regular reflective practice and ensuring staff can be supported through experiences of trauma.

We will establish new development opportunities for staff at all levels, including the chance to access career development opportunities across healthcare organisations within BNSSG.

We will establish pathways for young people and adults with lived experience to progress into peer support roles and onwards.

We will actively work with regional and national workforce teams to understand what more we can do, as a system, to contribute towards addressing national workforce shortages.

We will know we are making a difference when:

An increased percentage of mental health staff say they are satisfied with the quality of care they provide.

An increased percentage of mental health staff would recommend their organisation as a place to work.

An increased percentage of mental health staff say they feel their role makes a difference to the people they support /care for.

The health and wellbeing of our staff improves.

We can see more staff from under-represented groups are progressing to senior roles.

There is an increase in lived experience recruitment and progression, to ensure we are making the most of the significant contribution people with experience of mental health services can bring to the workforce.

Spend on agency across the system reduces and is in line with national benchmarks.

Recruitment and retention rates improve and are above national benchmarks.

“You need to create more conversation around these jobs – what makes them good and what impact do they have? Then more people would want to go into these roles and you might get a more diverse workforce”

Young person BNSSG Helping Young People Engage (HYPE) group

78%

is the gap between the employment rate for people in contact with secondary mental health services and the overall employment rate in the South West.

PHE 2021

Our sustainable services ambition

We will have an economically and environmentally sustainable mental health system, where maximum benefit from our actions and services is delivered to the community.

What will we do to achieve this:

We will consider the short and long term social, economic and environmental impact of all investment decisions within our system and act proportionately to address any negative impacts identified.

We will ensure mental health is fully considered in our ICS Digital Strategy, maximising opportunities for digital innovation to improve the efficiency of integrated working for our partners, and reduce the need for people of all ages to repeat their stories.

We will ensure people of all ages have a range of options for accessing services both virtually and in person based on individual needs. For many people, a virtual offer can be more convenient. It also is better for the environment, as well as helping us retain staff who want to work flexibly. Other people may experience digital poverty or may prefer a face-to-face option and so this will also need to be available as close to public transport routes as possible.

We will ensure our new co-created support plans will be shared with people directly via Digital Patient.

We will have sustainable contracting approaches that offer longer term funding, to allow partner organisations to be committed to transformation and support their staff retention. Any procurement exercise will fully consider environmental and social impact as key elements.

We will require new contracts to include commitments to address the climate emergency.

We will know we are making a difference when:

As a system, we can demonstrate the wider social and environmental impact of our services.

We have a clear commissioning and contracting plan supporting the sustainability of our whole system.

We have digital solutions which allow rapid information sharing across partners.

Providers can evidence that they have reduced their carbon footprint.

Providers can evidence local recruitment.

Providers can evidence use of local supply chains.

“Accessing mental health support should be easy – where to start, who to contact. It should be as simple as calling 999 is when there’s an emergency”

Independent Futures (lived experience) group member

£105 billion per year

is the estimated economic and social cost of poor mental health

PHE 2018

Next steps

Forming an Integrated Care System (ICS) represents the best opportunity to deliver urgently needed transformation of our health and social care system. The ICS provides the opportunity to break out of organisational silos, enabling all partners to work together to tackle deeply rooted challenges, drawing together their collective skills, resources and capabilities.

Five key principles which will allow our ICS to thrive:

1	2	3	4	5
Collaboration within and between systems and national bodies	A limited number of shared priorities	Allowing local leaders the space and time to lead	The right support, balancing freedom with accountability	Enabling access to timely, transparent and high-quality data

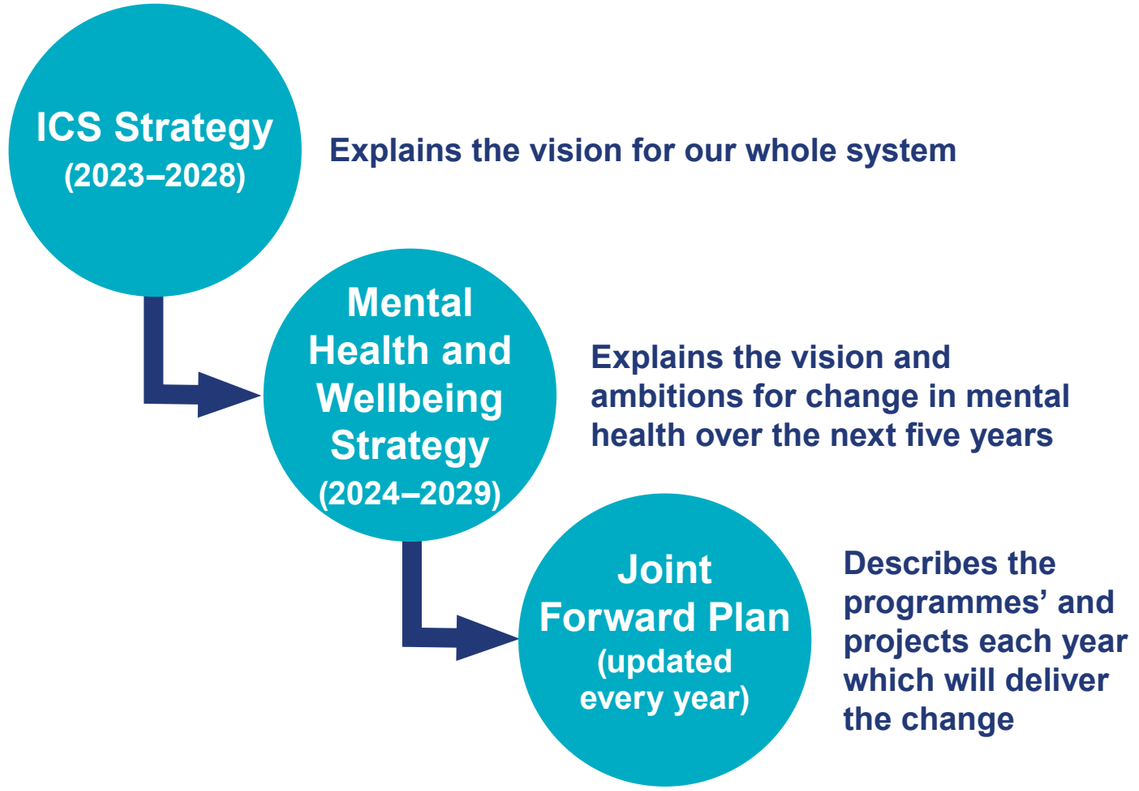
Locally we are absolutely committed to the transformative power of working together to deliver change. There is a Mental Health, Learning Disabilities and Autism Health and Care Improvement Group which oversees the delivery of the vision, ambitions and priorities set out within this Strategy. The Health and Care Improvement Group includes representatives from partners across our system. There is also a Children's Health and Care Improvement Group which provides additional scrutiny on the delivery of work to improve mental health access and outcomes for children and young people.

During 2024–25, the Mental Health, Learning Disabilities and Autism Health and Care Improvement Group will oversee the production of plans to deliver our ambitions. These will form our five year Joint Forward Plan. Each year, our Joint Forward Plan will be updated to demonstrate the progress we have made and include further detail on the projects which will be delivered in that year to meet our aims.

Delivering this Strategy will also require all partners to commit support for key projects, so that we can take a system approach to workforce planning, digital, estates and quality improvement, to make the best use of all our resources.

When all organisations in our system work together to deliver change, the impact can be transformational.

How will the Strategy be delivered?



Glossary

TERM	DEFINITION
Acute care	Acute care is where a patient receives active, short-term treatment for a condition, often staying in hospital.
Assets	This describes things which can support good mental health and wellbeing, such as family, community relationships, social networks, community and neighbourhood services, activities and facilities.
Autonomy	Autonomy is about a person's ability to act on their own values.
BNSSG	Bristol, North Somerset and South Gloucestershire.
Care Programme Approach	A way to create a plan for someone's care and support in secondary mental health services, usually using a standard set of documents. This approach is due to be replaced by new care planning approaches being developed by the Community Mental Health Framework Programme.
Co-produced/Co-owned	This describes how we work with people who use our services to make sure care and the way it is delivered meets their needs, rather than providers deciding this on our own.
Digital innovation	This is about new technologies such as software programmes, apps or use of mobile phones, tablets or computers.
Equalities	Ensuring people have equal rights and opportunities.
Green Social Prescribing	A national programme offering people the opportunity to access wellbeing activities outside and in nature in order to support their mental health and meet other people.
Health and Care Improvement Group	The name of a meeting of different organisations from across BNSSG who come together to make decisions about health and care services in the area. The two Health and Care Improvement Groups most relevant to this document are the Mental Health, Learning Disability and Autsim Health and Care Improvement Group, and the Children and Young People's Health and Care Improvement Group.
Holistic care	A holistic approach means to provide support that looks at the whole person, not just their mental health needs. The support should also consider their physical, emotional, social and spiritual wellbeing.
ICS	Stands for Integrated Care Systems. 42 of these were set up across the country. They are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Our local ICS is BNSSG.
Inequalities	The state of not being equal, especially in status, rights, and opportunities. We know that some groups of our population currently find it harder to access mental health services than others.
Inpatient care	When a patient is being cared for in hospital rather than at home.
Integrated	Where people work together to deliver something.
Joint Forward Plan	A five year document that every healthcare system is required to produce to describe how they will deliver improvements in local services. It is refreshed annually.
Joint Strategic Needs Assessment	Joint Strategic Needs Assessments are documents held by local public health departments within Local Authorities which set out what the health and social care needs of a local area are.
Legislation	The process of making or enacting laws.
Lived Experience	The knowledge people gain from treatment or going through services. This provides invaluable insight to what services are like for the patient.
Local Authority	A Local Authority, commonly referred to as a Council, is the government body responsible for delivering local services in an area.
Locality Partnership	These are groups of providers and wider partners working together at a local level to delivery care specific to the needs of local populations. In BNSSG there are 6 Locality Partnerships; North & West Bristol, South Bristol, Inner City & East Bristol, South Gloucestershire, Woodspring, Worle & Villages and Weston (both of which are in North Somerset).
Long Term Plan (LTP)	The NHS Long Term Plan 2019-2024 was a policy document published to provide guidance to local areas about the improvements expected in mental health services during this time.
Mental health Integrated Network Team (MINT)	A new type of team around primary care bringing together NHS, social care and voluntary sector organisations (VCSE) to offer quick access to a broad range of support.
Paired Outcome Measures	Tools which are used to understand changes in mental health and wellbeing. Often a set of questions completed at the start and end of a period of support or treatment to understand how much it has helped.
Peer Support	People who have experienced services are uniquely placed to support others who follow in their footsteps, they can explain what to expect and how they felt whilst under the care of a service.
Personalised care	This means service users have choice and control over the way their care is planned and delivered.
Mental Health Act	The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
Primary care	Healthcare provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment.
Recovery focused	This means working with people to target ways to help their mental ill health get better and achieve the things they want to do as they improve.
Safeguarding	protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility.
Secondary care	This refers to services being provided by health professionals who generally do not have first contact with a service user for example, a hospital rather than a GP surgery.
Severe mental illness (SMI)	Historically Severe Mental Illness was a term used to refer to people who experienced psychotic illnesses, where people may see or hear things which are not real, and/or struggle to think or act clearly. Often, when this term is used for national targets or in data this is the group being referred to. GP 'SMI' registers also only record people who have a psychotic illness. However, the Community Mental Health Framework, introduced in 2019, has widened the scope of the term and has used it to mean a much wider group of conditions and needs using the following definition: "SMI covers a range of needs and diagnoses, including but not limited to; psychosis, bipolar disorder, 'personality disorder' diagnosis, eating disorders, severe depression and mental health rehabilitation needs – some of which may be co-existing with other conditions such as frailty, cognitive impairment, neurodevelopmental conditions or substance use".
Social determinants of health	The things outside of our biology which can affect our physical and mental health such as housing, debt, social isolation.
Sustainable	Something that is able to be maintained at a certain level.
Trauma-informed	A program, organisation, or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in individuals, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist retraumatisation. In BNSSG we have adopted 6 trauma-informed principles that underpin our approach: Safety, Trustworthiness & Transparency, Choice & Clarity, Collaboration, Empowerment and Inclusivity.
Voluntary Community and Social Enterprise (VCSE) sector	Organisations which deliver services but do not seek to make a profit from these services. Often services will be free to access but where there is a charge this money will be reinvested into delivering the organisations social or charitable aims.

Metrics to be used to measure impact against priorities

DOMAIN	WE WILL KNOW WE ARE MAKING A DIFFERENCE WHEN	CODE	INDICATOR
Holistic Care	Integrated personalised care teams are established in every locality within BNSSG.	HOL1 HOL2	Number of Primary Care Networks in your system meeting the data flow criteria for transformation. Activity within community mental health services for adults and older adults with severe mental illnesses.
	Everyone with a serious mental illness has access to an annual health check.	HOL3	People with severe mental illness receiving a full annual physical health check and follow up interventions (rolling 12 months).
	We see indicatiors for crisis presentations reducing.	HOL4 HOL5	Rates of total Mental Health Act detentions Rates of restrictive interventions.
	We see the gap in premature mortality between people with serious mental illness and the general population close.	HOL6 HOL7	Severe mental illness mortality gap close. Rate of suicide deaths (persons rate/100K).
	People using services report satisfaction with the practical help they receive.	HOL8	Proportion of DIALOG question 10 responses from 5-7 (fairly, very or totally satisfied).
	People using services report satisfaction with their meetings with mental health professionals.	HOL9	Proportion of DIALOG question 11 responses from 5-7 (fairly, very or totally satisfied).
	People of all ages will report experiencing integrated care.	HOL10	To be developed.
Prevention & Early intervenion	All our NHS mental health services will meet or exceed all national access and wait time standards.	PRE1	A new national approach to monitoring community mental health service waiting times has been released and provisional reporting in place. No wait time expectations have yet been set. We are working on reporting these locally.
	We see improvements in everyone's mental wellbeing.	PRE2 PRE3	ONS wellbeing 4 domains (% low happiness score). CYP Warwick-Edinburgh Wellbeing Score (proportion scoring very low/low.
	People of all ages using early intervention or early help will report it is high quality and easy to access.	PRE4	Adult mental health services use a Patient Reported Experience Measure to check peoples views of services.
	We see self harm rates in young people reducing.	PRE5 PRE6	Self-reported harm in young people . Hospital admissions as a result of self-harm (10-24years).
High Quality Treatment	We have embedded the use of 'paired outcomes measures' across our system which allow people of all ages using services, clinicians and the wider system to understand what support has helped someone with their recovery.	QUA1	Positive change in DIALOG between paired scores for questions 1-8.
	Services demonstrate helping people feel better.	QUA2	Talking Therapies recovery rate.
	Our service models meet national best practice standards.	QUA3 QUA4 QUA5 QUA6 QUA7	EIP services achieving Level 3 NICE concordance. Mental Health Liaison services within general hospitals meeting the "core 24" service standard. Coverage of 24/7 adult and older adult Crisis Resolution and Home Treatment Teams operating in line with best practice. Proportion of discharges from adult acute beds eligible for 72 hour follow up – followed up in the reporting period. Coverage of 24/7 crisis provision for children and young people (CYP) that combine crisis assessment, brief response and intensive home treatment functions.
	Fewer people of all ages are placed in an acute bed outside of our local area.	QUA8	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days for adults requiring non-specialist acute mental health inpatient care.
	Fewer people of all ages require an admission to an acute ward.	QUA9	Mental Health Acute admissions - adult and children.
	Fewer people of all ages experience a delayed discharge from an inpatient bed.	QUA10	Mental Health Trust Reporting.
	Fewer children and young people rely on Emergency Department support when in crisis.	QUA11	Mental Health A&E attendance for children and young people.
Advancing Equalities	We can demonstrate impactful investment in our local communities.	EQU1	We will analyse data from indicator QUA1 by locality and provider.
	We have good quality data flowing which indicates people of all ages with protected characteristics or other measure of health inequalities such a socio economic status are achieving outcomes at the same level as the rest of the population.	EQU2	Mental Health Services Dataset - Data Quality Maturity Index Score.
	Where inequity of access, experience or outcomes have been identified there are targeted and time bound improvement lans which are scrutinised by the Healthcare Improvement Group.	EQU3	Project documentation.
	For every project in the system there is strong evidence of co-production and measurable action to address health inequalities.	EQU4	We will monitor the following five indicators by age, sex, deprivation and ethnicity as a minimum: HOL3 HOL4 HOL5 PRE1 QUA2
Great place to work	An increased % of staff say they are satisfied with the quality of care they provide.	STA1 STA2 STA3	% of NHS staff who say they are satisfied with the quality of care they give to patients/service users. % of NHS staff who say their role makes a difference to patients/service users. Proportion of staff recommending their organisation as a place to be treated or cared for.
	We will improve the health and wellbeing of our staff.	STA4 STA5 STA6 STA7 STA8	Sickness absence rates - working days lost to sickness. Sickness absence rates - annual average. Vacancies. % of NHS staff who say their organisation takes positive action on health and wellbeing. Average reported health and wellbeing (emotionally exhausting, burn out, frustration, exhaustion, tired, time for friends and family).
	Increase in staff who are from underrepresented groups progressing to senior roles.	STA9	There are four data sources we can use to monitor different staffing groups.
	Increase in Lived Experience recruitment and progression to ensure we are making the most of the significant assets people with lived experience can bring to the workforce.	STA10	In development.
	Spend on agency across the system reduces and is in line with national benchmarks.	ST11	In development.
	Recruitment and retention rates improve and are above national benchmarks	STA12	In development.
Sustainable System	As a system we can demonstrate the wider social and environmental impact of our services.	SUS1	In development.
	We have a clear commissioning and contracting plan. supporting the sustainability of our whole system.	SUS2	In development.
	Providers can evidence use of local supply chains.	SUS3	In development.
	Providers can evidence that they have reduced their carbon footprint.	SUS4 SUS5	Measure annual carbon emissions across all scopes. Total financial cost to the system if we were to off-set our carbon emissions at £75 per tonne (all scopes).
	We have a digital solution/s which allow rapid information sharing across partners .	SUS6	Number of staff across different providers using the single mental health patient administration system In development.
	Providers can evidence local recruitment.	SUS7	In development.

Healthier **Together**

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

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Bristol, North Somerset and South Gloucestershire Integrated Care System All Age Mental Health and Wellbeing Strategy 2024-2029

Our vision

Our vision is better mental health for all. People having the best mental health and wellbeing in supportive, inclusive, thriving communities. Our Strategy describes what we will do to achieve this.

The strategy is 'all age' meaning it covers mental health and wellbeing for our whole population from conception to end of life.

It covers the whole mental health spectrum regardless of whether people have had a formal mental health diagnosis. From people who have good wellbeing, to those who might need more intensive support.

It considers where people may have mental ill health alongside other needs such as learning disabilities, autism or neurodiversity.

It has been co-produced in collaboration with people who have mental ill-heath, and staff in organisations who provide support and treatment, incorporating their valuable insight and experiences.

Where are we now?

Good progress has been made in improving mental health support and care in recent years.

However, we know that there is still much more to do to make sure that everyone gets the support they need, when they need it. Our Integrated Care System gives us the opportunity to work even more closely to help make improvements for people.

How will we get there?

We have chosen six priority areas to help us achieve our vision of 'better mental health for all'. In our full strategy document each of six ambitions has a set of actions that will be taken to support the improvement of our systems' mental health services.

Six ambitions:

1 Holistic care

People of all ages will experience support and care which considers everything that might help them stay well.

2 Prevention and early help

People of all ages, their families and carers will get the early support they need in the right place and in a timely way, as early as possible.

3 Quality treatment

High quality treatment is available to people of all ages as needed, closer to home, so they can stay well in their local communities.

4 Sustainable system

We will have an economically and environmentally sustainable mental health system that delivers maximum benefit to the community.

5 Advancing equalities

We will reduce health inequalities by improving equity of access, experience and outcomes throughout peoples' lives.

6 Great place to work

We will have a happy, diverse, inclusive, trauma-informed and stable workforce within our system.

Underpinning principle: Working together to create the wider social and economic conditions to support positive mental health and wellbeing, including investing in a healthy start in life.

How will we know we have been successful?

We have identified ways to measure impact for each action so we can know whether we are driving positive changes. As a system, we will develop an annual 'Joint Forward Plan' which will be aligned to the ambitions within our strategy and will include more detail on how we will deliver change.

When all organisations in our system work together to deliver change, the impact can be transformational.

Healthier Together

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

BNSSG Integrated Care System
All Age Mental Health & Wellbeing Strategy

Integrated Care Partnership Board

29th February 2024

Our Integrated Care System vision is:

“Healthier together by working together”

People enjoying healthy and productive lives, supported by a fully integrated health and care system – providing personalised support close to home for everyone who needs it.

Out Integrated Care System vision for Mental Health is:

“Better Mental Health for All”

People having the best mental health and wellbeing in supportive, inclusive, thriving communities

Six Ambitions:

1 Holistic care

People of all ages will experience support and care which considers everything that might help them stay well.

2 Prevention and early help

People of all ages, their families and carers will get the support they need in the right place and in a timely way, as early as possible.

3 Quality treatment

High quality treatment is available to people of all ages as needed closer to home, so they can stay well in their local communities.

4 Sustainable system

We will have an economically and environmentally sustainable mental health system where maximum benefit is delivered to the Community.

5 Advancing equalities

We will reduce health inequalities by improving equity of access, experience and outcomes throughout people's lives.

6 Great place to work

We will have a happy, diverse, inclusive, trauma-informed and stable workforce across our system.

Underpinned by:

Working together to create the wider social and economic conditions to support positive mental health and wellbeing, including investing in a healthy start in life.

Engagement

- **Draft document** had input from **over 300 people** working in the mental health system and people with lived experience through formal meetings, 121s and focus groups

- Document was then published for an **8 week engagement** period with **over 160 people feeding back** as groups or individuals via survey monkey

- Final document has been **endorsed by the ICB Board, North Somerset HWB and Bristol HWB** and will be going to South Glos HWBs for endorsement

- There will be signed and easy read copies available

Feedback from ICP Board	Edits as a result
How will this be delivered in practice?	Diagram added to explain Joint Forward Plan will be delivery vehicle
How do we shift left to invest more in prevention?	Opportunity costs graphic developed to demonstrate the benefits of investing in prevention as well as commitment to a strategy action plan, over seen by HCIG, to address this
The measurements in the strategy need to be clearer to understand and monitor impact	Appendix of detailed measurements added
Can Healthwatch being included in the engagement process	Healthwatch involved in engagement process and referred to in final draft as a partner to support future co-production
Locality Partnerships need to be further engaged	Heads of Locality received strategy presentation and asked to distribute document and survey monkey through their networks. Explanation of locality partnership added to glossary.

For the cost for **1 mental health inpatient bed** each year we could pay for:

4 **people** to live in a **residential care home** for a year

6 **people** to live in **supported living accommodation** for a year

17 **people** to have a year round care package of **support at home**

93 **people** to have **Community Mental Health Team support** for a year

187 **people** to have access to a course of **high intensity talking therapies**

883 **people** to access **green social prescribing support**

Ask of Integrated Care Partnership Board

The Integrated Care Partnership Board is requested to;

- Endorse the final version of the strategy following the engagement along with Health & Wellbeing Boards
- Approve an annual update on progress against the strategy being brought to the ICP Board.
- Note that the MH LD&A HCIG will implement and monitor the strategy through a combination of an action plan and the annual refreshes of the Joint Forward Plan. The draft action plan can also be shared upon request with ICP Board.

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

Thank you

Communications Plan – The Bristol, North Somerset and South Gloucestershire All Age Mental Health and Wellbeing Strategy

1. Background

The BNSSG All Age Mental Health and Wellbeing Strategy outlines our ambitions and vision for mental health services across our area. All Integrated Care Systems (ICSs) are required by NHS England to have a strategy in place that provides in-depth detail on specific areas of mental health services.

The Strategy has been created, with organisations and people with lived experience, to build on the overarching ICS Strategy providing an overview of the policy context and the health needs of the BNSSG population. It identifies six ambitions for mental health services: holistic care, prevention and early help, quality treatment, sustainable services, health inequalities, great place to work.

Engagement was undertaken throughout development, including a final survey, to collect feedback from organisations and stakeholders to shape the final draft of the Strategy. The draft will now go through Health & Care Improvement Group (mental health and children's), Integrated Care Board and Integrated Care Partnership Board for final sign off. Once this has been completed, system partners should take responsibility to promote the strategy to their staff and local communities to help them understand and support our vision of 'better mental health for all'.

2. Governance

Governance arrangements

- The communications plan will initially be signed off by ICB Head of Communications and Engagement, Becky Balloch and AWP Senior Business Development and Planning Manager, Julia Chappell.
- Further sign-off will be required from the HCIG, ICB Board and ICP Board in February 2024 where the communications plan will be shared as part of the pack to accompany sign off the final strategy.

3. Objectives

The aim of this communications plan is to ensure staff, stakeholders and the local community are aware of the BNSSG Mental Health and Wellbeing Strategy.

- Make the Strategy readily available on our Healthier Together website and promote this widely to staff, stakeholders, and local communities, outlining why we have created it, and its long-term purpose.
- Support the promotion of addressing health inequalities in mental health services.
- Further develop effective relationships between partners delivering mental health and wellbeing services.
- Inform the local community of the mental health services available in BNSSG.

4. Audience/insight

The table below shows the stakeholders and community organisations we can communicate with to encourage promotion of the BNSSG Mental Health and Wellbeing Strategy:

- Integrated Care Board
- Integrated Care System / Integrated Care Partnership Board
- Local authority safeguarding teams
- Health and Wellbeing Boards
- Directors of Public Health
- Directors of children and adult social care
- Locality Partnerships
- GPs/Primary Care
- System staff
- VCSEs and equalities groups including the mental health VCSE alliance
- Mental health stakeholders, particularly anyone that has contributed to the development of the strategy
- Media

5. Key messages

Below are the key messages for promotion:

- We want people across Bristol, North Somerset and South Gloucestershire to have the best mental health and wellbeing in supportive, inclusive and thriving communities.
- Our Integrated Care System Mental Health Strategy provides key priorities for people of all ages, encompassing the whole mental health spectrum, from those have good mental health and wellbeing to those who may require more support.
- The ICS Mental Health Strategy highlights six ambitions and their actions to support the improvement of mental health services in (BNSSG) – holistic care,

prevention and early help, quality treatment, sustainable system, advancing equalities and ensuring our services are a great place to work for staff. When we collaborate, we can support, improve, and transform our mental health services for our local communities with greater impact.

6. Implementation and channels

Video
A video highlighting the value of the strategy and some of the key points it contains. This provides improved accessibility as well as sharable content that can be disseminated across ICS partner websites. Interviewees should include someone with lived experience of using mental health services and ICS partners who have led on developing the strategy.

Social media
Coincide with mental health awareness days such as Mental Health Awareness Week in May and National Suicide Prevention Month (September), Mental Health and Suicide Prevention Month (NHS South West led in February 2024) and Children's Mental Health Week (5-11 February 2024).

The long version of the video can be edited to share information about the Strategy on social media channels.

Webpage
Creating a webpage on the Healthier Together website to house the Mental Health and Wellbeing Strategy which will include the strategy on a page, the full strategy, easy read and video. We are also looking into the possibility of a British Sign Language (BSL) interpreted video.

Other channels and activities that will be utilised include:

- Signposting from partner websites
- ICS newsletter
- ICS intranets
- Stakeholder update and email cascades, such as via the VCSE Alliance
- Internal all-staff briefings (e.g. ICB Have We Got News For You)
- Press release

7. Evaluation

- All ICS partners engaging with the social media content through Healthier Together's X channel.
- ICS partners embedding the video into their websites where appropriate.
- Impressions on social media content totalling to 5,000 (5% of the average impressions achieved in 6 months on this channel).

- ICS partners actively endorsing the strategy.
- Local pick-up from local media regarding the strategy.

8. Timeline and activity plan

Below is a table outlining the communications activities we are looking to undertake during the first quarter of 2024.

Timing	Activity
December	Final draft of the Mental Health & Wellbeing Strategy to be created following engagement period - Julia
January	Virtual circulation to MH LD&A HCIG - Julia Meeting with Children & Young People's HCIG - Julia Work commences to build a webpage on the Healthier Together website – Naomi Commission agency to create an easy read of the strategy – Astra Explore options for creation of a BSL video Sense checking and storyboarding video – Becky/Naomi Scoping PR potential - Naomi
February	ICB Board meeting for sign-off ICP Board meeting for sign-off Drafted content for internal communications to be signed off - Naomi Stakeholder update to be drafted and released – Julia (Becky/Naomi to support) Shooting/creating video – Naomi News item on Healthier Together website – Naomi
March	Dissemination of social media promotion and encouraging partners to engage. Using relevant awareness days to highlight this work – Naomi Work with ICS partners to embed the video on their websites for further promotion – Becky ICS newsletter inclusion – Naomi ICB internal briefing Have We Got News For You – Naomi (to co-ordinate) MP/councillor update – Becky

April	
May	

Healthier Together

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

Integrated Care Partnership Board

Agenda Item	9	Meeting Date	29.02.2024

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)* • 29th November 2023: Pledge introduced to ICP Board for feedback, questions and to request initial support • 6th December 2023: NHS England Health & Justice South West Framework of Integrated Care for Children & Young People event: awareness raising around the pledge & request for support • 8th December 2023: South West Public Health & Criminal Justice Network event: awareness raising around the pledge & request for support • Monthly Trauma Informed Policing Steering Group (Avon & Somerset Constabulary): supporting the identification of actions, Chief Constable agreement to sign, planned sign up date 5th March • 10th January 2024: VCSE Alliance: raising awareness around the pledge & request for support • 16th January 2024: Bristol North & West Locality Partnership: raising awareness around the pledge & request for support			

***Please delete this sentence and all wording in italics below.*

Healthier **Together**

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

Purpose:

Please provide a brief and concise summary of what you are seeking approval from Cabinet for in no more than 100 words - report for information, to approve, to implement, to delegate, to adopt, to accept, etc.

This presentation aims to:

- Support ICP Board members progress their response to the 'Trauma-informed BNSSG: A pledge for partners' including sharing the sign-up process, pledge briefing paper, progress so far, comms plan and example actions

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:

Please provide any key discussion points that you would like the Partnership Board to consider?
What are the decisions that the Partnership needs to take in relation to this item?

- The Trauma-Informed Systems Manager continues to raise awareness of the pledge across the system including an upcoming presentation slot at the Bristol One City Gathering in March
- Since presenting to the ICP Board in March, the Pledge now has a sign-up mechanism and a supporting briefing paper has been written to help those interested understand the context, rationale and ask
- We ask that ICP board formally sign the pledge and identify two actions for the coming year
- The ask of ICP board members is to consider committing to signing the pledge on behalf of their respective organisations
- The pledge work to be hosted on the Healthier Together website with ongoing support from ICB comms to raise awareness and celebrate progress as the work evolves

Trauma-Informed Bristol, North Somerset & South Gloucestershire:

A pledge for partners

This pledge represents an opportunity for organisations, strategic groups and boards serving the people and communities of Bristol, North Somerset and South Gloucestershire (BNSSG) to make an active commitment towards 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': Briefing Paper

1. What is the Pledge and who is it for?

The Pledge for Partners has been developed and co-produced by the Trauma-Informed Systems Programme. This programme is hosted by the BNSSG Integrated Care Board and aims to promote trauma-informed systems change across all sectors, professions and areas of work. The pledge represents an opportunity for organisations, strategic groups and boards serving the people and communities of BNSSG to make an active commitment towards embedding a trauma-informed approach across services and systems by asking for:

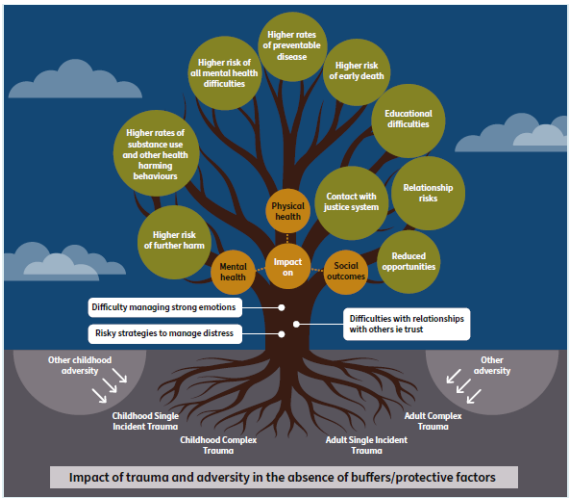
- Organisational and strategic leaders to sign the pledge
- Organisations and strategic boards and groups to identify two key actions that they will commit to over the next 12 months to progress their trauma-informed journeys

These two actions might describe work that you are already doing around trauma-informed practice which you are committing to continue, or that you are looking to develop over the next 12 months. Actions may vary across different parts of the system, depending on resource, capacity and how far along you are in your trauma-informed journey. Examples of actions include, but are not limited to: setting up an organisational trauma-informed steering group, reviewing policies through a trauma-informed lens, developing a trauma-informed practice action plan using the BNSSG Trauma-Informed Practice Framework, training line managers around recognising and responding to secondary and vicarious trauma among staff, building coproduction into ongoing work or identifying a trauma-informed champion.

This paper sets out some of the context and rationale behind the Pledge for Partners and describes why this work is relevant and important. We hope this paper will be useful to raise awareness, encourage commitment and to support thinking around how to respond.

2. Trauma, Adversity & Trauma-Informed Practice

"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being" (Office of Health Improvement and Disparities 2022).

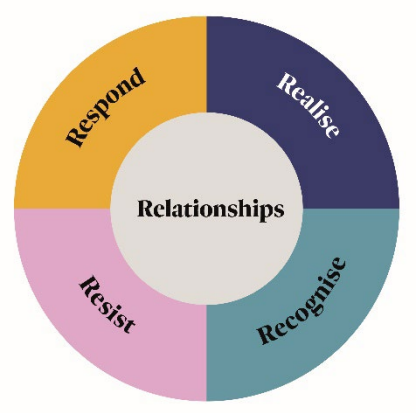


NHS Education for Scotland: The National Trauma Training Programme

Experiences of trauma and adversity can have a profound and wide-reaching impact on the lives of individuals, families, communities and the workforce and can influence interactions, how people interpret the world and their surroundings and how people access and engage with services. There is an interrelationship between experiences of trauma and adversity and inequality. Trauma and adversity are also linked to poorer health outcomes (including higher risk of developing chronic diseases and mental health issues) and an increased risk of adopting potentially health-harming behaviours (eg smoking and drug and alcohol use), struggling in school and involvement with the criminal justice system.

Trauma-Informed Practice is underpinned by six key principles: Safety, Trustworthiness and Transparency, Choice and Clarity, Empowerment and Inclusivity.

A programme, organisation or system that is trauma-informed realises the widespread impact of trauma & understands potential paths for recovery, recognises the signs & symptoms of trauma in the people that they serve & in their families, staff & others involved with the system, resists re-traumatisation and responds by fully integrating knowledge about trauma into policies, procedures & practices (SAMSHA 2014).



Trauma often occurs in the context of relationships, and traumatic events can impact not only the person affected but also their families and wider networks. Healthy relationships, a sense of belonging and a connection to others can be healing for people affected by trauma and are key to building a sense of psychological and emotional safety and to promoting recovery.

- **Benefits of trauma-informed practice:** There is a growing evidence base that demonstrates a range of tangible benefits for organisations developing trauma-informed ways of working. These positively impact both individuals within an organisation (including improved employee mental health and well-being, psychological safety, increased productivity and performance and improved staff retention rates) and improve accessibility, experience, engagement and outcomes.

- **Trauma-informed leaders:** Best practice and evidence base has shown that to successfully embed trauma-informed practice within our services and systems the support and commitment of strategic leaders is vital. Trauma-informed organisational and systems change is most effective when those in positions of leadership have shown willingness to model trauma-informed ways of working and used their influence to encourage others around a collective action to do the same.

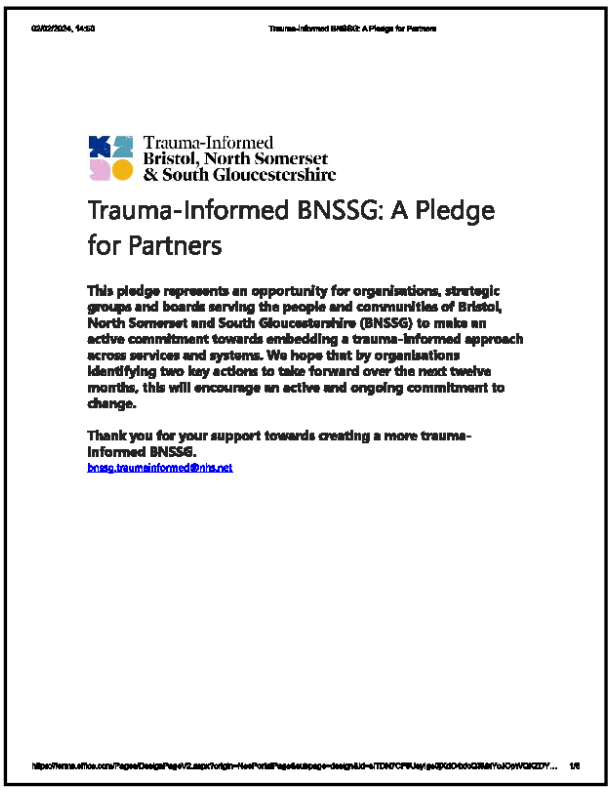
3. Next steps

We are developing an offer of support to trauma champions who are identified by organisations, strategic groups and boards through their commitment to this pledge. This offer will include an invitation for champions to attend a Community of Practice, focused on implementing a trauma-informed approach.

We are in the process of creating an online space for the Trauma-Informed Systems Programme, hosted by the Healthier Together website. We hope to use this website to celebrate the growing commitment to the pledge and those who have signed up and identified their key action areas. We hope that in doing so, this will motivate and encourage others and will highlight our progress and achievements around becoming more trauma informed as a system. The pledge was presented to the Integrated Care Partnership Board in November 2023 and with the support of the Integrated Care Board Communications Team, we can launch the pledge and our progress so far.

See **Appendix 1** for Trauma-Informed BNSSG: A Pledge for Partners. Please double click on the embedded document to open and sign the document. If you have any queries or you would like to find out more about how to get involved, please contact bnnsg.traumainformed@nhs.net

Appendix 1: Trauma-Informed BNSSG: A Pledge for Partners.



02/02/2024, 14:53 Trauma-Informed BNSSG: A Pledge for Partners

Trauma-Informed
Bristol, North Somerset
& South Gloucestershire

Trauma-Informed BNSSG: A Pledge for Partners

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

Thank you for your support towards creating a more trauma-informed BNSSG.
bnssg.traumainformed@nhs.net

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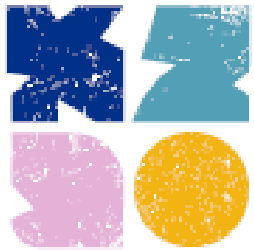
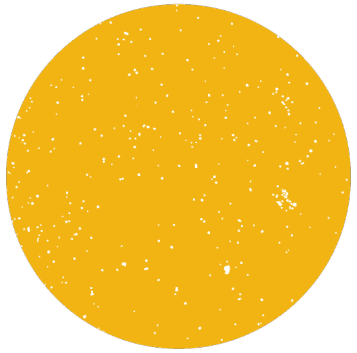
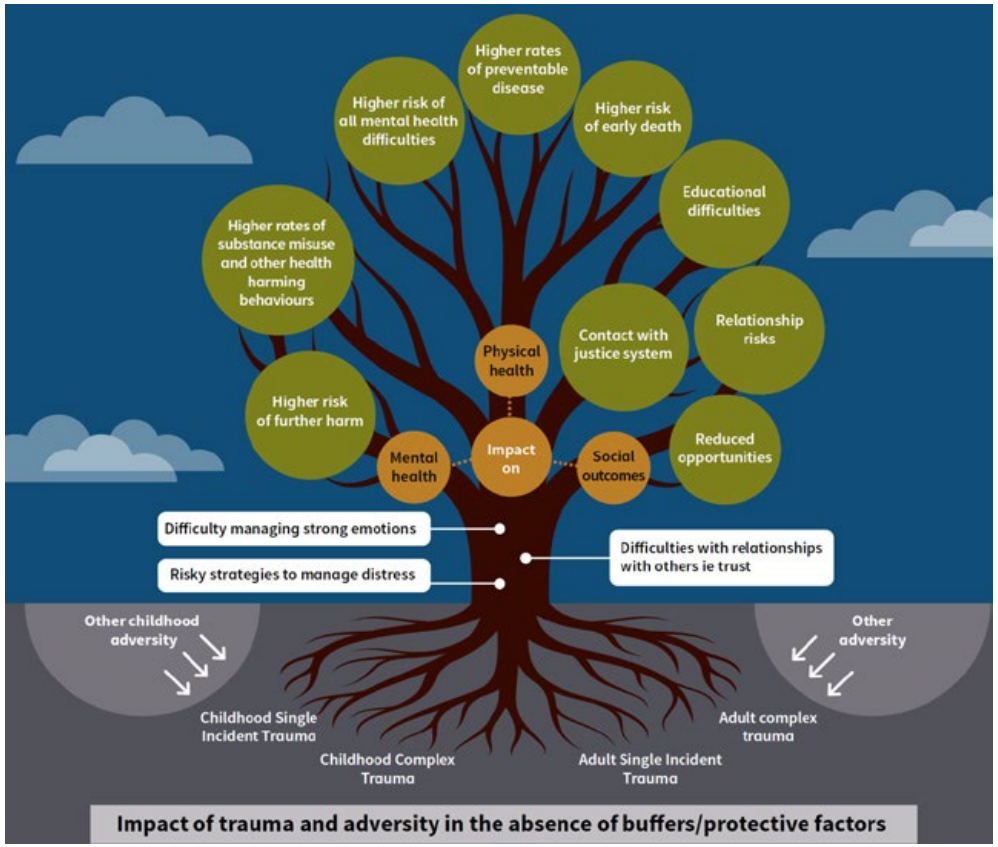


Trauma Informed
Bristol, North Somerset & South Gloucestershire



Trauma & Adversity



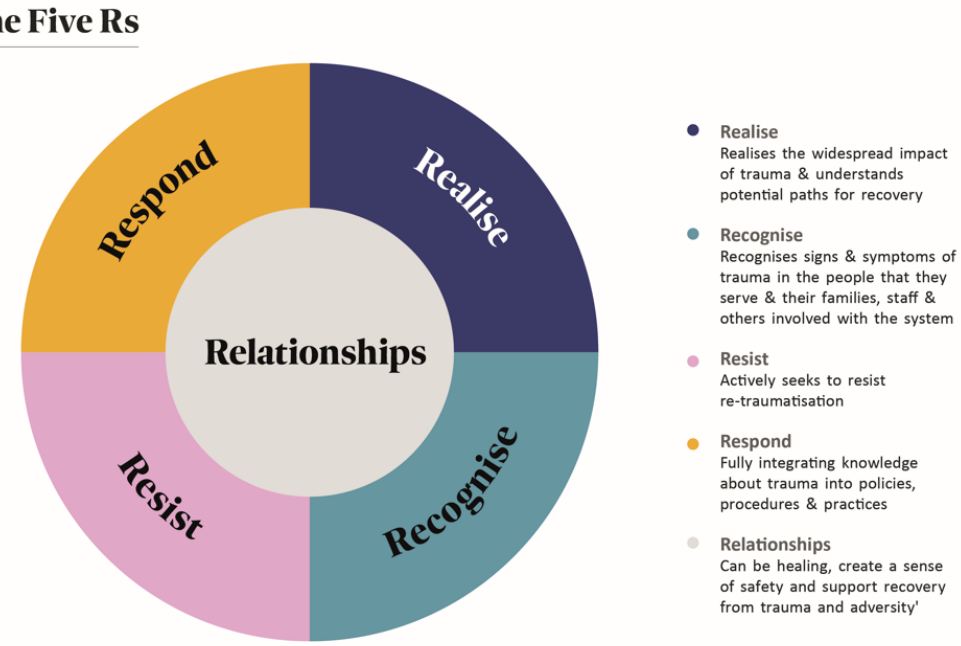
NHS Education for Scotland: the National Trauma Training Programme

"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being."

Office for Health Improvement & Disparities,
Working definition of trauma-informed practice 2022

Trauma-Informed Practice

The BNSSG Model & Principles



Key Work Areas

1. **The BNSSG Trauma-Informed Practice Framework:** Creating a share language and approach

2. ‘Trauma-informed practice in action’ focused areas

3. **The Pledge:** Building strategic commitment and support

‘Trauma-informed BNSSG: A pledge for partners’

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
2. We recognise that some individuals and groups are disproportionally affected by trauma and adversity
3. We acknowledge that our organisations are made up of individuals who may have experienced trauma and adversity in their lives
4. We will develop and promote a shared approach across the system
5. We recognise that embedding a trauma-informed approach is an ongoing journey that requires long-term commitment
6. We will support and promote an inclusive approach
7. We recognise the importance of evaluation and measuring impact.
8. We will communicate and actively promote the importance of trauma-informed practice

- **Who is the pledge for?** Organisational leads, strategic groups and boards serving the people and communities of BNSSG

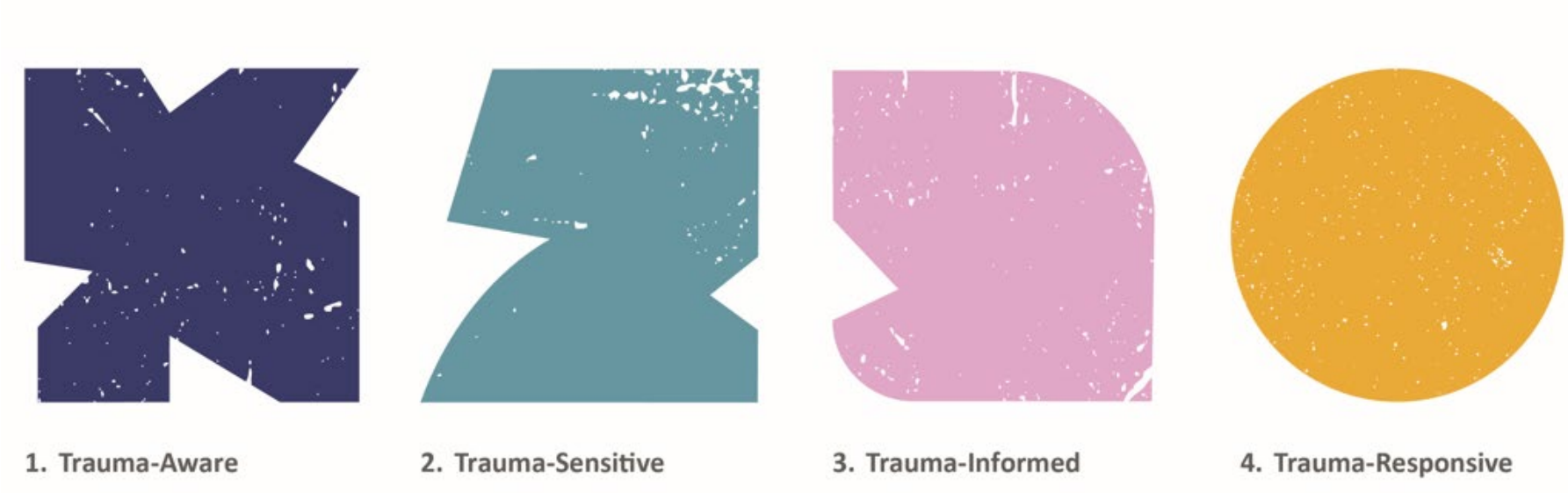
- **What is the ask?** to make an active commitment towards embedding a trauma-informed approach across services and systems

- **Next Steps**

1. Organisational and strategic leaders to sign the pledge
2. Organisations and strategic boards and groups to identify two key actions that they will commit to over the next 12 months to progress their trauma-informed journeys

Action Planning

	Examples of Trauma-Informed Ways of Working
Trauma-Informed Organisations	Policies, procedures, strategy and development plans are regularly reviewed through a trauma-informed lens A broad definition of trauma and adversity is adopted including a recognition of secondary and vicarious trauma within the workforce and the impact of the social, political and cultural contexts within which these experiences take place An active commitment to reducing inequalities Workforce wellbeing is an ongoing priority and staff impacted by trauma and adversity are recognised and supported Reflective, trauma-informed line management supervision is provided to staff on a regular basis Staff have an awareness of trauma & adversity and its prevalence and able to recognise when people are affected by trauma People with lived experience are included in the development of an organisational trauma-informed approach (which may include individuals, families, carers and communities) A trauma 'lead' or 'champion' is identified, often with the support of a dedicated steering or working group, to implement an organisational trauma-informed practice action plan
A Trauma-Informed System	A trauma-informed approach is being built into partnership working and relationships with communities, other organisations and parts of the system Continuity of care and joined-up working is prioritised, to minimise the risk of people being re-traumatised through having to 'retell' their stories Working in partnership, in an integrated way, adopting a shared language and approach around implementing trauma-informed practice There is a shared understanding, language and commitment around trauma-informed practice among all parts of the system



- Local networks & Trauma Champions Community of Practice
- Regional and national links
- Resource library & webpage
- Training offer and establishing the role of system leaders

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NHS England South West

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board

AVON & SOMERSET POLICE & CRIME COMMISSIONER

Bristol Health Partners