

BNSSG ICB Board Meeting

Date: 5th September 2024

Time: 15:30 – 17:00

Location: Bristol Citadel Community Church and Family Centre, 6 Ashley Road, St Paul's, Bristol BS6 5NL

Agenda Number:	6.4
Title:	Six Monthly Update on Health and Care Improvement Groups (HCIGs)
Purpose: For Information	
Key Points for Discussion:	
To provide an overview of the work of the four Health and Care Improvement Groups along with a revised highlight report to simplify reporting and aid clarity. New highlight report covers three areas- advice, assurance and alert, which will support escalation reporting to System Executive Group.	
Recommendations:	To discuss and note the update in relation to the Health and Care Improvement Groups.
Previously Considered By and feedback :	Highlight reports to be shared with System Executive Group .
Management of Declared Interest:	There are no potential or actual Conflicts of Interest.
Risk and Assurance:	Risks are included in the HCIG meetings and risk registers for each Operational Delivery Group (ODG) are reviewed routinely with reporting into HCIGs.
Financial / Resource Implications:	This update report does not address issues related to finance. The update contains information regarding Health and Care Improvement Groups which as part of the governance structure make recommendations in relation to finance .
Legal, Policy and Regulatory Requirements:	N/A

How does this reduce Health Inequalities:	This update report does not address issues related to Health Inequalities directly, however addressing Health Inequalities is a key remit of the HCIGs
How does this impact on Equality & diversity	The report does not address issues related to equality and diversity. The update contains information regarding Health and Care Improvement Groups which as part of the governance structure discuss issues relating to equality and diversity.
Patient and Public Involvement:	The report does not address issues related to patient and public involvement. The update contains information regarding Health and Care Improvement Groups for whom patient and public involvement is key in the development of services for the population of BNSSG .
Communications and Engagement:	The report does not address issues related to communications and engagement . The Health and Care Improvement Groups have input from communication and engagement teams to ensure a robust communications approach.
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Sponsoring Director / Clinical Lead / Lay Member:	David Jarrett, Chief Delivery Officer

Agenda item: 6.4

Report title: Six Monthly Update on Health and Care Improvement Groups (HCIGs)

1. Background

HCIGs were formed as part of the new ICB and ICS governance framework in December 2022. Each HCIG has formed at a different pace and along with the support infrastructure in relation to Operational Delivery Groups (ODGs) but all are now functional and clear on responsibilities and remit.

2. Summary of workstreams over the past 6 months to date within each HCIG

- **Improving the lives of our Children HCIG**

The Children's HCIG has commenced, developed and started to deliver a transformational approach to neurodiversity, completing the discovery phase, engaging with stakeholders and parent carer forums, designing an interim model to maximise resources in the short term whilst system transformation is underway.

A system action plan is in development to improve health and development outcomes for early years children and also scoping is underway in relation to challenges faced by children and young people with highly escalated psychosocial and emotional needs.

- **Improving the lives of people in our Community HCIG**

The Communities HCIG has a very broad remit including preventative, holistic community services, the community part of urgent care, development of discharge to assess (D2A) pathways including a home first approach, development of locality partnerships as well as primary care general practice, community pharmacy, optometry and dental. These workstreams are focussed on integrated community services, as well as maximising flow in the system and improving access for our population. Due to the breadth of the remit of this HCIG, time has been spent in developing the supporting infrastructure to maximise effectiveness of the HCIG. ODGs have been set up for Discharge to Assess (D2A), community urgent care, integrated care at home, community collaboration and Locality Partnership collaborative. Primary care is overseen by the Primary Care Operational Group. The performance element of these key workstreams will now report into the Performance and Recovery Board. The HCIG is overseeing the allocation of proactive care funds.

- **Improving the lives of people with Mental Health and Learning Disability and Autism (MHLDA) HCIG**

Key workstreams have included developing and signing off the inpatient quality transformation programme, review of and redesign of psychological provision, roll out of personalised care to replace the Care Programme Approach, developing an action plan to

deliver the mental health strategy ambitions with clear monitoring, review of acute and crisis pathways to support increased flow and reduction in clinically ready for discharge, developing a proposal to improve young peoples mental health transitions and supporting discussions on how the system will undertake a re-procurement of the VCSE contract to create more equitable and effective integrated provision. The business case for housing and accommodation for mental health units has been signed off with work now starting on a pilot in Bristol.

LDA workstreams include supporting people to move into their communities and thrive, best start in life for children and young people, improving healthcare, ADHD progress within AWP and development of LDA approaches, strategy and culture within acute trusts. The ADHD adult pilot is progressing and live with 7 GP practices and work is now commencing on the LDA new unit including culture and approach to a new care model. The strategy work following the away day in June is progressing. The HCIG will ensure that workstreams which share commonalities e.g. housing and accommodation, inpatient quality transformations which applies to LDA and mental health are brought together across the MHLDA programme.

- **Improving outcomes through efficient and effective hospitals HCIG**

This HCIG is supported with established ODGs and clarity has now been sought in relation to the focus of this group along with the development of performance management governance within the health system in relation to the Performance Recovery Board and Performance Escalation Meeting (PEM). The HCIG has been effective in supporting and signing off the operational planning requirements and will now focus on medium to longer term transformation projects including service strategies, Healthy Weston and impact of specialised commissioning services into the system. This HCIG with a greater strategic focus will meet quarterly unless required to meet to support operational planning deadlines.

3. Risks

Each HCIG has its own risk register supported through the operational delivery groups. Risks have been escalated to SEG for awareness and these have included over the past 6 months (old to new):

- Increase in serious youth violence incidents in Bristol
- Funding to support non-recurrently funded children's services or where prevention services require additional funds
- Requirement of funds to continue needs led neurodiversity projects
- D2A improvements and impact on number of beds in the system requiring additional funding
- Dental access
- System governance gap on long terms condition oversight
- Developing new models of care in relation to D2A and delivery the required number of beds by end of 2024
- Risk of waiting lists continuing to grow for children's ASD and ADHD referrals with a risk of harm due to likelihood of unmet need
- Following the neuro-profiling element of the pilot which identifies a child's support needs there is a risk that existing support services may not have sufficient capacity to provide timely support

- Funding the for the neurodiversity pilot is non recurrent .
- GP collective action and impact on system

4. New highlight report

The new highlight reports for each HCIG are attached within the appendix.

Key areas to note for the August highlight report include:

Advise

- SEG to advise on Core20Plus5 identification of key groups to support the mental health strategy ambition on advance equalities.
- Awareness of the review that is taking place on intensive and assertive community mental health care review of which the outcomes will need to be reported and discussed at ICB Board.

Assure

- To note the children's leadership summit, children in care improvement plan, community waiting list drive to improve performance.
- Acute work on clarifying roles and responsibilities of the HCIG, elective strategy formulation and signing off the Healthy Weston phase 2 business case.
- D2A investment review to prepare for 2025/26 budget and business as usual management within the ICS of this programme and update on dental workstream.

Alert

- There are no alerts in August.

5. Recommendations

The Board is asked to note the on-going progress and key areas of development of the Health and Care Improvement Groups .

Appendices

 [H&CIG Report - August 2024.pptx](#)

Acute Health & Care Improvement Group – August Report

1. Advise. Is there anything that needs unblocking / that SEG could advise on?

- Nothing from an elective, urgent care or maternity perspective.

2. Assure. What has been delivered by the HCIG? What are the key upcoming deliverables?

- Assurance offered regards the progress of the reset of purpose, role and responsibilities of the Acute HCIG, the development of the relationship between the Acute HCIG and PEM and the upward linkage to Performance Recovery Board and SEG.
- Assurance offered that the Elective Strategy deliverable remains ongoing. Overarching oversight for the strategy was agreed to sit with the Acute HCIG, with contributions from various partners and groups. Next Steps: Define the strategy, set clear timelines, and align immediate decisions with long-term goals; Engagement with other relevant groups for broader input and alignment; Define the planning horizon and key milestones for the strategy; work with the 2040 strategy team to ensure alignment and joint working where appropriate and work with NHSE Spec Comm team will commence in September.
- The Acute HCIG was presented with the Business Case Justification (BCJ) and plans to deliver Healthy Weston 2 Phase 2 inpatient medical care and specialist centre for the elderly ambitions. Approval in principle was granted, recognising the need for further detailed planning and alignment with broader system strategies.

3. Alert. Are there any risks for escalation to SEG?

Risk	Reason for Escalation	Risk Lead (Exec)	Current Risk Score <i>(Likelihood x Impact)</i>
Nothing currently			

Date of last meeting: 15 July 2024

Children's Health & Care Improvement Group – August Report

1. Advise. Is there anything that needs unblocking / that SEG could advise on?

- Nothing from a Children's perspective.

2. Assure. What has been delivered by the HCIG? What are the key upcoming deliverables?

- Updated on the recent Children's leadership summit and assurance provided on next steps including taking an update to ICB board in September, commitment to co-production and agreement from system colleagues to stand up a working group to develop a firm plan for moving this forward.
- Assurance offered that the improvement work for Children in Care services is on plan and being developed with system colleagues. Some improvements have been made to children seen within required timeframes. Next steps: Develop formal improvement plan with clear targets which will be shared at ODG and HCIG for further assurance.
- Assurance offered around community waiting lists and work across services to drive the overall performance improvement required including those children with health inequalities. Ongoing work required with Sirona and a recovery plan has been developed and submitted to NHSE. The discussion will also return to HCIG to continue the system conversation about what can be collectively undertaken to reduce the very long waits in the system.

3. Alert. Are there any risks for escalation to SEG?

Risk	Reason for Escalation	Risk Lead (Exec)	Current Risk Score <i>(Likelihood x Impact)</i>
Nothing from a Children's perspective.			

Date of last meeting: 15 August 2024

Community Health & Care Improvement Group – August Report

1. Advise. Is there anything that needs unblocking / that SEG could advise on?

- Nothing from a community perspective

2. Assure. What has been delivered by the HCIG? What are the key upcoming deliverables?

- D2A return on investment review due at HCIG early October for 25/26 recurrent budget plans, alongside refresh of vision statement and associated outcome recording, in preparation for transition to BAU management under ICS governance
- Primary Care: Dental:
 - All underperforming practices invited to contract meetings and meetings commenced (key focus rebasing contracts, debt recovery and requests for support)
 - Minimum UDA rate uplifted from national £28 to £30 (as agreed by PCOG & FED)
 - Enhanced rates offered as part of incentive scheme to increase UDA delivery
 - Expression of interest sent to all well performing providers regarding exceeding 100% of contract
 - Draft strategy being finalised following further engagement
 - New practice opened in Winterbourne
 - Children in care service commenced
- Locality Partnerships Collaborative – this ODG has met twice in August and the focus has been on reviewing the Theory of Change business cases templates relating to Proactive Care Funding which are being received by the HCIG on 11 September. The LP Collaborative is also supportive of the Review of the Role of LPs in the system and will engage with this review in September.

3. Alert. Are there any risks for escalation to SEG?

Risk	Reason for Escalation	Risk Lead (Exec)	Current Risk Score <i>(Likelihood x Impact)</i>

Date of last meeting: 10 July 2024

Mental Health, LD & Autism Health & Care Improvement Group – August Report

1. Advise. Is there anything that needs unblocking / that SEG could advise on?

- **Core20PLUS5** approach to reducing health inequalities for adults – PLUS population groups need to be identified at local level – to inform the Advancing Equalities ambition and action workstream in our Mental Health Strategy. We will be discussing at MHLDA HCIG in September but *would welcome SEG input*.
- **NHSE Intensive and Assertive Community Mental Health Care Review due 30 Sep**: Review into whether our local community mental health services provide evidence-based care and treatment which enables people who experience psychosis to recover and manage ongoing symptoms. And whether, where paranoia is present, where the impact of symptoms means the person has a lack of understanding or acceptance of their condition (and the importance of treatment compliance to avoid relapse), and where there is a risk of harm to others due to relapse, that our community mental health services have provision in place to provide intensive and assertive outreach to this cohort to ensure they are supported to engage in treatment to manage these risks. *Raising for SEG awareness; will report outcomes of review into ICB Board.*
- Loss of capacity in LDA workstream but work continuing on strategy creation including benefits realisation.

2. Assure. What has been delivered by the HCIG? What are the key upcoming deliverables?

- Please see summary of deliverables in the attached Board Report setting out key workstreams for MH.
- LDA

3. Alert. Are there any risks for escalation to SEG?

Risk	Reason for Escalation	Risk Lead (Exec)	Current Risk Score <i>(Likelihood x Impact)</i>