

Appendix 2 - BNSSG Stroke Programme Governance and Structure

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1. BNSSG Stroke Programme Governance and Structure

Healthier Together is the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System (formerly known as a Sustainability and Transformation Partnership).

Ten local health and care organisations sit on the Healthier Together board. The partnership goes beyond just these organisations and incorporates the views of the public, patients, staff and voluntary sector form a significant role in shaping the future of the local health and care services across BNSSG.

Figure 1 shows the Healthier Together vision for more joined up care and the journey undertaken to achieve a more integrated approach to care. Healthier Together is focusing on six areas of change: integrated community localities; networked general hospital care; a regional centre of excellence for specialised services; ensuring best value to deliver clinically and financially sustainable services; enabling staff to deliver exceptional care every day; digitally enabled care and intelligent use of data to inform decision making.

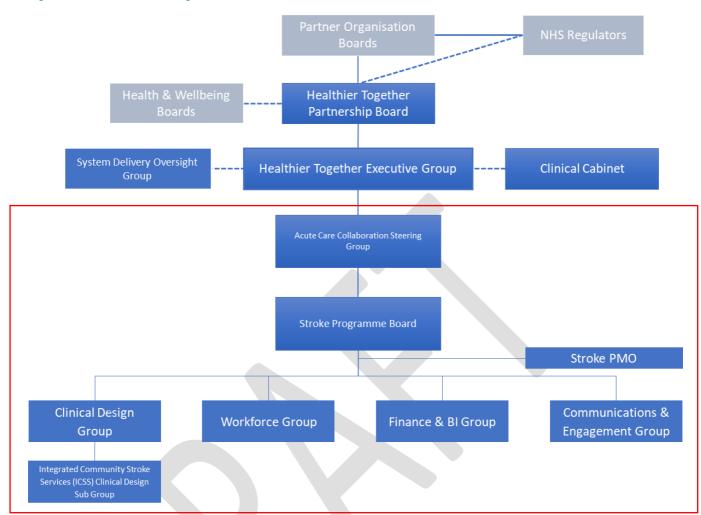


Figure 1 - Healthier Together strategic vision for an integrated care system

The BNSSG Stroke Programme is led by BNSSG CCG on behalf of Healthier Together, the local ICS. A diagram setting out the HT governance, combined with the programme structure is shown in **Error! Reference source not found.**2.



Figure 2 - BNSSG Stroke Programme Governance Structure





2 Programme Governance

The BNSSG Stroke Programme sits under the Healthier Together Integrated Care System, comprised of commissioning organisations and health and social care delivery partners, so there is whole-system ownership of the process used to develop the proposals, and all risks relating to the proposals are shared.

The assurance and governance requirements for proposals for change of this scale are rigorous. To enable this and facilitate the governance and assurance process, the programme has a robust governance structure to ensure that the proposals are co-designed and assured by both HT system governance and people with lived experience of services.

2.1 Programme Board

The BNSSG Stroke Programme is overseen by the Stroke Programme Board. The board comprises of HT system partners, voluntary sector agencies, as well as patient and public contributors and service users. The board provides assurance and makes recommendations for decision to the Acute Care Collaboration steering group, which in turn reports to the HT Exec Group and Partnership Board.

2.2 Clinical Design & ICSS Sub Group

The development of the clinical model proposed for change to stroke services across BNSSG was driven by the BNSSG Stroke Programme Clinical Design Group. The group is comprised of senior clinicians from all key local HT partners. A sub-group of the Clinical Design Group was also initiated to further design and develop the Integrated Community Stroke Service aspect of the future model.

2.3 Workforce

The Stroke Workforce Group provides support to the workforce elements of the reconfiguration programme and acts as a development forum for collaboration on stroke workforce related topics.

2.4 Finance & BI

The BNSSG Stroke Finance and BI group provides expert oversight of the financial, activity, and workforce modelling to drive the development of the plans behind the clinical models.

2.5 Stroke PMO

The Stroke Programme Management Office (PMO) has operated a programme management approach throughout the duration of the programme. This has supported the delivery of key programme milestones and ensured appropriate governance of decision making throughout the lifecycle of the programme. The Stroke PMO is comprised of system representatives, across HT partner organisations.



2.6 Communications and Engagement

The communications and engagement activity is led by the stroke programme Communications and Engagement group. The group works closely with the Health Integration Team (HIT) and is comprised of representatives from HT partner organisations, voluntary sector organisations, and independent patient care organisations.



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