

A young woman with brown hair tied back, wearing a light blue short-sleeved button-down shirt and a blue lanyard, is looking towards a computer monitor on the left. She has a slight smile and is looking off-camera to the right. The background is a solid purple wall. The image is framed by a thin black border.

**Bristol Health
Partners annual review
2015/16**

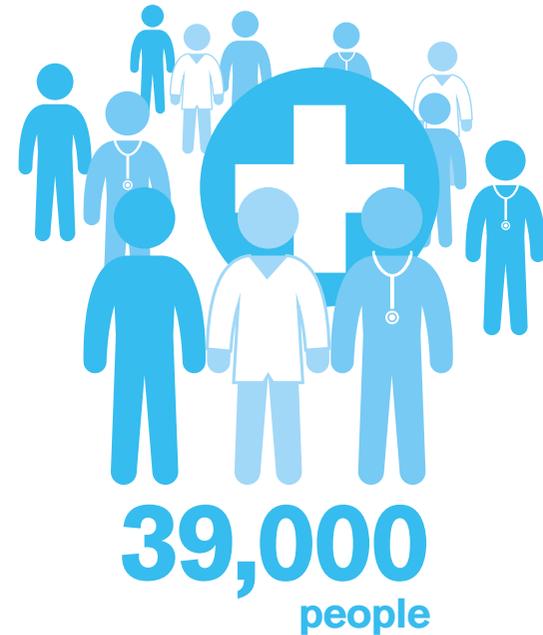
About Bristol Health Partners

Bristol Health Partners is a collaboration between the city's three NHS trusts, three clinical commissioning groups, two universities and its local authority. We exist to improve the health of those who live in and around Bristol, and the services on which they rely. The nine organisations formed Bristol Health Partners voluntarily, and it is funded by contributions from the partners.

Find out more about us at:

www.bristolhealthpartners.org.uk/about-us/

The partner organisations employ

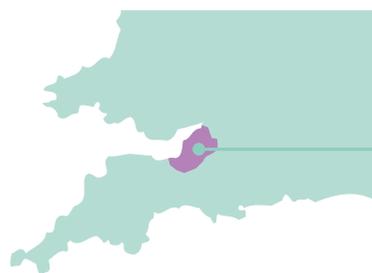


Research income
for the partner
organisations is



Together the
partners have
an annual
turnover
of over

£4.3
billion



The partners serve

1,083,000

people living in the Bristol area



*Avon and Wiltshire Mental Health Partnership NHS Trust
Bristol Clinical Commissioning Group
North Bristol NHS Trust
North Somerset Clinical Commissioning Group
South Gloucestershire Clinical Commissioning Group
University Hospitals Bristol NHS Foundation Trust*

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| Welcome



Andrea Young **Chair of Bristol Health Partners**

Bristol Health Partners has entered a new phase during this last year, with the Board commissioning new work across the partnership's core activities.

One of the pieces of work I'm most excited about is the Health Integration Team (HIT) strategy review, which will help us strengthen the HIT model, making recommendations for how HITs are sponsored and supported in the future.

With 20 HITs now active and others in the pipeline, this clearer framework will help them succeed. We should see results from this work in the summer.

The Board is working closely with the partnership's Executive Group to make sure we're using this group's considerable talents to best advantage. Executive Group members are advocates for the partnership in their organisations and they help the core team implement the vision for the partnership. We want to augment this vital role.

We have continued to build the profile of the partnership. The first ever Bristol Health and Care Awards took place in March, developed by the Bristol Post with support from Bristol Health Partners. They were a highlight of the year, really showcasing the sector's talent. We have worked with partners during Bristol's year as European Green Capital, including a health day at the Festival of the Future City, and sponsorship of the first ever Healthy City Week.

I am delighted that we have appointed David Relph on a permanent basis as Bristol Health Partners Director. He has already taken the partnership in new directions during his secondment to the role, and this year has

There is much to look forward to in the coming year, with the culmination of the HIT and Executive Group reviews, and our strategic work programmes moving from development into implementation

cemented his tenure. My sincere thanks go to him and the rest of the core team who have worked so hard to make the partnership a success this year.

There is much to look forward to in the coming year, with the culmination of the HIT and Executive Group reviews, and our strategic work programmes moving from development into implementation. And, with the new local Sustainability and Transformation Plan, part of the NHS Five Year Forward View, sharing the same geographical footprint as Bristol Health Partners, I think we have another year of challenge and opportunity ahead for the partnership.

Strengthening the Health Integration Team model – and the future of the partnership

David Relph, Director of the partnership

As I look back over the past year, it is clear that the heart of our partnership continues to be the Health Integration Teams (HITs). This model is key to our approach, drives our activity and makes us distinctive as a health partnership.



That said, we aren't standing still. The HIT model review and strategy, mentioned by Andrea Young on the previous page, will guide how HITs develop and are supported. Central to this is the challenge of understanding impact at various levels: of the individual HITs, and the model itself. And our collective understanding of collaborating like this is developing as we learn about working together, and the challenge of making the benefits of the HIT approach real on the ground.

HIT achievements through collaboration

Our first four years have been an exercise in collective learning. We have seen new ways that the HIT model has facilitated collaboration and research translation, including:

- The collaborative work of Supporting Healthy Inclusive Neighbourhood Environments (SHINE) with the Active People: Promoting Healthy Life Expectancy (APPHLE), Child Injury (CIPIC) and Dementia HITs on a co-ordinated response to the West of England joint spatial plan, focusing on the evidence linking the built environment with health and wellbeing
- The SHINE and APPHLE joint work on the 20mph campaign, including SHINE Directors Suzanne Audrey presenting to full council in March and Adrian Davis working with the Bristol Post to get the evidence into public discourse
- Bristol Health Partners involvement in and support of Healthy City Week, a more grassroots model of event organisation and profile raising than we have used before

Examples like this are encouraging; they tell me the HIT model isn't standing still. While the next year will see changes to how we support HITs across our portfolio, the model remains the core of the partnership.

Our collective understanding of collaborating like this is developing as we learn about working together, and the challenge of making the benefits of the HIT approach real on the ground

Celebrating success in health and care

Another cause for celebration was the first ever Bristol Health and Care Awards, run by the Bristol Post and sponsored by Bristol Health Partners. We developed 15 award categories to reflect the breadth and depth of the health and care sector.

With nearly 200 entries and a full house on the night, the awards were a tangible expression of the support, care and passion that typifies our health and care community in Bristol. Again I'd like to congratulate all the nominees, and everyone involved in making it a great night. Find out more on pages 8-9.

Our strategic direction

Last year I talked about making the most of the strategic potential of the partnership. I think we are still reflecting on and exploring that potential rather than realising it. That said, we are making a start, and have retained and developed our focus on workforce, data and sustainability. In the year ahead we will test the value of working in this more strategic way: we will be announcing initial projects in the next few months.

The strategic agenda is of course a challenging one. Strategic collaboration across organisations challenges our structures and our imaginations. Starting with a blank canvas is difficult, and it's often helpful to have a framework around which to structure that collaboration. We now have something that will provide some of that direction and a framework to work to in the Sustainability and Transformation Plans or STPs.

STPs will set out the strategic aims and operating framework for local health and care systems over the next five years. We will support the delivery of our local plan, and related documents such as digital roadmaps. Our three core challenges of workforce, data and sustainability still make sense, but it is clear now that what we do via the partnership should support and compliment the STP, and we will work to ensure this happens.



What next for the partnership?

With our first collaboration agreement ending in 2017, we must consider where we go next as a partnership. While refreshing the agreement, we will reflect on the last four years and agree collectively how we take the partnership forward. The measurable impact of the partnership's work and how we prioritise and focus effort will be considered, as well as how we develop work on the city-level strategic agenda, alongside the more targeted Health Integration Teams.

Devolution and its potential impact will inevitably be part of this discussion. While how this looks in practice will be up to all the local leaders in Bristol and the wider region, I am optimistic that if health and care is part of the discussion – and I think it should be – that Bristol Health Partners can play a very constructive role.

There is a wider challenge of how we tackle health and care issues at 'city level'. The partnership will support this agenda via the STPs, but there is a broader question out there about how well organisations, and the networks to which they increasingly belong, work effectively on city level or place based challenges. We are part of a local consortium that will examine this issue in Bristol through the research councils' Urban Living Partnership. I look forward to updating you as this develops.

The challenge - and prize - of place level impact

Our joint aim is to unlock the potential of ambitious and long term collaboration between institutions in systems like health and care. As I said last year: "Opportunities to think, share, and then work together at this level are rare and we must make every use of the opportunities that come along to do this... Bristol Health Partners is a vehicle to enable this at all the different levels of our health and care system and city, and I believe that the work of the partnership can have a profoundly positive impact."

The organisations in Bristol Health Partners and other local partnerships are anchor institutions in the region. Their influence is manifested in many ways, some deliberate and explicit, some unintended. They can be powerhouses of change in their - our - communities.

I am strongly motivated by this opportunity, but it will involve time, and risk: committing resources to programmes based on a shared understanding of place is rarely recognised in the traditional measures of the success of institutions. But I am optimistic about the emergence of 'civic-minded' leadership, accelerated by the devolution agenda which demands leaders act in a place-based way. I hope that as this shift occurs, we can use Bristol Health Partners to support it.

There is a final aspect of this challenge that I'd like to share – that of working together in a way that is transparent and accessible to the public as citizens, not just service users. I don't think anyone has the answer to this yet, but we work towards it via our partnership with People in Health West of England, an initiative I'd like to pay tribute to as a nationally innovative success.

In many ways, the real challenge of partnership working is not one of structure or coordination but one of creativity and imagination. It's about being creative in how we use local organisations and networks at all levels to facilitate joint working and to connect local capability, energy and intellect to local challenges. This is the potential value of partnerships like ours and, as we consider our next phase beyond 2017, I see ahead a strong and positive role for the partnership, with a focused portfolio of HITs at its heart, having real impact on the place that we all live.

Milestones in 2015-16

Timeline of the year



23 April 2015

More than 100 people gather for the inaugural Bristol Health Tech Meetup at the Engine Shed, hosted by Bristol Health Partners with the West of England Local Enterprise Partnership

15 May 2015

Bristol Health Partners is part of a consortium awarded £82k from Innovate UK and NERC to look at the impact of climate change on health in Bristol



16-23 July 2015

Workshops to develop project proposals as part of our strategic programmes

12 June 2015

Annual Health Integration Team conference brings together more than 130 people from the Bristol health and care community, including Health Integration Teams, our Board and Executive Group

1 September 2015

Our new website launches

December 2015 – February 2016

Consultation on project proposals for our strategic programmes

12 January 2016

Eating Disorders Health Integration Team endorsed by the Executive Group

16 December 2015

Principles of Pragmatic Evaluation interactive workshop organised with APCRC, West of England AHSN and NIHR CLAHRC West to explore opportunities and challenges for evaluation in the NHS 5-Year Forward View

11 January – 26 February 2016

An Apple a Day: exploring your health in every day data stories, an interactive public exhibition organised by Bristol Health Partners runs at the Engine Shed



22 February 2016

Health, data and the public good event held in conjunction with RSA West sees lightning presentations, a conversation café and an opportunity to visit the Apple a Day exhibition

2-3 September 2015

Bristol Health Partners exhibits and hosts a pop up university session at the NHS Innovation Expo in Manchester

6 October 2015

Psychosis Health Integration Team endorsed by the Executive Group



17-18 October 2015

As part of Healthy City Week, we hold another 'Make It' hackathon weekend, bringing together health professionals, technologists and sustainability experts



10-18 October 2015

Bristol's first ever Healthy City Week, organised by Bristol Green Capital and supported by Bristol Health Partners, sees more than 100 events held across the city

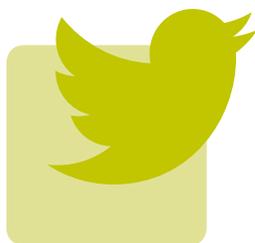


17 November 2015

The Bristol Festival of the Future City includes a dedicated health day, programmed by Bristol Health Partners, bringing together 250 members of the public and 24 speakers

25 February 2016

Review panel to agree project proposals as part of our strategic programmes



3 March 2016

Our Twitter followers top 7,000

10 March 2016

Bristol Health Partners teams up with the Bristol Post for the first ever Bristol Health and Care Awards, celebrating the success and hard work of the local health and care community – see page 8 for more details

21 March 2016

Bristol Health Partners is part of a consortium winning a £400k Urban Living Partnership bid to explore the gap between the city's aspirations and reality

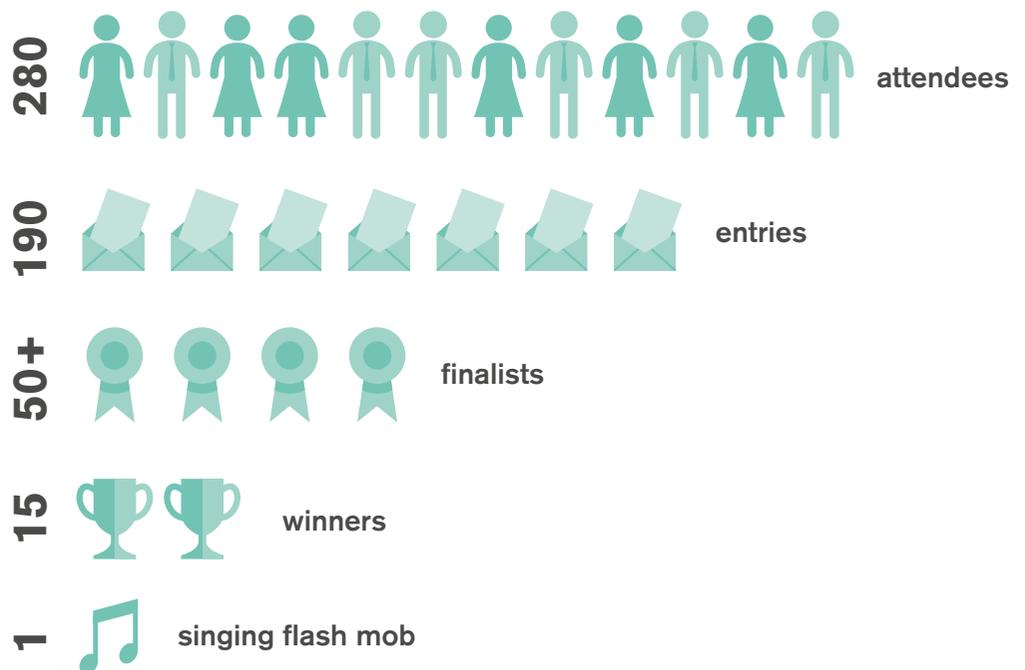
The Bristol Health and Care Awards 2016

Some of Bristol's most hardworking and talented health workers were honoured at a sparkling awards ceremony on Thursday 10 March. The Bristol Post's first ever Health and Care Awards, organised in partnership with Bristol Health Partners, were hosted by Private Eye's medical columnist Dr Phil Hammond and included a singing flash mob to make the evening start with a bang.

These awards were a unique opportunity to celebrate the success and hard work of the health and care community in Bristol, with winners announced in 15 categories. From the GPs, pharmacists, nurses and hospital teams on the front line, to volunteers and community organisations supporting people day to day, to the researchers and scientists whose work leads to real improvements in health and care, these awards aimed to include everyone who makes a difference to the health of people in Bristol.



It's testament to the sense of community and collaboration in our sector. The warmth and energy in the room was incredible



Bristol Post Editor Mike Norton said: “The first ever Bristol Post Health and Care Awards were a tremendous success. In association with Bristol Health Partners, the 15 awards celebrated the outstanding work, care, innovation and services across the health and care sector in Bristol. It was an uplifting event which we hope brightened the spirits of those working in the sector.”

Bristol Health Partners Chair Andrea Young, who gave an opening speech and handed out the last award of the night, said: “The awards were a rare chance to profile the work that people in our health and care sector get on with, day in, day out. On the evening itself, there was enormous support for everyone in the room, regardless of organisational boundaries. This embodies what Bristol Health Partners is all about. It’s testament to the sense of community and collaboration in our sector, that these awards outshone similar ones run by the Post. The warmth and energy in the room was incredible.”



The winners

- ★ **GP Practice of the Year**
Bristol University Student Health Service
- ★ **Health Care Professional of the Year**
Sue Brand at Bristol Haematology and Oncology Centre, University Hospitals Bristol NHS Foundation Trust
- ★ **Early Years Award**
Sandra Tanner at the Association of Breastfeeding Mothers
- ★ **Healthy Neighbourhood Award**
Wellspring Healthy Living Centre
- ★ **Best Patient and Public Involvement Award**
Breast MRI Team at North Bristol NHS Trust in partnership with BUST (Breast Unit Support Trust)
- ★ **Volunteer of the Year**
Derek Dominey, supporting people with dementia in Bristol and South Gloucestershire
- ★ **Voluntary and Community Sector Team of the Year**
Freewheelers EVS
- ★ **Mental Health Team of the Year**
Dementia Wellbeing Service
- ★ **Hospital Team of the Year**
Enhanced Recovery Team, North Bristol NHS Trust
- ★ **Rising Star Award**
James Henderson at North Bristol NHS Trust
- ★ **Health Campaign of the Year**
It's in the Bag
- ★ **Best Innovation Award**
Andrew Freeman-Fielding at University Hospitals Bristol NHS Foundation Trust
- ★ **Research Impact Award**
Professor AV Ramanan at University Hospitals Bristol NHS Foundation Trust
- ★ **Together We Achieve Award**
Energise, exercise-based cancer rehabilitation at Easton Leisure Centre
- ★ **Outstanding Achievement**
Dr Alan Whone at the Bristol Brain Centre, North Bristol NHS Trust

Find out more about all the winners at www.bristolhealthpartners.org.uk/bristolhealthawards

See who said what on Twitter [#bristolhealthawards](https://twitter.com/bristolhealthawards)

| Views from local leaders

Leaders from the members of Bristol Health Partners talk about what they value in the partnership.



Robert Woolley

Chief Executive of University Hospitals
Bristol NHS Foundation Trust

“The NHS faces very significant challenges as demand for our services grows and the financial climate becomes even tougher. Our focus going forward will be to work even more closely with our community partners in health and social care with the aim of reducing the overall cost of healthcare in our city, whilst continuing to improve the quality of care we provide. Thanks to Bristol Health Partners we are already working together to improve health and service delivery in Bristol by integrating, promoting and developing Bristol’s strengths in health services, research, innovation and education.”



Mary Backhouse

Chief Clinical Officer,
North Somerset CCG



Jill Shepherd

Chief Officer,
Bristol CCG

“The commissioners are encouraged by the progress made this year in aligning Health Integration Team priorities, and the innovative work done by these groups, to the known health needs of our populations, addressing these through innovative service change. As we move into the development of our longer term Sustainability and Transformation Plans, we look forward to reviewing the role and contribution of Bristol Health Partners.”



Becky Pollard

Bristol City Council's Director
of Public Health

"Bristol City Council became an official member of Bristol Health Partners last year, adding an extra dimension to the partnership. Bringing organisations and key professionals together through the partnership's Health Integration Teams is generating tangible benefits for residents by driving service improvement, collaboration and the translation of research into practice.

"I was particularly impressed in how Health Integration Teams collectively responded to the draft West of England joint spatial plan. The Supporting Healthy Inclusive Neighbourhood Environments (SHINE) team highlighted evidence of the impacts on the health and wellbeing of the population due to spatial location and development patterns. This has the potential to positively impact on the choices that people will, or will not, be able to make in terms of adopting a healthy lifestyle.

"We are keen to support the work of these teams to strengthen links between academics and those delivering front line services and drive better health outcomes for people of Bristol."

Bristol Health Partners remains unique in the UK for joining up so many of the city's institutions looking to improve and promote the health of the city's population



Jonathan Sandy

Dean of Health Sciences
at the University of Bristol

"Bristol Health Partners has achieved much since inception, but the real strength is becoming apparent in developing major bids, such as the Biomedical Research Centre ambition and projects such as Reach West. The need to manage all partnerships has never been more relevant and Bristol Health Partners are pivotal in this management."



Steve West

Vice-Chancellor of the University
of the West of England

"To meet the continually rising demand for health and social care services we need to innovate for the future. This will mean challenging ourselves to re-think what we do and how we do it. Bristol Health Partners remains unique in the UK for joining up so many of the city's institutions looking to improve and promote the health of the city's population. We are seeing some very promising developments in public engagement and innovation through the Health Integration Teams."

| Our Health Integration Teams

Health Integration Teams (HITs) are cross-organisational, inter-disciplinary groups of health professionals, academics, patients and the public that look at particular health issues or conditions. These pioneering teams are started by passionate experts in their field, and accredited by our Executive. We now have 20, with six others in the pipeline. Some of our HIT Directors give an update on what they've achieved this year.

Integrated Pain Management

Professor David Wynick

The Integrated Pain Management (IPM) HIT aims to provide a fully integrated, multi-disciplinary, lifespan clinical service for chronic pain across the Bristol and Bath area.

We've made progress in developing a single clinical pain database. Each member trust captures their own data, but questionnaire consistency means similar information is now recorded across the NHS organisations. We are also scoping a pilot multi-disciplinary pain assessment clinic, which will be trialled by the Bristol trusts.

Our research projects include STAR, which explores long-term pain after knee replacement surgery for osteoarthritis. We've submitted research into sensory and motor dysfunction after limb fracture to the European Journal of Pain. We're submitting a proposal to the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West (NIHR CLAHRC West) around the provision of a self-help patient support group for chronic pain.



7.8m people in the UK report
moderate to severe pain

that has lasted more than 6 months, 11% of adults
and 8% of children. Only two thirds of those
developing chronic pain will recover.

Source: Chief Medical Officer Annual Report 2008, Department of Health



We have supported the pain forum for professionals, hosted by the national specialist chronic pain service in Bath. Its programme has extended to include an annual event in Bristol, to reflect the geographical area covered by IPM HIT. We're developing a list of clinical training opportunities, enabling observational visits to clinic sessions across the IPM HIT member trusts.

Setting up a patient and public involvement group remains a priority, to enable patient involvement in service re-design and reviewing grant applications. We're still recruiting contributors, and planning a combined Bath and Bristol event during 2016.

www.bristolhealthpartners.org.uk/ipm

Respiratory Infections

Professor Alastair Hay

Respiratory tract infections (RTIs) place considerable pressure on health care services, particularly in the winter. Children play a major role in spreading these infections. However, parents often don't have the information to know when and how best to access health services for common illnesses. A vicious cycle is created of increasing patient demand, higher antibiotic use and a reduction in antibiotic effectiveness. The Respiratory Infections HIT (RuBICoN) aims to reduce the burden of respiratory infections on both the NHS and the community.

In March 2016, the TARGET programme concluded. This research was carried out by the Centre for Academic Primary Care and involved several members of the HIT. TARGET helped uncover why clinicians prescribe antibiotics, what parents want from a GP consultation and what interventions would help improve antibiotic use in primary care. We shared our findings at an implementation event in London in February. Attendees included national policy-makers, GPs and journalists. Videos from the event and an animation about what parents want from a consultation with their GP can be found at www.bristolhealthpartners.org.uk/target.

The study also produced a website for parents about caring for children with respiratory tract infection and cough (child-cough.bristol.ac.uk), developed with parents to provide a trusted repository of information about when to see the doctor, common symptoms, going to school or nursery, types of illness and caring for your child.

We have developed a short document for GPs with tips to reduce antibiotic prescriptions. It gives information about what patients want to know, and five suggestions of how doctors can help patients and carers manage common infections.

The bronchiectasis HOT clinic at North Bristol NHS Trust has continued to help patients get fast access to specialist care. The clinics were run as part of the ACCORD study. We are now analysing the data to ensure it helped achieve the aim of providing faster, more appropriate care that reduces hospital admissions.

Having been a HIT for three years, we're now reflecting on our achievements and creating a new work-plan for 2016 onwards.

www.bristolhealthpartners.org.uk/rubicon

Chronic Kidney Disease

Dr Udaya Udayaraj

We have been setting up a telephone clinic for CKD and kidney transplant patients, to provide more convenient care

The Chronic Kidney Disease (CKD) HIT is a team of clinical staff and patients, working together to improve outcomes and care for people with kidney disease. Up to 13 per cent of the UK adult population is affected by chronic kidney disease.

We have been setting up a telephone clinic for CKD and kidney transplant patients, to provide more convenient care requiring less travel. We are working with NIHR CLAHRC West on a feasibility study for the service and to evaluate its financial savings, patient satisfaction and carbon footprint. Support from the West of England Academic Health Science Network (AHSN) is helping us to deliver the project.

Acute kidney injury (AKI) is sudden damage to the kidneys that disrupts their function. The estimated annual cost of AKI is over £1 billion, while 20 per cent of AKI cases are thought to be predictable or avoidable. Our AKI working group has developed a patient information leaflet and have provided training to medical and nursing staff in Southmead Hospital to improve management of AKI. We are working in collaboration with other trusts to improve AKI care in the region.

Our education programme on AKI, CKD and hypertension management for nurses and allied health care professionals in primary care is now up and running. The first study day in February 2016 was well attended and we'll deliver more throughout the year.

We've set up a page on our website that consolidates CKD and AKI research in the region, to help co-ordinate and publicise local work.

www.bristolhealthpartners.org.uk/ckd

Sexual Health Improvement for Population and Patients

Professor John Macleod

The Sexual Health Improvement for Population and Patients (SHIPP) HIT works to promote evidence based sexual health improvement. We've piloted a new approach to management of cases of chlamydia and gonorrhoea diagnosed in the community. This alternative care pathway offers the option for telephone-based management by a centralised team of specialist nurses for any test taken in the practice. We have evaluated this model in 11 south Bristol practices, and both practice staff and patients reported positively. This pilot study informed the design of a larger, definitive cost-effectiveness evaluation, submitted to NIHR in April 2016.

In other research news, our work in patient and public involvement in sexual health services led by Jane Meyrick and Debra Gray was published in the Journal of Sexual Health. Our serious incident audit of very late HIV diagnosis undertaken by Justine Womack, Mark Gompels, Margaret May, Charlotte Davies and others was published in the Journal of Public Health.

The programme of research to improve how healthcare professionals respond to patients who experience domestic violence continues to go from strength to strength



In 2015 Bristol City Council updated the sexual health element of its Joint Strategic Needs Assessment, in part to inform their re-procurement of sexual health services in 2016. As part of this exercise, we analysed local population-based data on the need for sexual health services, collected through the Avon Longitudinal Study of Parents and Children (ALSPAC), also known as Children of the 90s. We are also collaborating with ALSPAC on measuring the prevalence of chlamydia and gonorrhoea in their young adult participants.

We submitted three proposals in CLAHRC West's 2016 project call, including one on the extension of services to support recognition of and response to intimate partner violence in pharmacies offering emergency contraception. We also submitted an evaluation of services to prevent repeat teenage

pregnancy in high risk young women, and use of a web-based costing tool to evaluate service innovation in specialist sexual health services using routine patient data.

The programme of research to improve how healthcare professionals respond to adult patients who experience or perpetrate domestic violence or abuse, and to their children, led by Gene Feder continues to go from strength to strength. The team secured five year funding with a second NIHR programme grant for the REPROVIDE project. Gene and colleagues are shortlisted in the 'Innovation into Practice' category of the 2016 BMJ Awards. Being shortlisted is a huge achievement and evidence of their impact.

www.bristolhealthpartners.org.uk/shipp

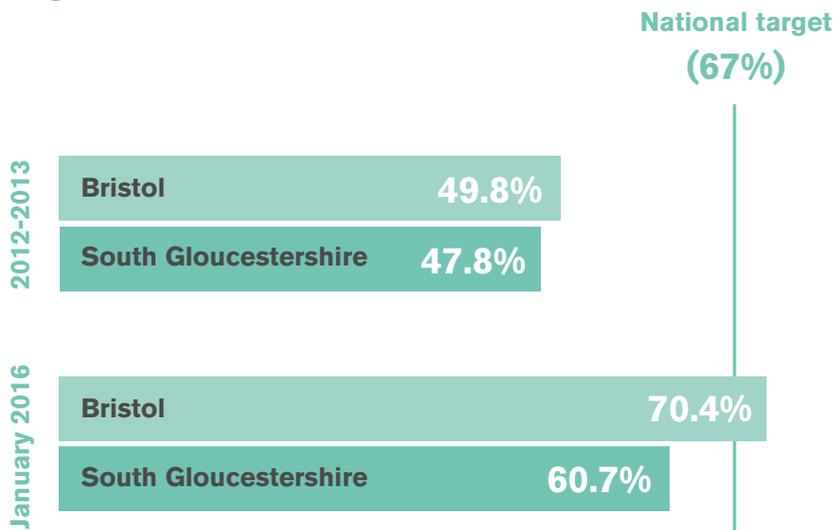
Dementia

Dr Elizabeth Coulthard

The Dementia HIT aims to achieve the best quality of life for people and families living with dementia. Since we began three years ago we have made significant strides towards this goal. The Dementia Wellbeing Service is celebrating its first birthday, with systems embedded in primary and secondary care and largely positive feedback, particularly for their post-diagnosis services.

A major achievement is identification of people living with dementia. The national target for dementia diagnosis is 67 per cent. In 2012-2013, when the HIT formed, the dementia diagnosis rates in Bristol and South Gloucestershire were 49.8 per cent and 47.8 per cent respectively. In January 2016 these diagnosis rates have risen to 70.4 per cent in Bristol and 60.7 per cent in South Gloucestershire.

Increase of dementia diagnosis rates



Everything we do is underpinned by patient and public involvement (PPI) to shape the HIT's work. We have also carried out a survey that found that public attitudes are positive towards people affected by dementia.

Research continues to be a major focus of the HIT. In January 2016 our research team held a showcase event, highlighting dementia research in disciplines as diverse as neurosurgery, clinical trials, psychology, epidemiology, public health, laboratory and clinical research. Hilary Doxford spoke about her experiences of taking part in research as a person living with dementia.

Everything we do is underpinned by patient and public involvement to shape the HIT's work

Join Dementia Research (JDR) is a new national initiative, with Avon and Wiltshire Mental Health Partnership (AWP) hosting the local team. It allows anyone over the age of 18 with or, significantly, without a diagnosis of dementia, to register their interest in national dementia research and be matched to a huge range of research activities. In December 2015 the AWP JDR team hired a tour bus and travelled the region to promote the initiative, resulting in 1,250 people joining and making the West the leading region for registrations.

In June 2015 Bristol and South Gloucestershire Clinical Commissioning Groups (CCGs) launched Be Dementia Aware. The campaign called on people to talk to their GP if they are concerned that they, or someone they care about, may be showing signs of dementia. We aim to build on this work and link in to Public Health England's Health Matters initiative on midlife approaches to reduce dementia risk, launched in March 2016.

www.bristolhealthpartners.org.uk/dementia

Supporting Healthy Inclusive Neighbourhood Environments

Dr Suzanne Audrey, Dr Adrian Davis and Marcus Grant



The Supporting Healthy Inclusive Neighbourhood Environments (SHINE) HIT aims to turn Bristol into a healthier city, with built environments that help people of all ages and abilities to be healthier.

SHINE led the Bristol Health Partners response to the West of England joint spatial plan, along with the Child Injury, Active Older People and Dementia HITs. The plan sets the framework for housing development across the Avon area for the next 25 years. Our response was a detailed, evidence-based report which sets down a health marker, to be followed up in the planning process and beyond.

We have been instrumental in setting up the Bristol Walking Alliance, a consortium campaigning to improve Bristol's walking environment, to create a welcoming, safe, convenient and inclusive environment for pedestrians. Other members include Bristol Civic Society, Bristol Ramblers, Sustrans and some of Bristol's neighbourhood partnerships. Its launch event was on 17 May 2016, during Bristol's month-long Walk Fest.

Bristol's inaugural Healthy City Week in October 2015 aimed to inspire the city's citizens to achieve healthier lifestyles as part of a more sustainable future city. The week was organised as part of Bristol's year as European Green Capital. More than 3,000 people engaged in over 100 events that promoted 'wellbeing that doesn't cost the earth'. As part of the week, we explored our healthy neighbourhoods theme, with a workshop examining health indicators for local places. A small development grant has been awarded to continue this work.

A petition supporting



**20
MPH**

**limits in Bristol
achieved over
4,000 signatures**



We have been instrumental in setting up the Bristol Walking Alliance, a consortium campaigning to improve Bristol's walking environment

A petition in favour of 20mph limits in Bristol achieved over 4,000 signatures, triggering a full council debate. The 20mph initiative is part of the Council's Safe Systems Road Safety Plan. We presented at the debate, focussing on the public health benefits of a lower speed limit. Slower speed is central to encouraging people to walk and cycle more. The debate culminated in support from a large majority of councillors and the elected Mayor, and local press published an editorial and articles supporting 20mph in neighbourhoods.

We are working with the Active Older People HIT on a literature review of interventions in the neighbourhood environment that support adult mental health, including older adults. This work complements an earlier paper that looked at changes to neighbourhood infrastructures that support the health of children and young people.

We have continued to publish a regular summary of key evidence from peer-reviewed literature linking health with transport policies and practice, which is held on the Travel West website.

www.bristolhealthpartners.org.uk/shine

Active People: Promoting Healthy Life Expectancy

Professor Selena Gray and Dr Afroditi Stathi

The Active People: Promoting Healthy Life Expectancy (APPHLE) HIT aims to improve activity and health in later life. In middle-aged and older people, physical activity helps maintain physical and mental function and reduces risk of physical and mental diseases.

The REACT study (Retirement into ACTION), led by Afroditi, was awarded £1.64 million by the NIHR Public Health Research Programme. This five-year multicentre trial targets people over 65 who are starting to find everyday activities difficult. The study is recruiting 800 participants into a 12-month physical activity and social programme, aimed at testing whether a decline in mobility and physical function can be slowed, stopped or even reversed.

The ACE project showed the physical health of people at risk of social isolation can be improved through increased community involvement. However, older people often cite a lack of motivation and the absence of friends or family to go with as barriers

to getting out and about. Bath University worked with LinkAge over the last year to extend the project to parts of Bristol. LinkAge has now secured a three year grant from the Health and Social Care Volunteering Fund to scale up ACE in Bristol. Following feedback from local older people ACE is now promoted as the 'Befriending Plus' programme.

APPHLE strongly supports the 20mph speed limits in Bristol's residential areas. We have promoted the health benefits of slower speeds, as residents feel roads are safer and more attractive for walkers and cyclists. In March, Bristol's full council debated continued rollout of the initiative. The majority of councillors and the elected Mayor voted in favour, and their support was reflected in the local press.

We contributed to the Bristol Health Partners response to the West of England joint spatial plan. The partnership's response challenged the four local authorities to ensure health and wellbeing are significant factors in planning decisions.

The Retirement into ACTION study was awarded over £1.6 million by NIHR



South Gloucestershire Council is running a pilot project to support people aged up to 75 at high risk of developing type-2 diabetes. Participants attend a six-week self-management course designed to increase their knowledge, skills and confidence to make lifestyle changes. Sixty participants have completed the course, with a second cohort under way. Feedback has been very positive and drop-out rates are low. UWE is evaluating this intervention.

www.bristolhealthpartners.org.uk/apphle

Bristol Bones and Joints

Dr Emma Clark, Professor Ashley Blom and Professor Sarah Hewlett

The Bones and Joints HIT covers three disease areas: osteoarthritis, osteoporosis and inflammatory arthritis, underpinned by three themes of patient self-management, patient and public involvement and information technology.

We have developed the infected arthroplasty service at North Bristol Trust into a world class referral centre with a multidisciplinary approach. We are now leading a national consortium of 14 NHS trusts and five universities in the INFORM programme, a randomised control trial of one versus two-stage revision of infected hip replacements, funded by a £2 million NIHR grant.

In osteoporosis, we now routinely collect patient-based quality indicators for the pan-Bristol bone densitometry DXA scanning service. Our bi-annual meetings to share information and expertise continue, and we are working on incorporating vertebral fractures into the commissioned fracture liaison service across Bristol. Our research priority remains improving adherence to osteoporosis medication.



We have standardised drug monitoring programmes for inflammatory arthritis across the city in secondary and primary care. The British Society of Rheumatology award winning rheumatoid arthritis patient pathway in University Hospitals Bristol has been running for more than a year, and North Bristol Trust has now also developed a pathway. We are exploring ways of delivering best practice for patients with vasculitis and the connective tissue diseases in a unified way across both trusts and the Royal National Hospital for Rheumatic Diseases in Bath.

We have scoped self-management services across the HIT. While there are good programmes in some areas, access to psychological and self-management programmes is limited and inequitable across trusts and conditions. Our research is on understanding the self-management needs of men with rheumatoid arthritis, supporting patient activation into self-management, and a randomised control trial of cognitive behavioural approaches to self-managing fatigue.

'ESCAPE-pain', an exercise and self-management intervention to improve pain and function for people with osteoarthritis, which we developed with Professor Mike Hurley at Kingston University, won Royal Society for Public Health and British Society of Rheumatology awards. We worked with commissioners across the West of England AHSN to bring the intervention into practice. This is becoming the intervention of choice for this patient group.

'ESCAPE-pain' won Royal Society for Public Health and British Society of Rheumatology awards

Our third patient consultation day in June 2015, attended by 28 patients and 10 senior staff, focussed on how to increase patient involvement in teaching and research. It provided insights into differences in service provision across the trusts, but with each demonstrating some excellent services.

Our 'single point of entry' website for patients, clinicians and researchers across Bristol, offering local information on musculoskeletal disease, care pathways and research, was tested by 30 patients from across Bristol at the June meeting, and is being refined.

www.bristolhealthpartners.org.uk/bonesandjoints

Improving Perinatal Mental Health

Dr Jonathan Evans and Inge Shepherd

We are working to ensure there is a comprehensive pathway in place for women and their families who experience mental health problems during their pregnancy, and in the first year of their child's life. During the last year we have focused on gaps in the pathway, the ongoing education of professionals and the public, and identified good opportunities for service improvement.

To ensure a smooth pathway of care and consistent support for families, we have assisted Bristol CCG with developing a business case for a specialist community perinatal mental health service, using a shared care model with primary care, maternity, adult mental health and early years services. The business case has been agreed and the team will be recruited by October 2016.

The education of professionals and the public has continued to be a strong theme for us. Bluebell, our partners in patient and public involvement, have produced five short animated films illustrating mothers' and fathers' personal experiences of mental health issues. These powerful films, funded by the Wellcome Trust, have been used to great effect in training and workshops.



We have developed a business case for a specialist community perinatal mental health service

We have set up a five day course for midwives and mental health nurses, held at UWE, to improve knowledge and awareness of perinatal mental health among professionals. This was organised by our work stream lead for teaching, Dr Rona Lockyer-Shepherd.

We have helped link midwifery services with Children's Centres to increase women's engagement with the centres during pregnancy. Linked to this, we submitted an application for funding to understand more about the relationship between perinatal mental health and parenting, and interventions that can prevent perinatal mental health problems. We are seeking funding to develop interventions for fathers in collaboration with the Fatherhood Institute, and working with Dr Deeraj Rai to look at the risks and benefits of antidepressant use during pregnancy using a large primary care database.

www.bristolhealthpartners.org.uk/improve

Addictions

Leonie Roberts, Blanka Robertson
and Professor Matt Hickman

The Addictions HIT aims to support the development and commissioning of evidence-based services to improve the health of people dependent on drugs and alcohol, and reduce drug and alcohol related harm.

www.bristolhealthpartners.org.uk/addictions



Psychological Therapies in Primary Care

Dr Nicola Wiles and Dr David Kessler

Our HIT aims to improve psychological care for patients with depression, anxiety and other common mental disorders. These are a major cause of disability, and patients express a preference for psychological therapies. We also want to innovate, and a major theme is developing online technology to improve access to psychological treatments.

We have focused on improving patient access and engagement with the local Improving Access to Psychological Therapies (IAPT) service. We made a short film about participants' experience of cognitive behavioural therapy (CBT). This has been shared on therapy provider and health and social care websites.

We are developing a strategy to improve the promotion and engagement of psychoeducational courses and webinars, to support IAPT to achieve its access targets. We are also advising on data collection to monitor and evaluate why people might drop out of the IAPT service before treatment has finished.

A major theme is developing online technology to improve access to psychological treatments

Our HIT has provided a useful collaboration when considering the roll out and evaluation of SilverCloud, an online therapist-supported package, in the IAPT service. The INTERACT programme started this year, which will develop a therapist-integrated online CBT intervention for depression. It will be followed by a randomised control trial evaluating the clinical and cost-effectiveness of the intervention.

Another focus of our work is the use of mobile technology, such as the SAM app, in psychological interventions. A longer term aim is to expand the access of psychological therapies through digital innovation.

www.bristolhealthpartners.org.uk/inpsyte

Integration to Avoid Hospital Admissions

Professor Sarah Purdy and Dr Peter Goyder

Dr Peter Goyder, Urgent Care Clinical Lead at Bristol CCG, is now co-leading the Integration to Avoid Hospital Admissions (ITHAcA) HIT with Professor Sarah Purdy. With both an academic and commissioning lead, ITHAcA has continued to work closely with clinical and commissioning colleagues in urgent care.

We received funding from the Elizabeth Blackwell Institute to explore the introduction of a frailty toolkit in primary care, in collaboration with South Gloucestershire CCG. We have also received funding from the Avon Primary Care Research Collaborative to develop a tool to measure when an admission has been avoided with Bristol and South Gloucestershire CCGs. We have also applied

to NIHR CLAHRC West for a project to support Bristol CCG in implementing the 'joint front door' service at the Bristol Royal Infirmary.

We are working with the Child Injury HIT on a Red Cross-funded qualitative study to understand more about helping patients decide when to seek help. We have also teamed up with the Respiratory Infections HIT and the physics department at the University of Bristol, to look at developing a primary care device to rapidly detect antibiotic resistance in common bacteria, using nano-sensor technology. We are keen to see whether such a device could lead to reduced repeat consultations for urinary tract infections in elderly people, reducing the avoidable hospital admissions for this group.

A new strategic focus for ITHAcA will be to look at social care interventions and how we can support health and social care commissioning. There's a lack of evidence around these interventions, and this is an area where we could add value.

www.bristolhealthpartners.org.uk/ithaca

We are working with the Child Injury HIT on a Red Cross-funded study to understand more about helping patients decide when to seek help

Bristol Network for Equality in Early Years Health and Wellbeing

Dr Patricia Lucas and Dr Jo Williams

The Bristol Network for Equality in Early Years Health and Wellbeing (BoNEE) aims to tackle the health inequalities that have a profound and lifelong impact on the health and wellbeing of children. Deprivation in Bristol is higher than average for England, with nearly 20,000 children living in poverty. With a rising child population, Bristol needs a local evidence base along with staff and services that recognise and respond to inequalities in children's health.

We presented evidence of inequalities in oral health, and strategies for dental services to engage with very young children and their families

Our research into children's oral health in Bristol has focussed on two strands: comparing rates of extractions of decayed teeth under general anaesthetic in Bristol Dental Hospital, taking account of socio-economic factors; and establishing rates of dental attendance among children under five. We reported our findings to over 70 delegates at our oral health symposium in March 2016, including dental practitioners, other oral health professionals and students. We presented evidence of the extent of inequalities in oral health in Bristol and promoted workable strategies for dental services to engage with very young children and their families.

We are now reviewing the oral health needs of children with special needs, working with Bristol Parent Carers Forum.

Nutrition plays a vital part in children's development so we have investigated making Healthy Start vitamin supplements universally available to children, while addressing the need for vitamin D for particular ethnic groups. We have helped evaluate cooking activities focused on feeding babies and toddlers at the Wellspring Healthy Living Centre.

Looking ahead, we will consider how we can contribute to Bristol's healthy weight strategy and how it can use existing links with the established Bristol Infant Nutrition and Nurture Group to develop projects.

We have completed a descriptive analysis of inequalities in measures of school readiness, and explored what that tells us about social and emotional wellbeing of young children in Bristol. Working with Public Health Wales, we have carried out a systematic review of interventions by professionals to support early development in under twos.

In the coming year, we will be supporting the development of the integrated two year check, carried out by health visitors and early years staff, which will include the existing Ages and Stages Questionnaire for parents.

www.bristolhealthpartners.org.uk/bonee



Around 1 in 13 children in Bristol has a chronic or potentially disabling condition which impacts on their daily lives

Improving Care in Self-Harm

Salena Williams

The Improving Care in Self-Harm (STITCH) HIT is working to reduce the number of suicides in the Bristol area, by transforming understanding of self-harm across the health service and improving treatment and support for self-harm patients. Self-harm is a growing problem for the NHS, with around 200,000 emergency cases reported nationally every year. It is the highest predictor of suicide, with self-harm patients 35 times more likely to end their own lives.

The self-harm surveillance register is the backbone of our data-collection in Bristol. It started at the Bristol Royal Infirmary (BRI) and we now have five years' data from the hospital, so we can see the effect of service changes over time.

Two-thirds of self-harmers presenting at A&E now receive a psychosocial assessment, compared to just over half in 2011. This is because of training staff to recognise self-harm and to offer an assessment, and extending the Psychiatric Liaison Team's operating hours. We made these changes because having an assessment leads to better outcomes for patients, and 80 per cent of patients attended A&E outside the team's core hours. The BRI has created an emergency department staff training package on a rolling six-month programme. University Hospitals Bristol is now working with other trusts across the south west to standardise self-harm training for emergency department staff, and is broadening its own delivery across the Bristol, North Somerset and South Gloucestershire area.

The number of people who self-harm in Bristol alone is estimated at around



25,000

In 2013, the register was extended to Frenchay Hospital and Bristol Children's Hospital. This helps share good practice and create age-appropriate assessment tools and treatments, particularly for children. There was some disruption to data collection during the transfer of the emergency department at Frenchay to Southmead Hospital, but data is again being collected and analysed.

We have found that average hospital length of stay for patients admitted to the BRI following self-harm has reduced from 3.1 days in 2011 to 2.1 days in 2014. People who attend A&E more than once are offered an enhanced personal support plan. This means staff have immediate access to the information they need, so they can see and treat patients more quickly.

Bristol self-harm patients contributed to new research that shows that consulting the internet, particularly about suicide methods rather than searches for help, is a strong indicator of the severity of suicidal intent and the likelihood of subsequent completed suicide. The psychosocial assessment already includes questions about internet use and these will now be refined to take account of the motive for these searches. The close working relationship between researchers and practitioners that our HIT promotes allows such changes to be quickly evidenced and implemented.

www.bristolhealthpartners.org.uk/stitch

Two-thirds of self-harmers presenting at A&E now receive a psychosocial assessment, compared to just over half in 2011

Child Injury

Dr Julie Mytton

The Child Injury Prevention and Injury Care (CIPIC) HIT works to reduce the number of unintentional injuries to children across the Bristol area. We aim to improve the outcome for patients when those injuries do happen, and reduce the burden that avoidable childhood injuries place on NHS resources.

There is genuine wider interest in the HIT model of integrating child injury prevention, care and rehabilitation

Our third conference took place on 17 March 2016, and included prevention, care and rehabilitation presentations from practitioners on the front line. Over 60 people attended, from a range of professions and educational fields.

Our burns and scalds theme is driven by the Healing Foundation Children's Burns Research Centre.

The SILKIE study looks at the feasibility of using low-friction sheets to improve the success of skin-grafting after a burn. We are also setting up a study into the early detection of infection in burn wounds, using SMART dressings. This work follows MISTIC, an observational study that examined the normal physiological response to small to moderate burns in young children. We have also been looking, with parents, at the information that they need at different times, after a major childhood burn injury. We have been working with the fire and rescue service to find out how children and families behave in house fires and exploring fire safety education. We are keen to develop this partnership.

We are leading a feasibility study on an intervention to prevent post-concussion syndrome in young children visiting emergency departments following a head injury. In June 2015 we hosted a child head injuries research meeting, inviting a multidisciplinary group to map interests, research and plans. Participants gained a clearer understanding of local

research expertise and opportunities to collaborate over sports-related head injuries. We also had a visit from the NIHR Brain Injury Healthcare Technology Collaborative, to talk about head injury prevention.

We are continuing to develop and test paediatric hospital care pathways to improve management of open tibial fractures. A large trampolining centre has opened in north Bristol, so the HIT is monitoring injuries presenting at local children's emergency departments. We have also started to work with the British Red Cross to explore patients' and carers' information needs prior to attending an emergency department or minor injuries unit.

There is genuine wider interest in the HIT model of integrating child injury prevention, care and rehabilitation. We have been asked to present our model at meetings in Wessex, Bristol and Exeter.

www.bristolhealthpartners.org.uk/cipic

Bristol Immunisation Group

Professor Adam Finn, Dr Julie Yates and Dr Marion Roderick

The Bristol Immunisation Group (BIG HIT) aims to strengthen and support the many agencies involved in ensuring that immunisations reach the children and adults who need them. There is now a strong collaborative group meeting regularly to address our agreed goals. Over the last year we have supported updating and cleansing of the child health database, the backbone for immunisation data and delivery.

Immunisations in schools have been a particular challenge for Bristol, as traditionally no vaccines were delivered in schools, and the national programme has changed and expanded every year. We have started talking to local teenagers about how we can ensure the programme is as accessible as possible. We plan to improve school liaison to ensure immunisations have the full support of staff, and integrate with the healthy schools programme.

Using the immunisation health needs assessment, we will target the weakest areas of the programme with evidence-based interventions. Our aim is to optimise delivery, uptake and mapping of immunisations, while adding to the evidence base through collaborative research.

www.bristolhealthpartners.org.uk/immunisation

We have supported updating and cleansing of the child health database, the backbone for immunisation data and delivery

Parkinson's and Other Movement Disorders

Dr Alan Whone

The Movement Disorders HIT works to improve quality of life for people with Parkinson's and other movement disorders in the Bristol area. Our work also aims to have international impact.

We moved into the new Bristol Brain Centre in May 2015, which hosts clinics, research, education and administration under one roof, enabling full integration of clinical services and research.

I was pleased to receive the Outstanding Achievement award at the Bristol Health and Care Awards in March. I see this as a shared award, with the patients and professionals who believe it is unacceptable to watch those with Parkinson's slowly decline.

We are continuing to develop our advanced treatment services, with a new regional Duodopa service at North Bristol Trust (NBT), which is starting to assess patients for eligibility for this advanced treatment for Parkinson's.

Our brain-infused nerve growth factor trials are progressing well. We expect to publish the potentially ground-breaking results of the double-blind component later this year. In March 2016, the results from 130 patients, all tested at NBT, were published in The Lancet Neurology and indicated that treatment with Rivastigmine reduced falls in Parkinson's by 40 per cent. In January some Parkinson's laboratory science in which we collaborated was published in Nature Medicine and, in July, a European-wide deep brain stimulation trial in Parkinson's where we were the UK site, was published in The Lancet Neurology. In November, alongside Parkinson's UK and the Cure Parkinson's Trust, we hosted an open Parkinson's research meeting to give an update to the public about our research.



Our brain-infused nerve growth factor trials are progressing well.

We expect to publish the potentially ground-breaking results later this year

We continue to hold quarterly meetings with our enthusiastic and dynamic patient and public involvement (PPI) group. Our PPI members have brought together some wonderful designs for the garden at the Bristol Brain Centre. We are also exploring patient-led research to help create a truly patient-centred service.

Kevin Carter, Parkinson's UK's local advisor, is now working alongside our consultants and nurses in an information support role, using our dedicated Parkinson's information support room. This is a first-in-UK arrangement between Parkinson's UK and the NHS, and is proving to be an effective and valuable collaboration.

We are hoping to launch our MOVE-HIT@NBT website in the next few months, with information about services, treatments, research, training and education all in one place. This site will be a platform to make our in-development, post-auditing, Bristol, North Somerset and South Gloucestershire-wide integrated Parkinson's pathway available to everyone.

www.bristolhealthpartners.org.uk/move

Retinal Outreach, Integration and Research

Professor Andrew Dick and Dr Clare Bailey

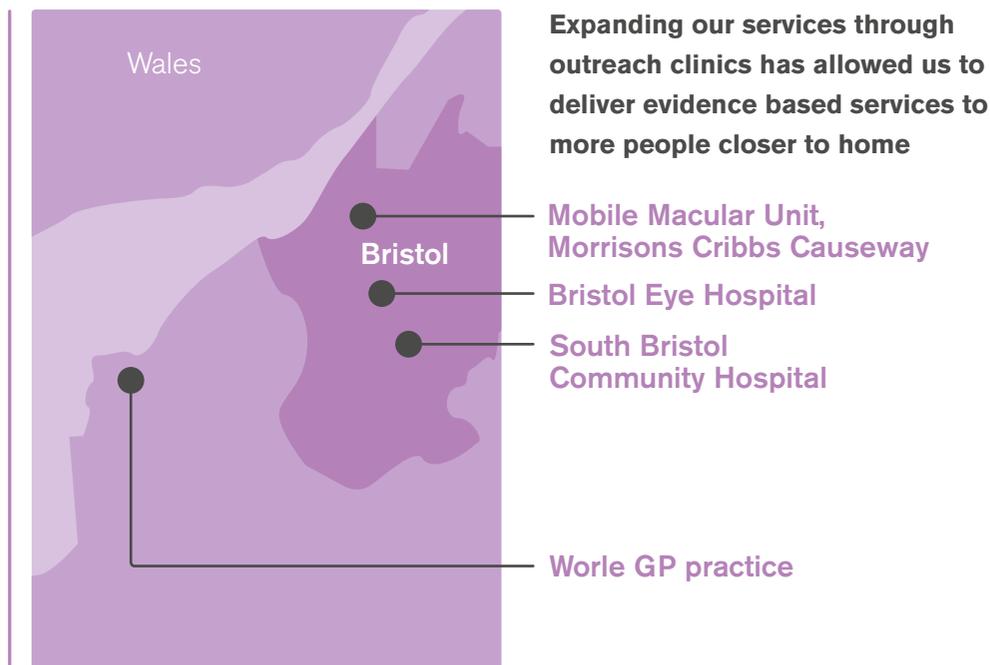
The Retinal Outreach, Integration and Research (RENOIR) HIT built on Bristol Eye Hospital's (BEH) regional, national and international strengths, particularly in retinal disorders. RENOIR was part of a strategic ambition to embed translational and clinical research into service delivery, born out of learning from the Retinal Treatment and Research Centre, where this culture and behaviour was developing.

Expanding our services through a modernised system using outreach clinics has allowed the NHS to deliver evidence based services to more people closer to home, improving patient choice and delivering research that brings new drugs and treatments to people who might not otherwise have access to them.

We have responded to the increased prevalence of retinal conditions by designing and delivering optimal and cost efficient care. We have enhanced our services through the use of modern imaging developments and IT, and extending our team's skills. We have already recruited, trained and extended the role of optometrists, technical staff and nurses, leading to a more cost-effective delivery of services, a reduction in tariffs for this pathway of care, and enhanced research delivery.

Our outreach programme now provides high quality, modern services, treating patients closer to home to the same standards as BEH. We opened a new site at South Bristol Community Hospital in July 2013, followed by a site at a GP practice in Worle, close to Weston-Super-Mare, in October 2014. In January 2016 a mobile macular unit opened, currently based in Morrisons car park at Cribbs Causeway. They have received excellent feedback from patients: 98 per cent rated the service as very good or excellent, with the remaining 2 per cent rating it as good.

98% of patients rated the service as very good or excellent



We have developed four research and NICE guideline-informed care pathways. Initial consultation and diagnosis happens at BEH, before patients are moved into appropriate care pathways for follow-up at one of the outreach locations. Patients are given opportunities to participate in research, whether they're seen in the outreach locations or at BEH. There has been a doubling of recruitment during the duration of this HIT as well as new collaboration with NIHR CLAHRC West to undertake qualitative service evaluation.

The original strategic aims of RENOIR are now embedded in BEH's day to day operational activities, and we are pleased to report that the team has achieved all that it set out to do, so this will be our last report in the Bristol Health Partners annual review.

www.bristolhealthpartners.org.uk/renoir



People with Eating Disorders

Dr Hugh Herzig and Dr Helen Malson

People with Eating Disorders (EDHIT) is a new HIT which focuses on improving care and quality of life for people with eating disorders and enhancing prevention.

www.bristolhealthpartners.org.uk/eatingdisorders

Psychosis

Dr Sarah Sullivan, Dr Simon Downer and Dr Martin Jones

People with a serious mental illness have a right to a quality of life that is on a par with the healthy population. But compared with the general population, people with psychosis are more likely to be socially excluded, unemployed and have a shorter life expectancy.

The Psychosis Health Integration Team works to improve the lives of people with psychosis in Bristol and to make the city a national leader in psychosis services, support and treatment. We aim to hear the voices of people who experience psychosis, their families and carers and those of staff in mental health services.

Bristol Health Partners endorsed us as a HIT in October 2015 and since then we have been establishing our work streams. Our work is informed by the active involvement of people with psychosis, their families and carers. We held an event on 23 February 2016 with our patient and public involvement group to help shape the focus of our

plans and give us extra insight. Continuing this dialogue at every level of our work is a priority for the HIT.

We have agreed to focus on eight areas: improving access to employment opportunities for people that feel able to work; improving experiences of hospitalisation; improving physical health outcomes; better integration of care pathways; greater emphasis on the relationship with trauma; better engagement with families and networks; more caring crisis response; and improving the health of staff who work with people with psychosis.

We start from a strong position of enthusiasm and existing work led by members of our team. For example, a pilot study of communications between primary and secondary care which concluded in March 2016 will form the basis of new, larger scale work later in the year. Our first meeting since endorsement as a HIT had 21 attendees committing to join and lead our work streams.

Our work is informed by the active involvement of people with psychosis, their families and carers

We are looking forward to appointing a Peer Director to help lead the HIT and offer the crucial perspective of users and carers in the leadership team. We'll be formally launching the HIT in June 2016 at a special event which includes a film screening.

www.bristolhealthpartners.org.uk/psychosis

| Our finances

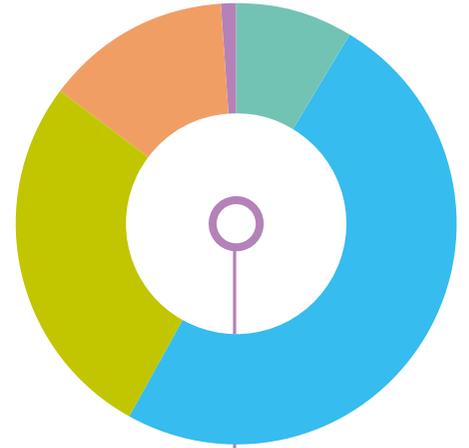
Our income

Our income for 2015-16 was

£421,519

This came from:

- Carried over from 2014-15 **£36,869**
- NHS organisations **£209,000**
- Academic partners **£114,000**
- Bristol City Council (Public Health) **£57,000**
- Innovate UK **£4,650**



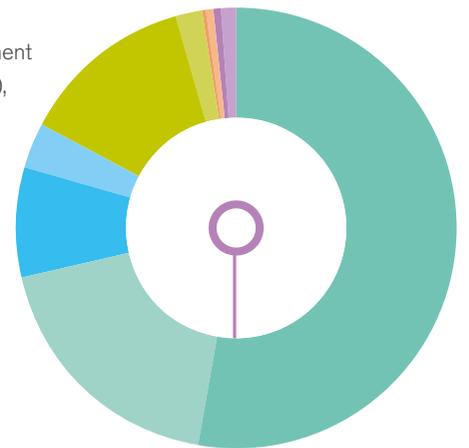
Our spend

Our spend for 2015-16 was

£424,109

This was on:

- Staff: Director, Programme Manager, Communications Manager, Management Assistant, Evaluation Officer, PPI Facilitator, Senior Project Managers (two), UHBristol finance team support **£224,034**
- HITs support **£79,325**
- Communications **£33,806**
- New website **£15,000**
- Events **£53,697**
- Strategic programmes development **£7,854**
- Training **£1,432**
- Meetings **£2,103**
- Expenses **£2,257**
- Office consumables and stationery **£4,602**



Highlights from the partners

This year saw the opening of the Bristol Brain Centre, bringing Bristol's considerable strengths in neurological disorders together under one roof, and a new personalised assisted living facility at the Bristol Robotics Laboratory. A Genomic Medicine Centre was announced for the West, while the region took the lead in Join Dementia Research registrations.

Our hospitals had



11,688
babies were born
in the care of our
NHS trusts



New openings

The first of its kind in the country, the Bristol Brain Centre opened in November, bringing together experts from North Bristol NHS Trust (NBT) and the University of Bristol, in multiple sclerosis, dementia and movement disorders such as Parkinson's. It also houses the Movement Disorders and Dementia Health Integration Teams (HITs).

In December the West was awarded one of 13 NHS Genomic Medicine Centres, through a collaboration involving 15 organisations including University Hospitals Bristol NHS Foundation Trust (UH Bristol) and NBT. Part of the Government's 100,000 Genomes Project, the centre will enable the development of new and better predictive and diagnostic tests for diseases, and allow drugs and other treatments to be tailored precisely to the individual patient.

Bristol Robotics Laboratory launched the Anchor Robotics Personalised Assisted Living (ARPAL) facility in September. The facility enables robotics researchers, elderly people with assistive needs and those supporting them, to work together to devise and test new robotic solutions in a home environment.

The new children's focused nursing simulation suite at the University of the West of England (UWE Bristol) was opened by NHS England's Experience of Care Lead Kath Evans in December. The suite, which includes a simulated children's ward and a sensory room, ensures student nurses develop skills and get the chance to practise them in a safe environment.

Cutting edge trials and findings with impact

This year saw the close of the CADME trial, assessing the effectiveness of two drugs in reducing swelling of the macula for patients with diabetic macular oedema. This was the first trial to come to the UK through a formal consortium agreement between the National Institute for Health Research (NIHR) Moorfields Biomedical Research Centre, for which UH Bristol leads on inflammation and immunotherapeutics, and the US National Institutes of Health (NIH). UH Bristol, through the Retinal Outreach, Integration and Research HIT, recruited nearly two thirds of the patients in the trial.

Evidence from one of the trials UH Bristol took part in was confidentially shared with NHS England ahead of its publication, so that they could make a prescribing recommendation. In November NHS England published its interim clinical commissioning policy on the use of a biologic for children with severe refractory uveitis, recommending its use for patients who meet the clinical criteria it sets out. The policy will benefit children for whom uveitis threatens their sight, and for whom other treatments have proven ineffective.

Scientists at UWE Bristol discovered a new way of making titanium implants bond better with bones in January. Successful implant surgery is dependent

Pioneering mental health research

Austerity and unemployment are significant factors in the rising number of suicides in men since 2008, according to research published in November. The research, led by Professor David Gunnell from Bristol University, was part of an NIHR programme grant on suicide and self-harm hosted by Avon and Wiltshire Mental Health Partnership (AWP), and is fully integrated with the Improving Care in Self-Harm HIT.

Young people who identify with the goth subculture might be at increased risk of depression and self-harm, according to research led by academics at the Universities of Oxford and Bristol, published in *The Lancet Psychiatry* journal in August. The findings showed that teenagers who identified very strongly with being a goth at 15 were three times more likely to be clinically depressed and were five times more likely to self-harm at 18 than young people who did not identify with the goth subculture. The study used data from the Avon Longitudinal Study of Parents and Children.

on this bonding process working so that the implant integrates into the patient's skeleton. Around 10 per cent of joint replacements fail due to loosening of the bonding of implant to bones.

A research team from UWE Bristol completed a pilot study in February, using a urine diagnostic test for prostate cancer that could mean the invasive procedures that men currently undergo eventually become a thing of the past. Working in collaboration with the Bristol Urological Institute and Bristol Royal Infirmary, the pilot used a special tool to 'smell' cancer in men's urine.

In March, researchers from the University of Bristol and Imperial College London warned that antibiotic resistance in children with urinary infections is high and could render some antibiotics ineffective as first-line treatments. The research, from the Centre for Academic Primary Care, was published in *The BMJ*.

Also in March, research led by the Universities of Bristol and Exeter and published in the medical journal *JAMA*, found that being overweight or obese in pregnancy causes babies to be born larger. The study also found that having higher blood sugar during pregnancy causes babies to be born larger. Conversely, having higher blood pressure in pregnancy causes babies to be smaller.

In November, a free self-help app for anxiety called SAM app, conceived and co-designed by experts at UWE Bristol, had been downloaded by over 500,000 users in more than 100 countries since its launch in July 2013. It has been in the top 100 health and fitness apps in 85 countries and received thousands of positive reviews.

The Clinical Research Network (CRN): West of England and AWP worked together this year to be the first UK site to open the SUSTAIN-2 study, a complex commercial clinical trial looking at treatment for patients with treatment resistant depression, by introducing Esketamine with a new antidepressant.

AWP has been involved in the COCAPP study, looking at what helps and what hinders collaborative, personalised and recovery-focused care planning for people with mental health problems. The study concluded that positive therapeutic relationships appear to be the most important success factor, with excessive administrative tasks for staff and inflexible information technology cited as barriers.

Everyone Included is AWP's initiative to ensure people get the opportunity to take part in high quality research. This has continued to be a great success, with over 3,400 letters sent out to let people know about Everyone Included, and sending out more than 1,200 specific research opportunities in five studies. AWP is working with other NHS organisations to adopt a similar approach to research recruitment.



Success in the West

The West of England Academic Health Science Network (AHSN), the NIHR CRN and the NIHR Collaboration for Leadership in Applied Health Research and Care West (CLAHRC West) held a region-wide Enabling Collaborative Innovation conference in October. More than 400 people came together to hear speakers, including Dame Janet Trotter, Lord Lieutenant of Gloucestershire and Chair of Gloucestershire Hospitals Trust, Nigel Acheson, Regional Medical Director of NHS England, and Martin Marshall, Professor of Healthcare Improvement at University College London.

A tour bus promoting Join Dementia Research proved such a hit with Christmas shoppers in the West that the region has now taken the number one slot for the highest number of registrations to the service in the country. The Join Dementia Research register allows people, whether they have dementia or not, to express an interest in being involved in dementia research. The bus visited Stroud, Weston-super-Mare, Swindon and Bristol, and was organised by AWP with support from CRN: West of England.

The West had the highest research engagement in primary care, with 83 per cent of practices recruiting to clinical studies. Research in haematology and surgery stood out with the region recruiting more patients per 100 million population than anywhere else in the country.

The region was selected as an innovation test bed by NHS England, to help people with diabetes self-manage their condition, as part of a major drive to modernise how the NHS delivers care. The Diabetes Digital Coach Test Bed, funded by the Department of Health and led by the West of England AHSN, will see collaboration between the local health community, national charities and technology businesses and aims to recruit 12,000 people with diabetes in the region.

Biomedical research in the UK received a vital boost in December, thanks to a new collaborative PhD training programme worth £4.6 million. Largely funded by the Medical Research Council (MRC), the award was made to the GW4 Alliance – comprising the University of Bristol, University of Bath, Cardiff University and the University of Exeter – and will fund more than 50 postgraduate research students over the next three years.

Collaborating for effective patient and public involvement

People in Health West of England (PHWE) provides a shared patient and public involvement (PPI) resource for its partners, and the West more generally. In the last year it launched its website, a hub for public involvement opportunities, resources, training and events and held a range of workshops to raise awareness and skills in health research.

Over the past year PHWE has developed a tested, shared approach to the selection and management of public contributors helping to co-produce work in partner organisations. Guidance for managing payments, code of conduct and sample role descriptions are all freely available on their website.

The practicalities of working with members of the public in the spirit of co-production have challenged all PHWE's partners, who have benefited from having this specialised team to put in the thought and machinery to make this successful. One example of this is the public consultation on Bristol Health Partners' strategic aims. This involved staff and the two public contributors on the Bristol Health Partners Executive Group running a workshop to listen to the views of a range of people.

Many HITs are in the early stages of involving public contributors in their work, and they are able to build on the networks, experience and resources of PHWE's nine staff and pool of public contributors to put this in place without having to re-invent the wheel. The PHWE team were involved in the West of England AHSN's Design Together, Live Better workshops, which led to the idea of a portable bidet for people with disabilities, which is now a design prototype.

PHWE can also offer access to the views of children and young people through the Bristol Health Partners funded Young People's Facilitator. Because of this support from Bristol Health Partners, the Young People's Action Group that meets at the Bristol Children's Hospital, set up by the CRN, has continued.

Plans for next year include an evaluation of PHWE to ascertain the sustainability of this model and its viability for replication elsewhere.

More than 400 people came together to hear speakers at the region-wide Enabling Collaborative Innovation conference



Embedding research, evidence and evaluation in the commissioning process

The Avon Primary Care Research Collaborative (APCRC) aims to bridge the gap between the NHS and the academic community. APCRC helps develop research ideas that are NHS focussed and relevant to commissioners, and supports commissioners to use research and evidence in their work. APCRC hosts 13 NIHR research grants worth over £16.7 million, on behalf of Bristol, North Somerset and South Gloucestershire CCGs.

APCRC and the West of England AHSN have co-developed two innovative web based toolkits, designed to support commissioners to find and use evidence (www.nhsevidencetoolkit.net) and to evaluate their work (www.nhsevaluationtoolkit.net). These went live in March.

In December APCRC, the West of England AHSN, CLAHRC West and Bristol Health Partners organised an interactive Principles of Pragmatic Evaluation workshop, which explored issues around appropriate and robust evaluation. The outputs will inform a vision, strategy and plan to maximise the opportunities for evaluation in the West.

APCRC Research Capability Funding award again leads country

In April 2016 APCRC was awarded £1.12 million of Research Capability Funding (RCF), on behalf of the three local CCGs. This is once again the highest award to any primary care organisation in England. RCF is calculated on NIHR research grant success and is designed to maintain research capacity and capability.

Peter Brindle, R&D Programme Director at APCRC said: "This award shows that our partnerships with researchers at our local universities, with NHS staff and with public health colleagues are helping us to develop successful research, and to keep the RCF 'virtuous circle' rolling forward. We are delighted to be at the top of the table again, and we will use the RCF to invest in roles that bridge the gap between academia and practice, and in new research ideas that are NHS relevant."

In November APCRC hosted a high profile RCF conference, celebrating this continued RCF success and highlighting the initiatives it supports. Professor Sir Malcolm Grant, Chair of NHS England, attended and gave the keynote address.

APCRC hosts 13 NIHR research grants worth over £16.7 million, on behalf of Bristol, North Somerset and South Gloucestershire CCGs

New ProVC for Health and recognition for Bristol's health researchers

Professor John Iredale took up the new position of the University of Bristol's Pro Vice-Chancellor for Health in January. Professor Iredale was Regius Professor of Medical Science, Head of the School of Medicine and Vice-Principal (Health Services) at the University of Edinburgh. He was Deputy Chair for Clinical Medicine in REF 2014. The role provides leadership across the University health community, working closely with Bristol Health Partners and regional, national and international partners to enable the University to deliver greater impact in health research, innovation and outcomes and medical and health education.

During the year, six of UHBristol's principal investigators were recognised for the successful delivery of commercial research in the NHS by the Chief Medical Officer as part of an NIHR event. Individuals were recognised too, including Professor Athimalaipet Ramanan, who won the Research Impact Award at the Bristol Health and Care Awards for his role as the chief investigator for the SYCAMORE trial. The study, which looked at using Adalimumab for the treatment of juvenile idiopathic arthritis associated uveitis, closed early due to its positive findings and Adalimumab is now being used across the world to halt the disease and prevent blindness in children.

Professor Nichola Rumsey, Co-Director of the Centre for Appearance Research at UWE Bristol, was awarded an OBE for her services to people affected by an altered appearance, while Sarah Green, Head of Nursing and Midwifery at UWE Bristol, was awarded a Florence Nightingale Foundation and Council of Deans of Health Leadership Scholarship for Aspiring Deans.

Find out more about Bristol Health Partners and our Health Integration Teams

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 [@BristolHealthP](https://twitter.com/BristolHealthP)

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