Healthier Together – Sponsoring Board
Date: Thursday 02 August 2018, 08:30 – 11:30
Venue: South Gloucestershire Council, Badminton Road, Yate

Final Minutes

Present:	Name	Initials	Job title
	Helen Bailey	HB	Chief Executive, North Somerset Council
	Sara Blackmore	SB	Director of Public Health for South Gloucestershire
	Judith Brown	JB	Chief Executive, North Somerset Community Partnership
	Terry Dafter (Deputising for Mike Jackson)	TD	Interim Director of Adult Social Care, Bristol City Council
	Amanda Deeks	AD	Chief Executive, South Gloucestershire Council
	Eric Gatling (Deputising for Andrea Young)	EG	Director of Programme Management, North Bristol Trust
	Eileen Jacques	EJ	Chief Officer, Healthwatch
	Sarah James (Deputising for Jenny Winslade)	SJ	Deputy Director of Nursing and Quality, South Western Ambulance Service NHS Foundation Trust
	Martin Jones	MJo	Medical Director, BNSSG CCG
	Ron Kerr	RK	Healthier Together Independent Chair
	Rachel Pearce	RP	Director of Commissioning Operations, NHSE South West
	Julia Ross	JRos	Chief Executive, BNSSG CCG
	Janet Rowse	JRow	Chief Executive, Sirona
	Ruth Taylor	RT	Chief Executive, One Care BNSSG Ltd
	Sarah Truelove	ST	Deputy Chief Executive and Chief Finance Officer, BNSSG CCG
	Phil Walmsley (Deputising for James Rimmer)	PW	Director of Operations
In attendance:			
	Paula Clarke	PC	Director of Strategy & Transformation, University Hospitals Bristol NHS Foundation Trust
	Deborah El-Sayed	DE-S	Director of Transformation, BNSSG CCG
	Alison Ford	AF	Head of Children & Maternity, BNSSG CCG
	Eric Gatling	EG	Director of Programme Management, North Bristol Trust
	Linda Gorton	LG	Portfolio Administrator, Healthier

			Together
	Emma Grzyb-yung	EGr	Midwife, University Hospitals Bristol NHS Foundation Trust
	Richard Lyle	RL	Associate Director of Service Redesign, BNSSG CCG
	Laura Nicholas	LN	Programme Director, Healthier Together
	Justine Rawlings	JRaw	Area Director Bristol, BNSSG CCG
	Gemma Self	GS	Head of Transformation, Healthier Together
	Heather Toyne	HT	Workforce Transformation Programme Manager, Healthier Together
Apologies:			
	Julia Clarke	JC	Chief Executive, Bristol Community Health (BCH)
	Morgan Daley	MD	Healthwatch
	Mike Jackson	MJa	Executive Director to Resources - Head of Paid Service, Bristol City Council
	Mark Pietroni	MP	Director of Public Health for South Gloucestershire
	Hayley Richards	HR	Chief Executive AWP
	James Rimmer	JRi	Chief Executive, Weston Area Health NHS Trust
	Jenny Winslade	JW	Executive Director of Nursing and Governance, SWAST
	Robert Woolley	RW	Chief Executive, University Hospitals Bristol NHS Foundation Trust
	Andrea Young	AY	Chief Executive, North Bristol Trust

Item	Topic	Action
1	**Minutes and Actions from the previous meeting** **1.1 Apologies for Absence** Apologies for absence were recorded through the chair **1.2 Approval of minutes from the meeting held on 31 May 2018** The minutes of the meeting held on 31 May 2018 were approved and agreed as an accurate record of the meeting, with no further amendments. **1.3 Review of Action Log** The Action Log was noted as updated with a number of items marked to be closed (as per the circulated paper). No additional updates were noted.	

2.	**Healthier Together Programme Mandates – presentation from each priority area on 12 month action plans following the conference**	

Individual presentations were given on each of the priority programme areas, outlining the vision, scope, objectives and planned deliverables.

The collated pack of slides has been separately circulated to all members of the Sponsoring Board and attendees on the day.

Additional comments and observations were as noted below:

General Practice Resilience and Transformation
Presented by Ruth Taylor, Jenny Bowker and Martin Jones

Key points raised during the presentation:
- Ongoing work needed to be confident in the governance structure around General Practice; there are a number of different projects and funding streams within the scope of this programme
- Particularly noted the requirement to work in partnership with other workstreams, especially Digital, Workforce and Mental Health
- The need to create a cohesive programme with big change agenda focusing on Primary Care at scale rather than many disparate initiatives.
- Will aim to capitalise on the intensive work currently being undertaken in Weston
- See role as getting practices to the place that they can be resilient

Comments from the Board:
A priority interconnection is to unlock the data that we currently hold and using 'real time' data is a huge opportunity.

The deliberative research will help to shape the programme and will supplement wider public engagement with the public and groups such as Healthwatch.

There was a question about how deeply practices are aware of this – there are varying degrees of awareness and the programme plans to engage with practices over the coming months.

It was noted that although there isn't presently a defined Children's programme, there may be an opportunity to bring one in at some stage in the future.

Integrated Community Localities
Presented by Julia Ross and Justine Rawlings

The purpose of this programme is to create a system of care in the community enabling people to remain healthy, well and independent in

their communities. This is exemplified by the vision of moving away from talking about 'out of hospital care' and towards hospital being 'out of community care'.

Critical element is that GPs will lead localities and take responsibility for community-based care delivery.

The intention is for a collaborative approach to locality design and a number of collaborative events are being developed. Helen Bevan's Horizons team are supporting these.

A significant element is a whole-system population dataset and population segmentation.

Comments from the Board:
The involvement of Local Authorities in this programme is critical as it will test the thinking around integrated care. There is an opportunity to define the community assets within each locality, such as the voluntary sector, sport and recreation, supported living, services for people living with learning disabilities etc.

There is also a question around support and leadership development for GP's. The Provider Alliance will be addressing these issues but it's still early days. It was noted that the SW Leadership Academy has funding available to support the organisation development required and there is an intention to bid for these funds.

Judith Brown mentioned that the phrase 'your own bed is the best bed' has been previously used and this is still relevant to this vision.

This provides an opportunity for the Local Authorities to challenge the working across their own silos – unemployment, housing problems, mental health and drug issues all interrelate and impact on the health and wellbeing of individuals.

There was a question about the pace of the programme and how it would be scaled. As it is emergent the pace is being owned by the localities and their GP leaders, and this will define the phasing.

Helen Bailey noted that the evidence suggests that working practices are changed by enabling teams to learn together and come to a shared perception of risk.

Social Prescribing will be a core component of this programme.

There is an opportunity to work in partnership with the Acute Care Collaboration programme to enable them to see which elements of this shift they can take responsibility for.

Acute Care Collaboration Programme
Presented by Paula Clarke

The ACC programme group is still in early stages of articulating their

vision and gaining shared ownership. From this, it can then move to identifying actual practicalities.

Recognition that there are several interdependencies and they need to play into the wider integration and prevention agenda.

Specialist services need to be developed in partnership with DGH services as these provide a USP to attract clinicians to the area.

It was agreed that the ACC Programme must be fully supported, and enabled to develop the pace required to bring in real system change for critical areas such as stroke and cancer.

This is very much a new programme and there's still a long way to go with difficult decisions to be made, but all are committed to making this one of the priority workstreams.

The initial step is the development of a data-set strategy to articulate specialty-level opportunities and therefore define the work programme.

Comments from the Board:

We also need to be planning for 5 years' time to ensure new developments will not overtake us (for example genomics, AI etc).

Clinical involvement is essential. For public involvement there is an opportunity to build this into discussions around the wider vision.

Weston could be more clearly articulated as a starting point and Healthy Weston within the programme plan.

Stroke is a priority and needs pace.

Opportunity to think from the perspective of, "if there was a blank sheet of paper, how would we design this"

Currently diagnostics are not referenced in the plan – however there is an opportunity to hold this more broadly across settings of care

Opportunity to consider mental health and acute mental health care – Rachel Clark and Paula Clarke to discuss

There need to be support arrangements in place around the organisational development, clinical involvement and cultural change to ensure that this is successful

The programme needs to think in terms of population segment (and their typical needs) and move away from focussing on clinical condition

Urgent Care Strategy
Presented by Deborah El-Sayed
This strategy is still 'percolating' through the system, with four key themes as set out in the presentation.

A core element is the awareness of the experiences people currently have when entering urgent care, (via the main routes of A&E, 999 and 111), and how we can introduce different ways of working and thinking about accessing help.

This also needs to be embedded right across the workforce, starting with fully supportive leadership teams. We are aiming for senior nurses and clinicians involved in delivery

There has already been significant clinical as well as public engagement to create this strategy. There is also acknowledgement that, as with other programmes, there will be shared interests in projects and the connectivity between them.

Feedback from the Board
It was noted that there was an overlap on e-consultations between Urgent Care, General Practice and Digital programme plans. Ownership of this needs to be defined outside of the Board.

Prevention Programme
Presented by Sara Blackmore
The programme has focussed on 5 key areas, and plans for these will be produced by September 2018 by established subgroups.

Sara particularly wanted to discuss and clarify the Board's view of the role of Health and Wellbeing Boards in the delivery of the STP.

Feedback from the Board

Comments that there was concern that the delivery plan was quite medically focused and not considering the social determinants of health and general wellbeing, when we know that there is opportunity to have an impact by addressing these. This is particularly relevant in considering the mental health element of the programme. The range of social and health related factors that can impact on a person's health needs to be thought about in the wider context.

There is an opportunity for the interactions between a broad variety of health and local authority individuals to capture information on wellbeing and make small interventions to reduce risk factors. Training is vital to ensure people are asking the right questions and also how to actually follow up on answers given.

A question was raised around the Making Every Contact Count programme (led by LWAB), and whether we have evaluated its impact. HT confirmed that it has been evaluated and is continuing to be rolled out across BNSSG.

We need to build 'wellbeing' into this model, and turn it from a medical to a community focussed one. South Gloucestershire already have a number of integrated care initiatives and are happy to share their experiences with other local authorities.

It was also noted that there are other levers that we could maximise, such as the Tobacco and Alcohol CQUIN.

Regarding health and wellbeing boards – currently each local authority runs their HWB's quite differently and there could be an opportunity to shift towards a joint model of delivery, such as the Joint HOSC. However, there is acknowledgement of the complexities of this. Local Authority leaders will take this away and discuss with JRos.

Mental Health
Presented by Richard Lyle
There has been a huge shift in how people view mental health, and people in general have a much fuller awareness of it. The approach needs to be 'holistic person centred' and our workforce needs to be enabled and trained to deliver this.

There are already lots of initiatives, which we can bring together better, however with increasingly complex presentations there is a need to fundamentally shift how we approach the delivery of Mental Health care.

As such, the primary focus on this programme is the delivery of a Mental Health Strategy, designed and delivered in partnership.

Feedback from the Board
We know high intensity users of multiple services have poor outcomes. There is enormous potential to make real improvements by working across health and social care with this programme, particularly considering sharing budgets etc. – there is so much common interest and potential for innovation to make a real impact. Request to deliver in partnership with Local Authorities.

JRos noted that we don't currently have a strategy, and wants to see a properly co-produced strategy rooted in vision that is completely different and operates for everyone; one that answers the questions "what is our primary outcome? What do we actually want to achieve?" and with a fully integrated agenda.

It was agreed that the strategy needs to have a big sense of ambition around integration and this programme has the strongest potential to deliver as an STP. Therefore, we need to put significant resource behind it.

Also highlighted the need for a senior leader from the local authority – TD offered to input, however he will confer with other local authority colleagues.

Also noted that we need to agree a shared definition of this population cohort for clarity.

Digital Transformation
Presented by Deborah El-Sayed

The main message is that delivery is already happening across BNSSG (for example there was a 'soft' launch of 111 online this week). The Digital Board have held their first meeting and as part of their Terms of Reference, agreed as a group their authority to make collective decisions on behalf of the wider system.

There are a number of different funding pots available and the South West is being lined up for the next LAHCRE bids.

There are 90 digital projects with resourcing spread across the system.

Comments from the Board
Recognition of the need to collaborate with this and particularly that it is essential for integrated care

Maternity Transformation
Presented by Emma Grzyb-Yung and Alison Ford
Digital is a priority area for maternity, reducing the amount of duplication and time spent on collecting basic details (for example enabling patients to hold their details via their smartphones instead of in paper based records) enabling more quality time spent with midwives and health workers.

There is also the national agenda to be delivered, focused on maintaining continuity of care (e.g. having the same midwife throughout the pregnancy) and staff are currently being consulted on different working models. Two different models are then being piloted, with continuous change managed through PDSA cycles

A digital paper is being presented to the STP in September (via the Acute Care Collaboration Steering Group) to set out the high level specification, and the programme will move from planning to delivery over the next 6 months.

The programme is well resourced particularly with clinical leadership

Comments from the Board
Identified as one of the most developed programmes and therefore assurance that it will be delivered. Recognition that resourcing of the programme is valued and supports pace of delivery.

There is an opportunity to think about Children and Maternity in partnership and this might be a future programme area.

Workforce Strategy
Presented by Heather Toyne
Workforce runs through all the programmes and workstreams. The programme particularly focuses system-level changes including shared training and with initiatives such as the recruitment passport. It is also acknowledged that there are huge recruitment issues to be addressed, so the aim must be to create workplaces that will attract people to want to join and stay working within the system.

	Comments from the Board A question was raised about how we engage with community pharmacies as their teams are core to frontline community services. HT confirmed that they are involved and fully engaged with the workforce strategy.	
3.	**Regular report for Partner Boards** The Sponsoring Board agreed to share the report with their own organisational Boards. It was also acknowledged that conversations need to be held at organisational level to ensure that the STP communications are fully shared and understood in order to ensure support for the STP programme of work.	
4.	**Healthier Together Workforce strategy** This paper was presented to the Sponsoring Board for agreement, following further engagement with Local Authority representatives. The Board noted their approval with the revisions made and acknowledged the input from the LA's and the strategy was duly signed off.	
5.	**Capital Bids – final submission** This paper was presented for information and update, having been previously discussed at the 27 June Executive Group meeting. No further agreement is required.	
6.	**19/20 Approach to planning** This paper was presented for information only, no further agreement is required.	
6.	**Any Other Business** No additional items of business were raised.	

Date of next meeting:

Monday 24 September 2.30 – 5.30pm

Lord Mayor's reception room, 1st floor, City Hall, College Green, Bristol BS1 5TR