

[REDACTED]

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**From:** MANSON, Lisa (NHS IMPROVEMENT - T1520)  
**Sent:** 08 July 2016 09:13  
**To:** [REDACTED] (NHS ENGLAND)  
**Subject:** FW: STP On A Page - 6 July 2016  
**Attachments:** STP Summary Page - 6 July 2016.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

[REDACTED]

Apologies for the delay in sending these through – we wanted to test the feedback on them -Anne didn't find them overly helpful.

We are planning on reviewing how best to present them – and to include some information gaps –e.g. CIP's etc

Happy to speak if that would be useful

Kind Regards

Lisa

**Lisa Manson | South Region**

T [REDACTED] M [REDACTED]  
E [REDACTED]@nhs.net | W [improvement.nhs.uk](http://improvement.nhs.uk)  
South West House, Blackbrook Park Avenue, Taunton TA1 2PX

## NHS Improvement

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NHS Improvement is responsible for overseeing foundation trusts, NHS trusts and independent providers. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

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**From:** [REDACTED] (NHS IMPROVEMENT - T1520)  
**Sent:** 05 July 2016 16:01  
**To:** Manson Lisa (NHS IMPROVEMENT - T1520)  
**Subject:** STP On A Page - 6 July 2016

Here's a copy of the STP on a page for tomorrow – I don't think Anne has a hard copy... not sure if you had a printer at home?!

[REDACTED] South Region

T [REDACTED]

E [REDACTED]@nhs.net | W [improvement.nhs.uk](http://improvement.nhs.uk)  
South West House, Blackbrook Park Avenue, Taunton TA1 2PX

## **NHS Improvement**

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[REDACTED]

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**From:** MANSON, Lisa (NHS IMPROVEMENT - T1520)  
**Sent:** 02 August 2016 11:29  
**To:** [REDACTED] (NHS ENGLAND)  
**Cc:** [REDACTED] (NHS IMPROVEMENT - T1520); [REDACTED] (NHS IMPROVEMENT - T1520)  
**Subject:** FW: Urgent - For action: STP development plans for 2nd August  
**Attachments:** South West final STP development\_plans only\_v1.4.pptx

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

[REDACTED]

Please find attached the updated slides, I haven't included attending the STP leadership/finance etc meetings in the actions as I have taken that as read as ALB's we do/will, but it could be added if you think it would add to the actions.

With kind Regards

Lisa

**Lisa Manson | South Region**

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E [REDACTED]@nhs.net | W [improvement.nhs.uk](http://improvement.nhs.uk)  
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**From:** [REDACTED] (NHS IMPROVEMENT - T1520)  
**Sent:** 02 August 2016 09:01  
**To:** Manson Lisa (NHS IMPROVEMENT - T1520)  
**Cc:** [REDACTED] (NHS IMPROVEMENT - T1520)  
**Subject:** FW: Urgent - For action: STP development plans for 2nd August

Sorry should have sent you the attachment!

[REDACTED] PA to Portfolio Director Lisa Manson and Administrator to the Delivery and Development Team South West

T [REDACTED]  
E [REDACTED]@nhs.net | W [improvement.nhs.uk](http://improvement.nhs.uk)  
South West House, Blackbrook Park Avenue, Taunton, TA1 2PX

## NHS Improvement

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(My working hours are Monday – Friday 9am to 4pm)

---

**From:** [REDACTED] (NHS ENGLAND)  
**Sent:** 01 August 2016 15:57  
**To:** [REDACTED] (NHS IMPROVEMENT - T1520)  
**Subject:** FW: Urgent - For action: STP development plans for 2nd August

Hi [REDACTED] - in [REDACTED] absence, can you please forward onto the most appropriate person?

Many thanks

[REDACTED]

Operations and Delivery Directorate.  
NHS England South Region, South West  
(Bristol, North Somerset, Somerset and South Gloucestershire and Devon, Cornwall and Isles of Scilly)  
Email: [REDACTED]@nhs.net  
MOBILE NUMBER: [REDACTED]

---

**From:** [REDACTED] (NHS ENGLAND)  
**Sent:** 01 August 2016 15:56  
**To:** [REDACTED] (NHS TRUST DEVELOPMENT AUTHORITY [REDACTED]@nhs.net) [REDACTED]@nhs.net  
**Subject:** FW: Urgent - For action: STP development plans for 2nd August

Hi [REDACTED]

Please see me email below.

Please can you provide a short summary for slide 9 in the attached describing what support NHSI is providing to the STP?

To reiterate, I would need your comments by noon tomorrow to allow me to collate and submit.

Many thanks

[REDACTED]

Operations and Delivery Directorate.  
NHS England South Region, South West  
(Bristol, North Somerset, Somerset and South Gloucestershire and Devon, Cornwall and Isles of Scilly)  
Email: [REDACTED]@nhs.net  
MOBILE NUMBER [REDACTED]

---

**From:** [REDACTED] (NHS ENGLAND)  
**Sent:** 01 August 2016 15:46  
**To:** [REDACTED] (NHS ENGLAND) [REDACTED] (NHS ENGLAND)  
**Subject:** RE: Urgent - For action: STP development plans for 2nd August

We can say that for NHS E:

BNSSG – we are part of the System Leadership Group and have primary care representation on SLG and working groups

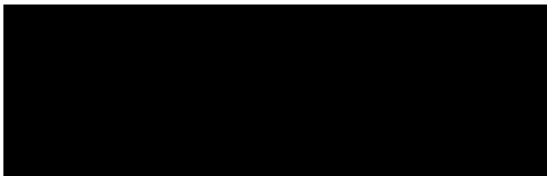
Offering practice 'challenge' events

Somerset – We offer regular telephone advice and guidance to Programme Director and SRO

Offering practice 'challenge' events

For NHS I – we would have to ask them

Kind regards,



NHS England Southwest (BNSSSG)

T: [REDACTED]  
E: [REDACTED]@nhs.net  
PA: [REDACTED]@nhs.net

South Plaza, Marlborough Street, Bristol, BS1 3NX

"High quality care for all, now and for future generations."

---

**From:** [REDACTED] (NHS ENGLAND)  
**Sent:** 01 August 2016 15:39  
**To:** [REDACTED] (NHS ENGLAND); [REDACTED] (NHS ENGLAND)  
**Subject:** Urgent - For action: STP development plans for 2nd August  
**Importance:** High

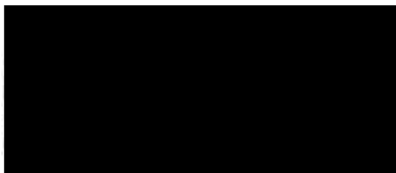


In the absence of [REDACTED] and [REDACTED] this week and having spoken to [REDACTED] again, it appears that slide 9 needs to have an update on what the support the tripartite (not just ALBs as the slide indicates) are putting in place for the 4 STPs. This is in preparation for the regional STP Board meeting on Friday.

I have put in the feedback from HEE and PHE but need some brief plans from the tripartite – are you able to provide a description please or sign post me?

Return needs to be in tomorrow

Many thanks



Operations and Delivery Directorate.  
NHS England South Region, South West  
(Bristol, North Somerset, Somerset and South Gloucestershire and Devon, Cornwall and Isles of Scilly)





Kind regards,

[Redacted]

[Redacted]

NHS England (South)

Premier House | 60 Caversham Road | Reading | RG1 7EB  
T: [Redacted] M: [Redacted] E: [Redacted]@nhs.net  
[www.england.nhs.uk](http://www.england.nhs.uk)

---

**From:** [Redacted] (NHS ENGLAND)  
**Sent:** 21 October 2016 15:04  
**To:** [Redacted] (NHS ENGLAND); [Redacted] (NHS ENGLAND); [Redacted] (NHS ENGLAND); [Redacted] (NHS ENGLAND); [Redacted] (NHS ENGLAND); [Redacted] (NHS ENGLAND); [Redacted] (NHS ENGLAND)  
**Subject:** Contact details for the national policy/programme leads

All,

We met with the national policy and programme leads yesterday to brief them on the STP October submission review process. Their contact details are below. We have also shared your details with them and suggested they contact you to agree approach and timescales. I think in a number of instances they are already in contact with the relevant regional leads.

Policy area	Working contact
Primary Care	[Redacted]
Mental Health	[Redacted]
Urgent & Emergency Care	[Redacted]
Cancer	[Redacted]
Specialised Commissioning	[Redacted]
Maternity	[Redacted]
New Care Models	[Redacted]
7DS	[Redacted]

Best regards,

[Redacted]

Strategy Group | NHS England

Mobile: [Redacted]  
Email: [Redacted]@nhs.net



**From:** [REDACTED] [mailto:[REDACTED]@UHBristol.nhs.uk] **On Behalf Of** STPPMO

**Sent:** 17 November 2016 12:31

**To:** 'Andrea Young'; 'Becky Pollard'; 'Colin Bradbury'; RICHARDS, Hayley (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST); RIMMER, James (WESTON AREA HEALTH NHS TRUST); 'Jane Gibbs'; [janet.rowse](mailto:janet.rowse@nhs.uk) [REDACTED]; 'Jill Shepherd'; 'John Readman'; 'Judith Brown'; 'Julia Clarke'; PROSSER, Linda (NHS ENGLAND); MANSON, Lisa (NHS IMPROVEMENT - T1520); 'Mark Pietroni'; [martin.jones](mailto:martin.jones@nhs.uk) [REDACTED]; 'Natalie Field'; Woolley, Robert

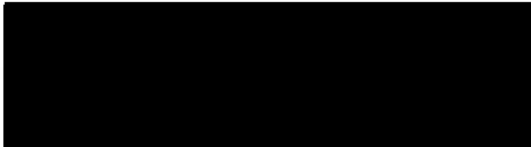
**Cc:** [REDACTED] (NHS SOUTH, CENTRAL AND WEST COMMISSIONING SUPPORT UNIT); [REDACTED] (South Glos CCG); [REDACTED] (NHS IMPROVEMENT - T1520); [REDACTED] (WESTON AREA HEALTH NHS TRUST); [REDACTED] (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST); [REDACTED]

**Subject:** STP Exec Board 17/11/16 - additional papers

Good Afternoon STP Execs

Please find attached updated agenda and additional papers for agenda item 5.3.

Best Wishes



**Bristol North Somerset and South Gloucestershire STP**  
Project Management Office Trust HQ, University Hospitals Bristol

M:  [stppmo@uhbristol.nhs.uk](mailto:stppmo@uhbristol.nhs.uk)

**BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE  
SUSTAINABILITY AND TRANSFORMATION PLAN**

**STP EXECUTIVE BOARD  
AGENDA**

**Date of meeting:** Thursday 17th November 2016

**Time:** 16:00 – 17:30pm

**Venue:** Board Room, UHB THQ

**Conference Call:** Dial 0800 0328069

- The Chairperson needs to enter 17292237#
- All other Participants need to enter 14538985#

<b>Agenda Item</b>		
<p><b>1 Welcome &amp; Introductions</b> Yes 1.1 Actions from last meeting</p>		
<p><b>2 STP October submission feedback</b> Verbal 2.1 Links to OPP</p>		
<p><b>3 STP Programme status</b> Yes 3.1 2yr contract workshop feedback (8<sup>th</sup> Nov) To table 3.2 STP stocktake workshop feedback (11<sup>th</sup> Nov)</p>		
<p><b>4 STP Programme next steps</b> Yes 4.1 Review STP role of DoFs and BI - JS letter 28/10 Yes 4.2 STP core resource requirements Verbal 4.3 NS Sustainability programme P3 resource requirement Verbal 4.4 EY final report</p>		
<p><b>5 STP Communications &amp; engagement (Gov bodies / Public / Staff)</b> Yes 5.1 Communications process for STP publication Yes 5.2 STP Communications material Yes 5.3 Health Scrutiny meeting in common – 01/12/16</p>		
<p><b>6 Leadership</b> Yes 6.1 STP System Leadership Support – HEE</p>		
<p><b>7 Any Other Business</b> Yes 7.1 SWAST involvement on STP Yes 7.2 BNSSG STP Social Partnership Forum Yes 7.3 General Practice Resilience Fund letter dated 25/10/16</p>		
<p><b>Dates of future meetings:</b> 7<sup>th</sup> December 4 – 5.30pm WG Grace Room, South Plaza, Bristol, BS1 3NX 19<sup>th</sup> December 4 – 5.30pm Dental Board Room, Chapter House, Bristol Dental Hospital</p>		

**From:** [REDACTED] (South Gloucestershire CCG) [mailto:[REDACTED]@southgloucestershireccg.nhs.uk]  
**Sent:** 12 December 2016 10:09  
**To:** [REDACTED] (South Glos CCG); [REDACTED] (WESTON AREA HEALTH NHS TRUST); [REDACTED] (Bristol CCG); [REDACTED] (NHS BRISTOL CCG); [REDACTED] (Bristol CCG); [REDACTED] (NSomerset Council); [REDACTED] (NHS SOUTH GLOUCESTERSHIRE CCG); [REDACTED] (WESTON AREA HEALTH NHS TRUST); [REDACTED] (North Somerset Community Partnership); [REDACTED] (NHS BRISTOL CCG); [REDACTED] (NHS ENGLAND); [REDACTED] (NHS ENGLAND); [REDACTED] (NHS ENGLAND); [REDACTED] (Bristol Community Health); [REDACTED] (Bristol Council); [REDACTED] (NHS IMPROVEMENT - T1520); [REDACTED] (NHS IMPROVEMENT - T1520); [REDACTED] (UHB); [REDACTED] (North Somerset Community Partnership); [REDACTED] (NHS SOUTH, CENTRAL AND WEST COMMISSIONING SUPPORT UNIT); [REDACTED] (South Gloucestershire CCG); [REDACTED] (NHS SOUTH, CENTRAL AND WEST COMMISSIONING SUPPORT UNIT); [REDACTED] (NHS ENGLAND); [REDACTED] (Bristol CCG); [REDACTED]@careuk.com; [REDACTED] (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST); [REDACTED] (NHS IMPROVEMENT - T1520)  
**Subject:** Bidding process for Acute Liaison and press notice including perinatal funding  
**Importance:** High

E-mail sent on behalf of Claire Thompson:

Dear Colleagues

Please see notice of the process to access funds to support psychiatric liaison for 17/18 and 18/19. Across BNSSG this will be co-ordinated through the mental health in ED group, the terms of reference for which are attached and are being updated to reflect the reporting line to the A&E Delivery Board. This can be discussed at the next meeting on 19 December but the deadline for submission will be ahead of the following board in January, therefore sign off will need to be done virtually.

Many thanks, Claire

**Claire Thompson**  
BNSSG Delivery Director  
South Plaza  
Marlborough St  
Bristol BS1 3NX

PA: [REDACTED]@bristolccg.nhs.uk  
Tel: [REDACTED]  
Mob: [REDACTED]@bristolccg.nhs.uk

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**From:** [REDACTED] (NHS ENGLAND) [mailto:[REDACTED]]  
**Sent:** 05 December 2016 11:57  
**To:** [REDACTED] (NHS KERNOW CCG); [REDACTED] (NHS SOUTH DEVON AND TORBAY CCG); [REDACTED] (NHS GLOUCESTERSHIRE CCG); [REDACTED] (South Glos CCG); [REDACTED] (NHS SOUTH GLOUCESTERSHIRE CCG); [REDACTED] (South Glos CCG); [REDACTED] (Bristol CCG); [REDACTED] (NHS KERNOW CCG); [REDACTED] (NHS SOUTH DEVON AND TORBAY CCG); [REDACTED] (NHS WILTSHIRE CCG); [REDACTED] (NHS WILTSHIRE CCG); [REDACTED] (NHS WILTSHIRE CCG); [REDACTED] (NHS BATH AND NORTH EAST SOMERSET CCG); [REDACTED] (NHS GLOUCESTERSHIRE CCG); [REDACTED] (North Somerset CCG); [REDACTED] (Somerset CCG); [REDACTED] (NHS NORTHERN, EASTERN AND WESTERN DEVON CCG); [REDACTED] (NHS NORTHERN, EASTERN AND WESTERN DEVON CCG); [REDACTED] (NHS SOUTH DEVON AND TORBAY CCG); [REDACTED] (NHS SOUTH DEVON AND TORBAY CCG); [REDACTED] (NHS KERNOW CCG); [REDACTED] (NHS KERNOW CCG); [REDACTED] (North Somerset CCG); [REDACTED]@bristol.gov.uk; [REDACTED]@BATHNES.GOV.UK; [REDACTED] (NHS SOUTH DEVON AND TORBAY CCG); [REDACTED]@wiltshire.gov.uk; [REDACTED] (South Glos CCG); [REDACTED] CORNER PLACE SURGERY; [REDACTED] (NHS WILTSHIRE CCG); [REDACTED] (NHS ENGLAND); [REDACTED] (NHS SOUTH DEVON AND TORBAY CCG); [REDACTED]@swindon.gov.uk; [REDACTED] (NHS KERNOW CCG); [REDACTED] (NHS NORTHERN, EASTERN AND WESTERN DEVON CCG); [REDACTED] (North Somerset CCG); [REDACTED] (NHS SOUTH DEVON AND TORBAY CCG)  
**Subject:** Bidding process for Acute Liaison and press notice including perinatal funding

Dear all

Please see the e-mail below. Please could you work with your U&EC network and the A&E Board to formulate your plans.

\*\*\*\*\*

Please see below the press release from last weekend's announcement. We are still awaiting notification of the pack of information for the acute liaison bidding process. The following are a few bullets on what we know so far:

- Funding was announced last weekend – press activity Friday and Saturday – as a part of a wider transformation funding
- UEC Liaison MH transformation funding £15m for 17/18 and £15m 18/19
- Documentation being approved and imminently to be on NHSE website, including full guidance for acute liaison services
- Bids to be submitted 13 January 2017 from A&E Delivery Boards will apply to UEC PMOs
- After 13 January 2 week process for regional assurance and review

- National panel will meet early February to consider applications
- Investment committee decisions scheduled for 20 February
- Successful bidders will be informed by end of Feb
- This is non-recurrent pump priming money - savings would be expected to be reinvested in services to keep them sustainable
- Funding can be applied for one year only for either year.
- Those areas closest to achieving the core 24h service standard will be looked on favourably along with those that support the MH Forward view
- 3<sup>rd</sup> annual national survey of NH Liaison services was done earlier this year – this will be shared with us. Will help us see who are potentially the best candidates
- A&E Delivery Boards and UEC PMO need to work with MH leads and MH Networks

## **PRESS RELEASE**

### **NHS ENGLAND SETS OUT STEPS TO IMPROVE MENTAL HEALTH CARE FOR PREGNANT WOMEN AND NEW MUMS AND HELP THOSE ATTENDING A&E IN CRISIS**

NHS ENGLAND today sets out plans to provide more support for pregnant women and new mums suffering mental illness as well as to improve care for the many people with mental health problems attending A&E in crisis.

Simon Stevens, Chief Executive of NHS England will tell the Mind conference on Tuesday that £40m is to be allocated to 20 areas of the country to fund new specialist community mental health services for mums in the immediate run up to and after birth, and help reach 30,000 more women a year by 2021. A further £20m will be allocated next year.

The funding for new mums will see new or bigger teams in those areas providing specialist care for all new and expectant mums with severe mental ill health like severe post-natal depression.

It will fund new perinatal consultants, specialist nurses, occupational therapists, psychologists and nursery nurses as well as community peer support for mums, babies and families. There will also be more buddying and telephone support where mums who have had experience of similar issues help other mums in need.

Perinatal Community Mental Health Services provide specialist care for women with severe mental illness such as schizophrenia or psychosis while pregnant or after birth responding quickly if they become ill, and helping minimise risks to mum and baby by for example giving medication advice, providing lifestyle advice or counselling support or following an inpatient stay promoting hope and recovery.

They also see and treat women who have been identified as at high risk of developing serious illness both at home and in the maternity unit during pregnancy and after delivery as well as pre-conception counselling.

NHS England is also commissioning four new mother and baby units (MBUs).

Mr Stevens will also reveal a new recommended standard that says anyone who walks through the front door of A&E or is on a hospital ward in a mental health crisis should be seen by a specialist mental health professional within an hour of being referred, and within four hours they should have been properly assessed in a skilled and compassionate way, with the correct next steps for their care planned in partnership with them.

NHS England is also for the first time inviting regional A&E Delivery Boards, which oversee urgent and emergency care locally and include partners from hospitals, councils and other local bodies, to bid for £30m funding for expert psychiatrists and mental health nurses to provide better care for people with urgent and emergency mental health needs attending A&E and being treated on general hospital wards.

People with mental ill health are three times more likely to end up in A&E than the general population and five times more likely to be admitted to general hospital wards in an emergency.

This extra funding will help general hospitals to care for them in the best way.

This follows the recent announcement of a national scheme which offers hospitals and mental health providers joint financial incentives to improve identification of and support for people with mental health problems attending A&E frequently, and to reduce the number of overall avoidable attendances of people with mental health problems at A&E.

**Simon Stevens, NHS England Chief Executive said:** “For most parents having a baby is one of the happiest times of your life. But for tens of thousands of new mums, this experience is sadly overshadowed by severe pregnancy-related mental health problems. Now the NHS is taking concrete action to get these mothers and families the specialist mental health support they need.

“It is also the case that many other patients with mental health crises end up using A&E services as their first port of call, so today we are kick-starting the programme to expand the seven day availability of specialist psychiatrist and mental health staff in our major A&Es.”

One in five women experience depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth and costs of perinatal mental ill health are estimated at £8.1 billion each year in the UK, almost £10,000 per birth.

**Jeremy Hunt, Secretary of State for Health, said:** “Patients in crisis, and expectant and new mothers who are suffering from severe mental health problems need urgent support and care.

“So this investment is fantastic news and will help make sure patients get the care they need, when they need it. As the Prime Minister has made clear, this Government is determined to address the struggles faced by people with mental ill health.”

**Claire Murdoch, National Mental Health Director, said:** “We have committed to delivering evidence-based treatments for an extra 1m people by 2020 and it’s a significant achievement to be able to show how a substantial number of those people will be helped just nine months after launch.

“New and expectant mums suffering perinatal mental illness and those experiencing mental health crises attending A&E, which we think could be as many as one in five, are among those groups who need our help immediately. With effective, compassionate care people can have much better health outcomes and get on with their lives.”

The full list of successful perinatal schemes is below and all areas will expand or introduce new staffing at different levels.

Bristol CCG, for example will work in partnership across three CCGs to expand a recently established small team into a wider area, introduce new electronic records across different organisations’ systems, and develop community support groups to help mums as well as buddying and telephone support from women who have experienced similar issues.

Nottingham City CCG will work across seven CCGs to expand the current service aiming to reduce waiting times for mums, introduce outreach work, and more training for other professionals to support early detection and intervention.

And South London and Maudsley NHS Foundation Trust will aim to expand the current service offering it to more women in the area with reduced waiting times. They will also improve the education on offer to health professionals and the public in this area aiming to reduce stigma and support early diagnosis and integrated care.

### Notes to editors

#### Further information on the new recommended A&E standard:

For adult liaison mental health, the recommended response time will mean that within a maximum of one hour of a liaison mental health service receiving a referral (from Emergency Department/acute general hospital wards), any person experiencing a mental health crisis receives a response from the liaison team.

Within four hours from arriving at Emergency Department/being referred from a ward, the person should:

- have received a full biopsychosocial assessment and jointly created an urgent and emergency care plan, or an assessment under the Mental Health Act should have started;
- have been accepted and scheduled for follow-up care by a responding service;
- be en route to next location if geographically different; or
- have been discharged because the crisis has resolved.

**The successful perinatal schemes, covering 90 CCGs, six STP footprints and the four NHS England regions are:**

<b>Lead organisation</b>
1. Berkshire Healthcare NHS Foundation Trust
2. Birmingham South Central CCG
3. Bradford & Airedale District Care NHS Foundation Trust
4. Bristol CCG
5. Central and North West London NHS Foundation Trust
6. Cheshire and Wirral Partnership NHS Foundation Trust
7. Cornwall STP
8. Gloucestershire CCG
9. Herts Valleys CCG
10. North East Essex CCG
11. Kent and Medway NHS and Social Care Partnership Trust
12. New Devon CCG and South Devon and Torbay CCG



13. Norfolk and Suffolk NHS Foundation Trust
14. Northumberland, Tyne and Wear Foundation Trust
15. Nottingham City CCG
16. Southern Health NHS Foundation Trust
17. South London and Maudsley NHS Foundation Trust
18. South West Yorkshire Partnership NHS Foundation Trust
19. Sussex Partnership NHS Foundation Trust
20. The Tavistock and Portman NHS Foundation Trust

### Headline Facts

- Poor mental health carries an **economic and social cost of £105 billion a year** in England
- **One in four adults** experience at least one diagnosable mental health problem in any given year.
- Half of all mental health problems have been established **by the age of 14**, rising to 75% by age 24.
- **Fewer than 15% of localities** currently provide effective services for women with severe or complex perinatal mental health conditions, and more than 40% provide no service at all.
- People with mental ill health are **3 times more likely to attend A&E** than the general population,
- People with severe mental illness are at risk of **dying on average 15 to 20 years earlier** than the general population.

### BACKGROUND NHS INFORMATION

- In March 2015 NHS England announced the creation of an independent Mental Health Taskforce, bringing together health and care leaders, people using services and experts in the field to create a mental health Five Year Forward View for the NHS in England. Paul Farmer, Chief Executive of Mind, and Jacqui Dyer, expert-by-experience, were appointed Chair and Vice-Chair.
- In February 2016, the NHS committed to the biggest transformation of mental health care across the NHS in a generation, pledging to help more than a million extra people and investing more than a billion pounds a year by 2020/21.
- It made the move in response to the final report of the taskforce, set up by the NHS as part of its Five Year Forward View to build consensus on how to improve services for people of all ages.
- In July, 'Implementing the Five Year Forward View for Mental Health', was published outlining the changes people will see on the ground over the coming years in response to the Mental Health Taskforce's recommendations to improve care.

- Two new financial incentives to improve mental health care for children and young people and for people with mental health needs attending A&E were announced as part of the NHS England planning guidance.
- NHS England announced an extra £25 million for Clinical Commissioning Groups (CCGs) across the country to accelerate plans for improving mental health services for children and young people, helping to cut waiting times for treatment, reduce waiting list backlogs and minimise the length of stay for those in inpatient care, evidence of the fact that improving mental health services is an absolute priority for the NHS.
- A £120m Mental Health Liaison Fund will ensure 50 per cent of A&E departments and acute hospital wards have the minimum 'Core 24' service available for people experiencing mental health crisis by 2020/21. This will mean funding for expert mental health clinicians who will be based in A&E departments and hospital wards to improve care for people with urgent and emergency mental health needs.
- A&E Delivery Boards will be invited to submit funding proposals for the first phase of bidding, which will be open from **28 November** until **13 January 2017** for £15m in 2017/18 and £15m in 2018/19.
- The 'Core 24' standard is the minimum 24/7 service model shown to bring benefit to patients with teams providing compassionate, skilled assessment, detection and treatment of mental ill health in general acute hospitals, whilst delivering considerable clinical and financial benefits.
- The new fund will provide £15m per year for the first two years with £90m following in the third and fourth year. We are already making progress – in 2015, 7% met the standard; now it is already 10%, which is in line with the trajectories set out in Implementing the Five Year Forward View for Mental Health.
- £60m will be allocated altogether to improve specialist community perinatal mental health services with £40m going to the first 20 schemes through wave one of The Community Services Development Fund. The remaining £20m in year three will fund the second wave against which bids will be invited during 2017/18.
- These services provide care and support to women with a mental illness in pregnancy or the postnatal period. They also respond to crises, aim to decrease risks to mothers and babies and offer after care following an inpatient stay in a mother and baby unit. The successful schemes are announced today and listed above. In return for the earmarked investment, they must show detailed plans to improve services, develop a sustainable workforce, and demonstrate how they will help reach 30,000 more women a year access care by 2021. From 2019/20, monies will be mainstreamed into CCG allocations.

NHS England

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# **Mental Health in Emergency Departments Task & Finish Group**

## **Terms of Reference 2015-17**

### **1 Introduction**

This Task & Finish group has been set up to focus on improving the experience across BNSSG for patients with mental health problems who present at emergency departments in Bristol. Current practice fails to deliver timely and quality access to treatment services and support suited to their individual needs.

BNSSG Partnership has agreed to do a single piece of work to address this issue in a coordinated way across the BNSSG area through agreement and development; where necessary, of an agreed pathway for patients with mental health problems who present at either North Bristol Trust (NBT) or University Hospital Bristol (UHB) Emergency Departments.

It is imperative that this work is undertaken within the overall context of the Urgent Care Working Group and the Systems Resilience Group into which a communication route will be developed. This will be partly addressed by involving the respective urgent care commissioners.

This task & finish group will form a key part of the governance arrangements around the delivery of project with a lifespan of 1<sup>st</sup> January 2016 – 31<sup>st</sup> March 2017 and will report not only into the groups above but also the Crisis Concordats for Bristol & South Gloucestershire.

### **2 Objectives including Success Criteria & Milestones to be met)**

The purpose of the Task and Finish Group is to:

- Assess current MH Liaison Service establishments and skill mix against the requirements set out in the letter from Monitor, the TDA and NHS England entitled "Preparation for winter 2015/16" (Gateway Reference 03815)
- Identify gaps, reasons for excessive delays and opportunities for learning from breach incidences and make recommendations to the BNSSG Partnership Group on how best to address these
- To agree the use of non-recurrent funding received from NHS England to Pump Prime Liaison Psychiatry services in Emergency Departments to better meet the Core 24 model and to have oversight and involvement in any joint business cases for QIPP in relation to mental health commissioned services;
- Agree an efficient and high quality care pathway for the EDs at University Hospitals Bristol (UHB) and North Bristol Trust (NBT) for MH liaison that includes interfaces in and out of the ED (including AWP crisis teams and MHA assessment processes) and builds on the usage of the non-recurrent funding to set in place a safe, effective and sustainable service. This must best meet local needs and attain best fit adherence to the ageless Core 24 model within existing funding;
- Ensure alignment between this work and the existing pathway work;

- Make recommendations to the BNSSG Partnership Group on escalation arrangements if problems arise with the new pathway:
- Make recommendations to the BNSSG Partnership Group on how this is reflected in contracts with UHB, NBT, Weston Area Health Trust (WAHT) and Avon & Wiltshire Mental Health Partnership Trust (AWP) including any financial implications; and
- Make recommendations to the BNSSG Partnership Group on how this is reflected in existing governance, contract and quality monitoring and communications arrangements across involved commissioners and providers.

In addition, the group will need to ensure that there is clear focus on admission avoidance and also to continue the work on the areas already being considered by the existing group which are:

- Proposed clinical pathway through the two EDs for people with mental health problems in crisis (including mapping existing pathways); and
- Assessment of necessary professional standards to ensure timely, clinically appropriate and safe arrangements in line with required response times.

### **3 Scope of the work**

All partner organisations who deliver services for BNSSG based adults (18 years and above) with mental health problems attending the Emergency Departments in Bristol (NBT and UHB).

CAMHS services for patients up to 18 will be held outside of the main stream of work, however appreciation of the children focused work in the city will be considered and/or incorporated in an attempt to minimise risk of ineffectual recommendations. Children & young people commissioners and providers will also be involved in any transition pathway analysis or discussion.

### **4 Membership**

The organisations represented at the meeting will be:

Avon & Somerset Constabulary
Avon & Wilts Partnership Trust
Bristol Children's Hospital
Bristol Clinical Commissioning Group
Bristol City Council
Bristol Independent Mental Health Network
North Bristol Trust
South Gloucestershire Clinical Commissioning Group
South Gloucestershire County Council
South Western Ambulance Service NHS Foundation Trust
University Hospital Bristol

## **5 Membership responsibilities**

All parties to the group are responsible for:

- ensuring regular and consistent attendance;
- full preparation for meetings including consultation with other colleagues in their organisation as necessary;
- responding to and being accountable for any actions attributable to them; and
- early notification of any risks to timely delivery of the work through the Chair of the group.

## **6 Administration**

Agendas and papers should be circulated 2 working days prior to meetings.

An updated Action Plan will be circulated no later than 5 working days after a meeting and will be the responsibility of administrative support provided through the South Gloucestershire CCG. All group members are expected to respond to requests for information to update the Action plan on a fortnightly basis prior to the Task & finish group.

A Project Plan will underpin the work undertaken and will be updated prior to each Task & Finish and then updated and distributed to all members within 5 working days of the meeting; this document and responsibility will be owned by SC&WCSU.

## **7 Recommended attendance**

The optimal organisational presence to progress work within the Task & Finish Group is:

- One Commissioner from each of the BNSSG Commissioning bodies
- One Management lead from each health Trust (NBT and UHB)
- One Management representative from AWP
- One Clinical Emergency Medicine lead from either Health Trust (NBT or UHB)
- One MHLT Service Manager (NBT or UHB)

## **8 Frequency of meetings**

Monthly with working groups meeting in between as deemed necessary.

## **9 Reporting Requirements**

To report top level progress on the objectives to the BNSSG Partnership Group on a monthly basis through the provision of a highlight report and the same to the following groups:

- The 3 area Crisis Concordat groups
- Urgent Care Working Group (Bristol)
- System Flow Partnership (South Glos/Bristol)
- SRG

Progress against a project plan will be reported to fortnightly to the Task & Finish Group and monthly to the BNSSG Partnership.

#### **10. Review of Terms of Reference**

This updated Terms of Reference was first discussed in the first Task & Finish group on 24th August 2016 and will be finalised at the second meeting of the group in September.

Should the project extend past April 2017, the Terms of Reference will be reviewed again and then 6 monthly thereafter.

**Catherine Wevill**  
**Bristol CCG Mental Health Commissioner**

**&**

**Kate Lavington**  
**South Gloucestershire CCG Deputy Director – Community and Mental Health Commissioning**

**From:** "PROSSER, Linda (NHS ENGLAND)" [redacted]@nhs.net>  
**Date:** 6 April 2017 17:27:00 BST  
**To:** "mary.backhouse [redacted]" [redacted]  
"Gibbs Jane (South Glos CCG)" [redacted]  
"Jill.Shepherd [redacted]" [redacted] "RICHARDS, Hayley (AVON  
AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST)" [redacted] "RIMMER,  
James (WESTON AREA HEALTH NHS TRUST)" [redacted] "Woolley, Robert"  
[redacted] "andrea.young [redacted]" [redacted]  
**Cc:** [redacted] (Bristol CCG)" <[redacted]@bristolccg.nhs.uk>, [redacted]  
[redacted]@southgloucestershireccg.nhs.uk)" [redacted]  
[redacted]@southgloucestershireccg.nhs.uk>, [redacted] (NHS ENGLAND)"  
[redacted]@nhs.net> [redacted] (NHS IMPROVEMENT - T1520)" [redacted]@nhs.net>,  
[redacted] (WESTON AREA HEALTH NHS TRUST)" <[redacted]@nhs.net>,  
[redacted]@northsomersetccg.nhs.uk)" [redacted]@northsomersetccg.nhs.uk>,  
[redacted]@nbt.nhs.uk' [redacted]@nbt.nhs.uk>, [redacted] (NHS ENGLAND)"  
[redacted]@nhs.net>, [redacted] (NHS ENGLAND)" [redacted]@nhs.net>,  
[redacted] (NHS IMPROVEMENT - T1520)" <[redacted]@nhs.net>, [redacted] (NHS ENGLAND)"  
[redacted]@nhs.net> [redacted]@UHBristol.nhs.uk>, [redacted]  
[redacted] (NHS ENGLAND)" [redacted]@nhs.net>

**Subject:** Letter

Good afternoon

Please find attached letter.

Kind regards,

Linda

Linda Prosser  
Director of Assurance and Delivery  
NHS England Southwest (BNSSSG)

T: [REDACTED]  
E: [REDACTED]@nhs.net  
PA: [REDACTED]@nhs.net

South Plaza, Marlborough Street, Bristol, BS1 3NX

"High quality care for all, now and for future generations."



6 April 2017

To: Chief Executive Officers and Accountable Officers of those organisations subject to the Capped Expenditure Process

c.c. Robert Woolley, Chief Executive, University Hospitals Bristol NHS Foundation Trust

Dear colleague

**Capped Expenditure Process - Requirement to produce affordable Operating Plans by 5 May 2017**

As outlined in the *Next Steps on the Five Year Forward View*, financial performance has improved across the NHS over the past year. Commissioners have generated an £800 million managed underspend, and most trusts are on track to meet their control totals. But as the NHS goes in to the next two years of intensified financial challenge, financial success will require managing a number of important risks and dependencies. The importance of individual trusts and CCGs meeting their financial control totals and sticking to their budgets is critical.

Some organisations and geographies have historically been substantially overspending their fair shares of NHS funding. In effect they have been living off bail-outs from other parts of the country, this is no longer affordable or desirable. So going into 2017/18 it is critical that those geographies that are significantly out of balance now confront the difficult choices they have to take.

As we enter the new financial year, commissioners and/or providers within the Bristol, North Somerset & South Gloucestershire health economy have not yet been able to agree a set of affordable 2017/18 operating plans, nor to confirm delivery of financial control totals. To help you NHS Improvement and NHS England have together devised the Capped Expenditure Process, to support you to produce a set of affordable 2017/18 Operating plans by 5 May 2017.

This process will enable your health economy to achieve the best possible clinical outcomes for the public we serve whilst limiting expenditure to the funding available to the NHS in your area. The focus of this process is the overall expenditure of the health economy, so systems must look beyond individual organisational boundaries in establishing viable plans which will ensure financial delivery within allocated financial control totals in 2017/18.

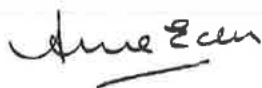
The resulting plans should be agreed jointly to ensure the delivery of both provider and commissioner control totals in 2017/18, and so deliver the Government's Mandate requirement for the NHS to balance its books. The plans should be based on shared activity assumptions, should include an agreed plan for managing winter pressures, and should set out how delayed transfers of care will be managed across the health economy.

Further details of the process and ongoing support and oversight will be provided through your local Director of Commissioning Operations and Director of Improvement and Delivery. We will ensure that these processes are aligned with other current initiatives including Special Measures.

Given the importance of this work and the limited time available to develop affordable proposals, an update meeting will be arranged with you in mid- April to review progress. In addition, the plans submitted on 5 May will be reviewed with National Directors of both NHS England and NHS Improvement at meetings to be scheduled for mid-May.

We thank you for your commitment to this programme, its importance is self- evident and the need to agree workable solutions is paramount.

Yours sincerely



Anne Eden  
Executive Regional Managing  
Director NHSI (South Region)



Jennifer Howells  
Regional Director  
NHS England, South Region



Lisa Manson  
Delivery and Improvement  
Director South West



Linda Prosser  
Director of Assurance and Delivery  
NHS England – South (South West)  
On behalf of Mark Cooke,  
Director of Commissioning Operations

From: [REDACTED] (NHS ENGLAND)  
Sent: 21 March 2017 10:47  
To: [REDACTED] (NHS ENGLAND); [REDACTED] (NHS IMPROVEMENT - T1520)  
Subject: Use of STP CQUIN

Hi both,

I've tried unsuccessfully to identify how others are using this. I will continue to try and find examples from across the region.

[REDACTED]

Sent from my iPad

---

**From:** PROSSER, Linda (NHS ENGLAND)  
**Sent:** 22 March 2017 08:37  
**To:** [REDACTED] (NHS ENGLAND); [REDACTED] (NHS IMPROVEMENT - T1520)  
**Subject:** FW: STP Exec Board 23rd March

Don't be put off  
I am going to highlight a couple of things on your call later

Kind regards,

Linda

Linda Prosser  
Director of Assurance and Delivery  
NHS England Southwest (BNSSSG)

T: [REDACTED]  
E: [REDACTED]@nhs.net  
PA: [REDACTED]@nhs.net

South Plaza, Marlborough Street, Bristol, BS1 3NX

"High quality care for all, now and for future generations."

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**From:** [REDACTED] [mailto:\[REDACTED\]@UHBristol.nhs.uk](mailto:[REDACTED]@UHBristol.nhs.uk)] **On Behalf Of** STPPMO

**Sent:** 17 March 2017 14:28

**To:** 'Andrea Young'; 'Becky Pollard'; 'Colin Bradbury'; Hallett, Ruth; Harris, Martin; RICHARDS, Hayley (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST); RIMMER, James (WESTON AREA HEALTH NHS TRUST); GIBBS, Jane (NHS SOUTH GLOUCESTERSHIRE CCG); [janet.rowse@\[REDACTED\]](mailto:janet.rowse@[REDACTED]); 'Jill Shepherd'; 'John Readman'; 'Judith Brown'; CLARKE, Julia (BRISTOL COMMUNITY HEALTH); NICHOLAS, Laura (NHS NORTHERN, EASTERN AND WESTERN DEVON CCG); PROSSER, Linda (NHS ENGLAND); MANSON, Lisa (NHS IMPROVEMENT - T1520); 'Mark Pietroni'; [martin.jones@\[REDACTED\]](mailto:martin.jones@[REDACTED]); SHELDON, Martin (NHS REDBRIDGE CCG); 'Natalie Field'; Nicholas, Laura; 'Ruth Taylor'; Woolley, Robert

**Cc:** [REDACTED] (NHS IMPROVEMENT - T1520); [REDACTED] (WESTON AREA HEALTH NHS TRUST); [REDACTED]

[REDACTED] (AVON AND WILTSHIRE MENTAL HEALTH  
PARTNERSHIP NHS TRUST); [REDACTED]

**Subject:** FW: STP Exec Board 23rd March

Good Afternoon Execs,

Please find attached agenda and papers ahead of the Exec Board Meeting on Thursday 23<sup>rd</sup> March, 4pm, Conference Room, Trust HQ, UH Bristol.

With regard to agenda items 5.1 & 5.2 if you are comfortable please email your documents to STPPMO, alternatively please bring 18 hard copies to be handed out.

As per Action 139, please see link for CQUIN <https://www.england.nhs.uk/wp-content/uploads/2016/11/cquin-2017-19-guidance.pdf>

Best Wishes

[REDACTED]  
[REDACTED]  
**Bristol North Somerset and South Gloucestershire STP**

Project Management Office, Level 4C Whitefriars, Lewins Mead, Bristol, BS1 2NT

M: [REDACTED] [stppmo@uhbristol.nhs.uk](mailto:stppmo@uhbristol.nhs.uk)

**BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE  
SUSTAINABILITY AND TRANSFORMATION PLAN**

**STP EXECUTIVE BOARD**

**Date of meeting:** Thursday 23<sup>rd</sup> March 2017  
**Time:** 16:00pm – 18:00pm  
**Venue:** Conference Room, UHB THQ  
**Conference Call:** Dial 0800 0328069

- The Chairperson needs to enter **17292237#**
- All other Participants need to enter **14538985#**

<b>No.</b>	<b>Agenda Item</b>	<b>Paper(s)*</b>	<b>Lead</b>
1.	<b>Welcome &amp; Introductions</b> 1.1 Actions & Minutes from last meeting	Yes	RW
2.	<b>STP Programme Improvement Plan</b> 2.1 STP Programme Governance development Governance Approach Terms of Reference (Draft) MOU (Draft)  2.2 STP Core Resource - Budget & Contribution 17/18  2.3 Recruitment	Yes  Yes  Yes	MH/ES  MH  RH
3.	<b>Enabling Workstream</b> 3.1 Digital – Governance & Resourcing	To Table	AK
4.	<b>Communications &amp; Engagement</b> 4.1 NHSE Review – Findings and Recommendations	Yes	JG
5.	<b>Recovery Plans</b> 5.1 Provider savings/ recovery plan update  5.2 CCG Turnaround plan update  5.3 Developing a system recovery plan  5.4 Additional funding for social care	To Table  To Table  Verbal  Yes	All  MS  RW  RW
6.	<b>Any Other Business</b> 6.1 Leadership Development Support  6.2 Leadership Academy Representation	Verbal  Verbal	RW  MH
	<b>Dates of next meeting:</b> 6 <sup>th</sup> April 2017 9 – 11.00am Board Room, Trust HQ, UHB		

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**From:** [REDACTED] (NHS IMPROVEMENT - T1520)  
**Sent:** 11 April 2017 14:41  
**To:** [REDACTED] (NHS IMPROVEMENT - T1520)  
**Subject:** BNSSG STP Papers for Today

As discussed, I've hopefully attached them in order

[REDACTED] South Region

T  
M  
E [REDACTED]@nhs.net | W [improvement.nhs.uk](http://improvement.nhs.uk)  
South West House, Blackbrook Park Avenue, Taunton TA1 2PX

### **NHS Improvement**

Follow us on: [Twitter](#) | [LinkedIn](#)

NHS Improvement is responsible for overseeing foundation trusts, NHS trusts and independent providers. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

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**BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE  
SUSTAINABILITY AND TRANSFORMATION PLAN**

**STP EXECUTIVE BOARD**

**Date of meeting:** Tuesday 11<sup>th</sup> April 2017

**Time:** 16:00pm – 18:00pm

**Venue:** Board Room, UHB THQ

**Conference Call:** Dial 0800 0328069

- The Chairperson needs to enter 17292237#
- All other Participants need to enter 14538985#

<b>Item</b>	<b>Agenda Item</b>	<b>Paper(s)*</b>	<b>Lead</b>
<b>1.</b> 4:00-4:15	<b>Welcome &amp; Introductions</b>  1.1 Actions, Decisions & Minutes from last meeting 1.2 Outputs from SLG 5 <sup>th</sup> April 2017	Yes Verbal	RW RW
<b>2.</b> 4:15-4:30	<b>STP Programme Improvement Plan</b>  2.1 STP Programme Governance –next steps ToR 2.3 STP Core Resource – next steps	Yes Verbal	MH MH
<b>3.</b> 4:30-5:20	<b>Delivery Workstream – Status</b>  3.1 ACC – Programme progress reporting • Inc. Weston Sustainability  3.2 IPCC – Programme progress reporting • Inc. Sustainable Primary Care  3.3 PEISC – Programme progress reporting  3.4 STP – Summary progress reporting • Escalated Issues & Risks	Yes Yes  Yes Yes  Verbal  Yes	AY JR  JC LP  MP  MH
<b>4.</b> 5:20-5:50	<b>Enabling Workstream – status reporting</b>  4.1 Digital – next steps 4.2 Workforce 4.3 Estates 4.4 Finance & BI System financial recovery plans – update 4.5 Comms & Engagement – next steps	Verbal Verbal Yes Verbal Verbal Verbal	RW HR MH JR RW RW
<b>5.</b> 5:50-6:00	<b>Any Other Business</b> 5.1 Leadership development workshop • HEE support example	Yes	MH
	<b>Dates of next meeting:</b> 26 <sup>th</sup> April 2017, 4pm – 6pm, Board Room, Trust HQ, UH Bristol		



**From:** "STPPMO" <STPPMO@UHBristol.nhs.uk>

**To:** "Andrea Young" [REDACTED], "Becky Pollard" [REDACTED], "Colin Bradbury" [REDACTED], "Hallett, Ruth" [REDACTED]

"RICHARDS, Hayley (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST)" [REDACTED], "RIMMER, James (WESTON AREA HEALTH NHS TRUST)" [REDACTED], "ianet.rowse" [REDACTED]

"Jill Shepherd" [REDACTED], "John Readman" [REDACTED], "Judith Brown" [REDACTED], "CLARKE, Julia (BRISTOL COMMUNITY HEALTH)" [REDACTED], "ROSS, Julia (NHS NORTH WEST SURREY CCG)" [REDACTED], "NICHOLAS, Laura (NHS NORTHERN, EASTERN AND WESTERN DEVON CCG)" [REDACTED], "PROSSER, Linda (NHS ENGLAND)" [REDACTED]

"MANSON, Lisa (NHS IMPROVEMENT - T1520)" [REDACTED], "Mark Pietroni" [REDACTED], "martin.jones" [REDACTED]

"SHELDON, Martin (NHS REDBRIDGE CCG)" [REDACTED], "Natalie Field" [REDACTED], "Nicholas, Laura" [REDACTED], "Ruth Taylor" [REDACTED]

"Woolley, Robert" [REDACTED]

**Cc:** [REDACTED] (NHS IMPROVEMENT - T1520)" [REDACTED]@nhs.net>, [REDACTED]@nbt.nhs.uk>, [REDACTED]@bristol.gov.uk>, [REDACTED] (NHS SOUTH GLOUCESTERSHIRE CCG)" [REDACTED]@nhs.net>, [REDACTED]@UHBristol.nhs.uk>, [REDACTED] (WESTON AREA HEALTH NHS TRUST)" [REDACTED]@nhs.net>, [REDACTED]@northsomersetccg.nhs.uk>, [REDACTED]@UHBristol.nhs.uk>, [REDACTED] (BRISTOL COMMUNITY HEALTH [REDACTED]@bristol.gov.uk>, [REDACTED]@onecareconsortium.co.uk>, [REDACTED]@nsomersetcp-cic.nhs.uk>, [REDACTED]@northsomersetccg.nhs.uk>, [REDACTED] (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST)" [REDACTED]@nhs.net>, [REDACTED]@bristolccg.nhs.uk>, [REDACTED]@southglos.gov.uk>

**Subject:** STP Executive Board 4pm today

Dear Execs  
Please find attached 2 additional papers from [REDACTED] ahead of the meeting later today. I will provide printed copies for those of you who are attending in person.  
Thanks  
Best Wishes  
[REDACTED]

**Bristol North Somerset and South Gloucestershire STP**  
Project Management Office, Level 4C Whitefriars, Lewins Mead, Bristol, BS1 2NT



[stppmo@uhbristol.nhs.uk](mailto:stppmo@uhbristol.nhs.uk)

From: [REDACTED] (NHS ENGLAND)  
Sent: 11 April 2017 18:37  
To: [REDACTED] (NHS ENGLAND)  
Cc: [REDACTED] (NHS IMPROVEMENT - T1520)  
Subject: capped expenditure meeting with BNSSG

[REDACTED]  
I understand that there was a call with [REDACTED] yesterday regarding then Capped Expenditure process and that a date of 24/25 April was mentioned for a review of proses.

Can you confirm please that work is underway to secure a date?

Can we help?

[REDACTED]



**From:** MANSON, Lisa (NHS IMPROVEMENT - T1520)

**Sent:** 29 June 2017 08:03

**To:** [REDACTED] (NHS ENGLAND); [REDACTED] (NHS IMPROVEMENT - T1520)

**Cc:** [REDACTED] (NHS ENGLAND)

**Subject:** RE: STP delivery plans - due 7th July

Thanks [REDACTED]

Have a good holiday

Lisa

Lisa Manson | Delivery and Improvement Director South West - South Region





The STP leadership assessment is being finalised and submitted to the central team today, so once this is finalised I will repopulate the relevant sections of the spreadsheet and send out an updated version.

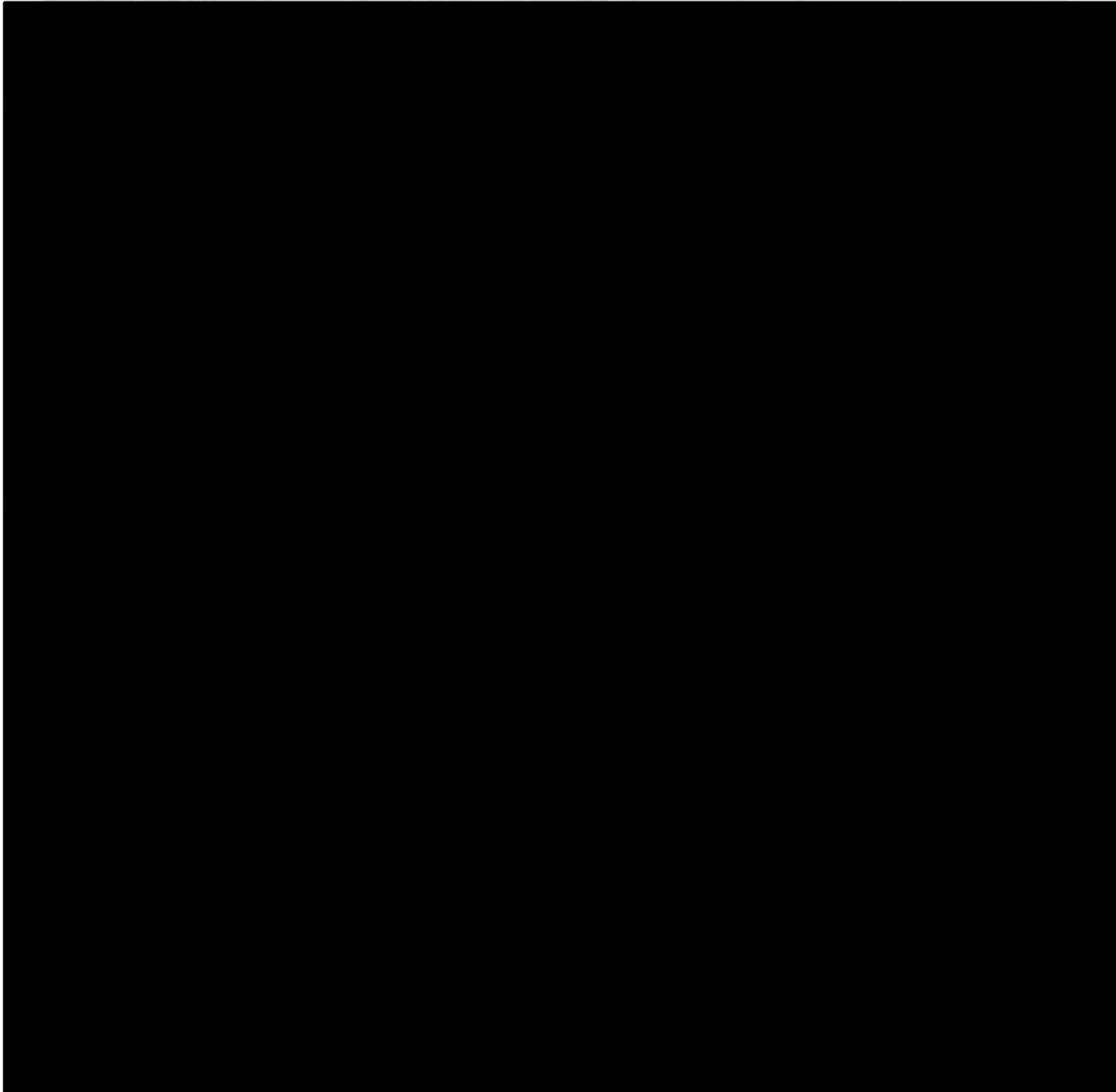
Very happy for you to rearrange the slides and resize the boxes as you see fit.

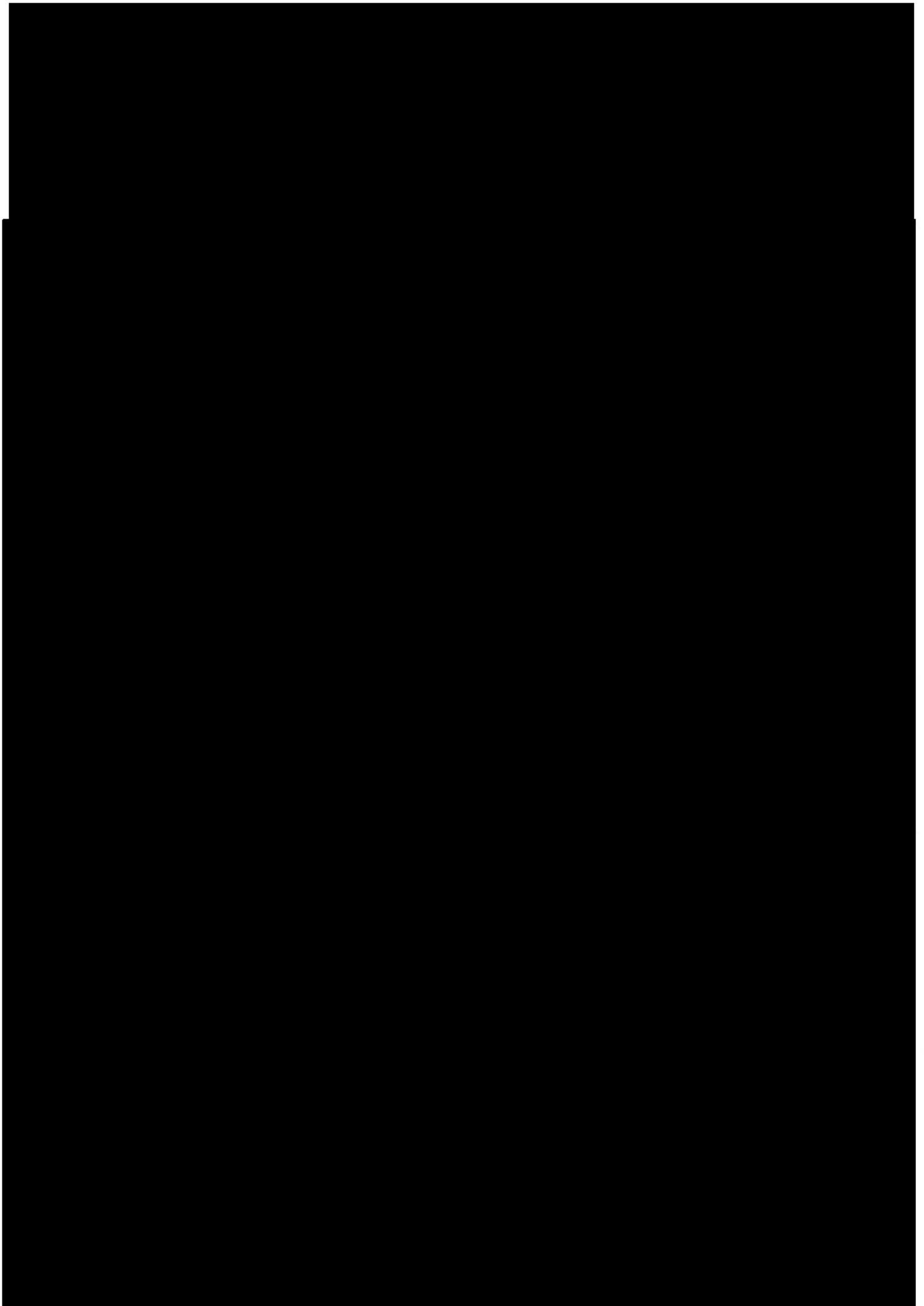
So, on Tuesday (due to leave) I will send an updated version confirming the suggested finance content and with a partially populated spreadsheet.

Regards,

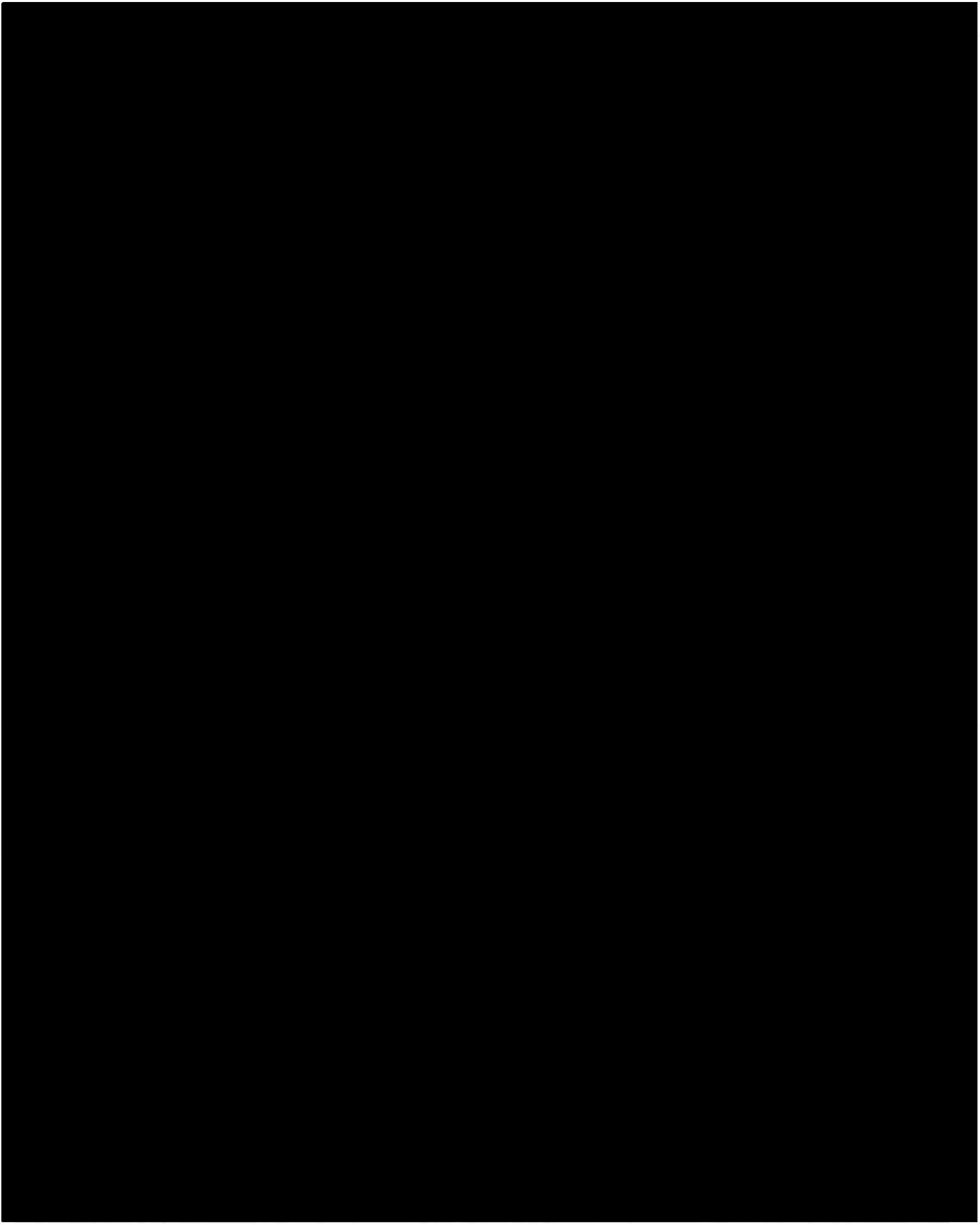


Premier House | 60 Caversham Road | Reading | RG1 7EB  
T [redacted] | M [redacted] | E [redacted]@nhs.net  
[www.england.nhs.uk](http://www.england.nhs.uk)









**From:** [REDACTED] (NHS ENGLAND)

**Sent:** 12 June 2017 17:45

**To:** WILLOWS, Terry (NHS ENGLAND); MAY, Judith (NHS ENGLAND); BUTTON, Christina (NHS ENGLAND); FISK, Amanda (NHS ENGLAND)

**Cc:** [REDACTED] (NHS ENGLAND); [REDACTED] (NHS ENGLAND); [REDACTED] (NHS ENGLAND); [REDACTED]

Hi All,

The STP delivery plan and FYFV next steps assurance requirements and process have (at times) been confusing and challenging, this email intends to set out a process and clarify some points.

#### Priority area plans

- Individual priority programme leads are leading assurance of their parts of the FYFV next steps in line with national requirements for those areas. We have asked them for requests to be consistent wherever possible asking to gain assurance from plans that already exist, using KLOE, and avoiding templates for completion by systems. Requests for plans or assurance of plans by the end of Q1 are already out.

#### STP delivery plans

- Outside the next steps and priority programmes, there are also local transformation and organisational development priorities.
- We would like to ask you to complete 2 of the attached documents to:
  - Provide briefing to [REDACTED] the STP Board etc. on the status of STP delivery plans, infrastructure and specific FYFV next step deliverables.
  - Provide the chance to update and reflect on the progress and priorities of each STP
  - Provide a starting point for an ongoing discussion within our team (regional and local) on support requirements
- The first document is the PowerPoint which provides some prompting questions in key areas and would form the basis of briefings and the context for comparison across the region. The questions are just prompts, but the relevant deliverables from the FYFV next steps are underlined.
- The second is the spreadsheet "STP delivery overview" that aims to provide a consistent assessment of all STPs that we can use to understand the overall regional position and specific problem areas. It would be used for consistent comparison, but also read alongside the PowerPoint.

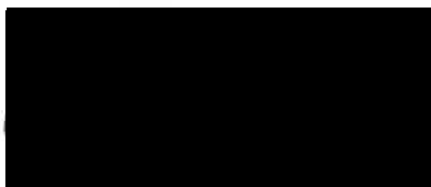
#### STP support

- A particular focus at the moment is getting the process of STP support up and running to help you deliver effective support to the STPs that need it
- This is likely to require closer working between us all and the attached will be really helpful in understanding the current position consistently across the region, so we'd also like to share details or summaries across all local offices once we've collated them.

We have time to discuss this at SSOT on Thursday, but it would be good if we can agree the approach before then, so please share any comments you have on this approach. I suggest a deadline for completion of 30 June (3 weeks from today), but perhaps later, say 7 July if that's not reasonable?

Finally, the document "STP delivery and FYFV commitments" is just for information, you may have seen it before. It covers the 262 FYFV deliverables, of which we identified 119 where one may expect there to be delivery plans at an STP/CCG/provider level. Many of the remainder are NHSE actions where the regional approach will be described in the business plan.

Regards,



**From:** [REDACTED] [mailto:[REDACTED]@phee.nhs.uk]

**Sent:** 19 June 2017 14:06

**To:** Woolley, Robert; RICHARDS, Hayley (AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST)

**Cc:** [REDACTED] (NHS ENGLAND); MANSON, Lisa (NHS IMPROVEMENT - T1520); [REDACTED]  
[REDACTED]@phe.gov.uk; [REDACTED]


**Subject:** Workforce Development Funds

**Importance:** High

Robert/Hayley

Attached is a copy of a letter to you from Derek Sprague re Workforce Development Funds.

Best wishes



**Health Education England, working across the South West**

South West House | Blackbrook Park Avenue | Taunton |  
TA1 2PX

T.   
E. @hee.  
[nhs.uk](http://nhs.uk)

Stay up to date by following HEE on [Facebook](#) and [Twitter](#)

Robert Woolley, STP SRO  
Hayley Richards, LWAB Chair

**South West Office**  
Deanery House  
Vantage Office Park  
Old Gloucester Road  
Bristol  
BS16 1GW  
Direct Line: [REDACTED]  
Our ref: DS/STP/20170619  
[REDACTED]@hee.nhs.uk

Letter sent via email

19 June 2017

Dear Robert and Hayley

### **HEE funding to support STP workforce transformation priorities**

I am pleased to be able to inform you that following HEE's financial support for workforce transformation last year, for 2017/18 there will be further discretionary funds available to the BNSSG Sustainability and Transformation Partnership (STP) from HEE to support the workforce transformation priorities required in delivering the STP's plans and the 5 year forward view. This is in addition to the southwest wide activity funded by HEE which benefits all STPs.

The 2017/18 discretionary funding will be deployed through the relevant governance arrangements in place within the STP, but will be managed through the Local Workforce Action Board (LWAB). However, the activities it supports will need to be informed by the wider STP clinical pathway and integration workforce priorities in delivering change and supporting the new models of care. For that reason, I have copied in Mark Cooke the NHSE Director of Commissioning Operations, Deb Laphorne the Centre Director south west for PHE, and Lisa Manson the Delivery and Improvement Director for NHSI in the south west.

We do not yet have complete sign-off of our funding so I am unable to confirm the final amounts; however, I am able to give you an indicative allocation which I don't think will change. For this year our indicative allocation to your STP is £686,000. I have included a document which indicates how we plan to do this but will confirm those arrangements once we get close to release of the money.

### **Acceptable use of funds**

Before you start to plan, I need to confirm that this funding is aimed at supporting the STP deliver on its transformation plans and that therefore there are no restrictions on which organisations or which staff groups could gain from its use. Indeed, we expect to see collaboration and joint activities across the membership featuring in the submissions. That is why I have copied in my ALB colleagues as we want to ensure that our funds get best value for money and outcome.

Nonetheless, we expect that the activity supported will be of an educational or workforce development nature in support of your transformation goals.

We understand that some of your pathway work will still be in design or development stages and that support and resources may be required to enable this development to progress, and whilst this is acceptable for use of funds, we would not expect the funding to be used in the employment of project management or other posts. You can find further guidance in the attached document.

Further, where we have already provided funds for the employment of workstream leads, we are aware that some of those posts have not filled. Those posts must be filled before we will consider any further release of funds.

As you can see, we are already well into the current financial year but I want to give you sufficient time to consider your proposals before submitting them to me no later than Friday 28 July 2017. Once your proposals have been agreed, we will aim to release the funds as quickly as possible.

If you have any further questions please address them to your HEE LWAB co-chair Clare Hines or contact me. We look forward to your thoughts and being able to support your workforce transformation ambitions through our shared activity.

Yours sincerely



**Derek Sprague**  
Local Director – HEE South West

Copy: [REDACTED] Lisa Manson, [REDACTED]

# Guidance for funding allocated to Sustainability and Transformation Plans (STPs)

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## 1. Overview

- 1.1 Workforce development is a priority area essential to the transformational changes needed to deliver each of the Sustainability and Transformation Plans (STPs). Health Education England (HEE) South has reinvested £1.5M of identified savings into this priority area to support workforce transformation in November 2016. The funding is to support innovation and workforce development across the six STP footprints in the south west; Cornwall, Devon, Somerset, BNSSG, BSW and Gloucestershire.
- 1.2 STPs will show how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency. More information about STPs can be found on the [NHS England](#) website.
- 1.3 HEE has established Local Workforce Action Boards (LWABs) to coordinate and support the workforce requirements for each STP footprint. The LWABs will develop solutions for STPs across current and future workforce related activity so that the workforce elements of the 5 year service strategy can be identified and delivered.
- 1.4 Where LWABs access transformation funding from HEE all funding shall be non-recurrent and will not go beyond the financial year in which it is awarded unless prior agreement is received from HEE.
- 1.5 This document provides guidance on how the STP LWABs are to receive workforce transformation funding from HEE in 2017/18.

## 2. How STPs will be allocated funding

- 2.1 The HEE funding is provided to facilitate STP workforce transformation activities that is outcome focused, has a clearly identified positive impact that is likely to be achieved for health and social care communities and where the activity can demonstrate how it has addressed the STP priorities and supported service change.
- 2.2 STPs will be required to provide information on how the funding will be allocated against plans in a Project Charter document. This will be sent out to the Senior Responsible Officer (SRO) within each LWAB by the HEE Programme Management Office (PMO).

- 2.3 The Project Charter will include the following information:
- Description / scope of deliverables by the STP;
  - High level project plan to include task / deliverable and estimated / target date for delivery and funding allocated to task / deliverable;
  - Breakdown of the estimated milestone deliverables / objectives for the quarter (linked to the high level plan) and funding required at each quarter to support the deliverables;
  - How transformation activity and quality improvements will be measured, monitored, reviewed and evaluated?
- 2.4 Funding is not provided to employ staff, pay for staff backfill costs, for patient care activities (clinics etc.) or for IT equipment/software.
- 2.5 In line with the quarterly milestone deliverables stated in the Project Charter, funding will be released at each milestone. These will be in quarter 1, quarter 2 and for quarter 3 and 4 these can be released in quarter 3 (October). Quarterly funding will only be released on receipt of an approved project charter document and on receipt of the quarterly highlight reports.
- 2.6 Failure to return the Project Charter document or the quarterly reports by the deadline dates or if they are not satisfactory, HEE and the STP Lead will agree a course of action which may include reclaiming the funding or stopping the release of the remaining funds to the STP.

### **3. Progress reporting**

- 3.1 Progress will be monitored quarterly and reviewed by the Programme Management Office to ensure that the STPs achieve their objectives set out in the Project Charter, the funding is utilised appropriately and that benefits are realised.
- 3.2 All STPs must submit a Highlight Report, which will be sent to the SRO and / or Project Manager requesting:
- An update on the RAG status (please see chart below for rationale);
  - Funding spent;
  - Summary of activity to date against indicated deliverables;
  - Spend to date against indicated budget;
  - Outlook for next reporting period;
  - Risks and issues (to include mitigations, owner and RAG status).



- 3.3 A summary of the STP Highlight Reports will be submitted by the Programme Management Office to the HEE Senior Leadership Team and to the HEE Local Assurance Board on a quarterly basis.
- 3.4 Highlight Reports will need to be submitted by the end of each quarter – a date will be stated when the return is required.
- 3.5 Failure to return the quarterly Highlight Report by the indicated date may result in late release of funds to the STP for delivery of the next quarterly objectives.
- 3.6 The quarterly reporting dates are:
- Quarter 1 (April-June) – report sent out mid-June
  - Quarter 2 (July-September) – report sent out mid-September
  - Quarter 3 (October-December) – report sent out beginning of December
  - Quarter 4 (January-March) – report sent out mid-March
- 3.7 If the STP submits a Highlight Report with a RAG rating of amber or red (indicating either off track, unachievable or off track, under review), an Exception Report will need to be completed. This will detail the reasons for the rating and what actions will be taken to provide assurance that plans will get back on track in the next quarter.

<b>Red</b>	<b>Off track, unachievable</b> Project is unlikely to be achieved; there are major issues which are unlikely to be resolved within the time (or recourses) available.
<b>Amber</b>	<b>Off track, under review</b> Project is feasible, but there are risks and/or issues which must be mitigated/resolved in order to achieve – SRO/Programme Manager action is required
<b>Green</b>	<b>On track</b> Project is on track and achievable; there are no outstanding risks/issues which need resolution.
<b>Blue</b>	<b>Achieved / completed</b> Project has been delivered and no further action is required

- 3.8 To provide further assurance, the Programme Management Office may also request a monthly written update on the status.
- 3.9 For any red RAG rating submissions, a monthly meeting will be required with the Programme Management Office and the Project Manager of the STP – this may be either via teleconference or face-to-face.

- 3.10 Once all the allocated funding has been spent and the objectives have been met and / or delivered, a project closure report / evaluation will be required. A Project Closure and Post Implementation Report (PCPIR) will provide an assessment of the activity undertaken and detail the level of the success and capture lesson learned.

#### **4. Who to contact for guidance**

- 4.1 For further information or guidance, please contact the Programme Management Office at Health Education England, South West House, Blackbrook Park Avenue, Taunton via [PMO.SW@hee.nhs.uk](mailto:PMO.SW@hee.nhs.uk)

# South West STP Project Charter

<b>STP footprint</b>	
<b>SRO name, organisation, email address</b>	
<b>Prepared by (if not SRO, please provide contact details)</b>	
<b>Date</b>	

<b>Description / Scope of deliverables by STP</b> <i>(What will be delivered by the STP)</i>

<b>High Level Project plan</b>		
<b>Task / Deliverable / Objective</b>	<b>Estimated / Target date</b>	<b>Funding required</b>

<b>Breakdown of estimated quarterly milestone deliverables / objectives inc. funding required at each milestone</b>		
<b>Quarterly milestone</b>	<b>Description</b>	<b>Funding required £</b>
<b>Quarter 1</b>		
<b>Quarter 2</b>		
<b>Quarter 3</b>		
<b>Quarter 4</b>		

Quarter 1 funding will be released in April, quarter 2 funding released in July and quarter 3 and 4 can be released in quarter 3 October onwards. Quarterly funding will only be released on receipt of the highlight report.

**Quality improvements**

*(How will the project provide transformation and any quality improvements to staff and / or patients?)*

*How will these be measured, monitored, reviewed and evaluated?)*

Please return to the Programme Management Office at:

[PMO.SW@hee.nhs.uk](mailto:PMO.SW@hee.nhs.uk)