Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire



Healthy Weston Update for the Joint HOSC

September 2018



Purpose

- To provide an update on the Programme and seek feedback to support next steps focusing on the
 - Case for change
 - Vision
 - Building on the Co-Design work
 - Clinical Service Options Development
 - Development of the Pre-Consultation Business Case
- To share the Evaluation Criteria developed to enable the transparent evaluation of any options



The Case for Change – Building on the Commissioning Context¹ and Co-Design Work

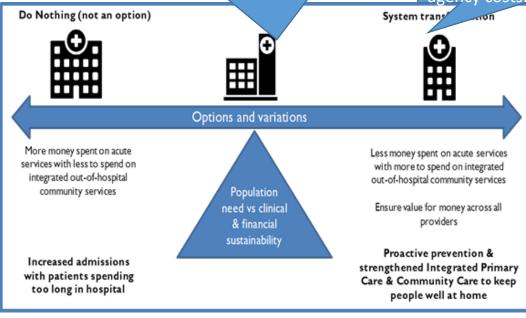
The population in and around Weston is both aging and growing – we need to increase our focus on prevention.

Despite population increase, activity has been reducing in Weston year on year.

> The midwife led maternity service is not chosen by enough women to make it viable with just 170 in 2016/17.

The Trust has been in financial deficit since 2010/11 and this is increasing year on year.

The A&E service temporarily closed overnight in July 2017 due to the inability to provide safe staffing levels.



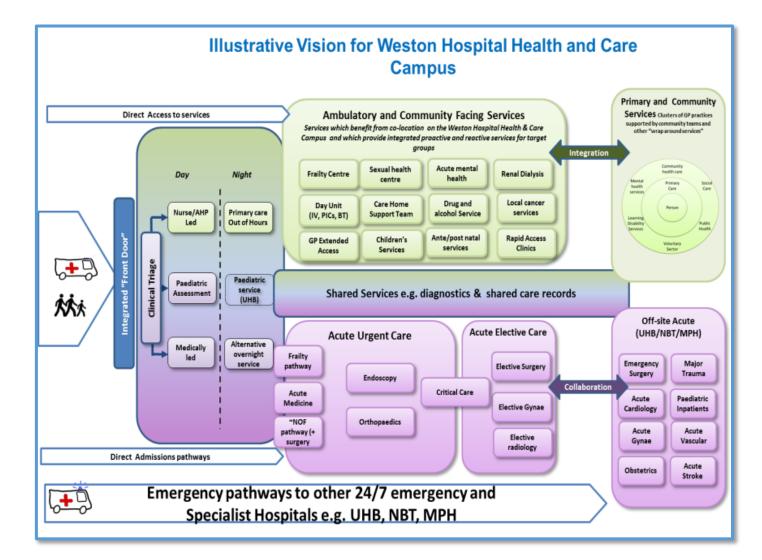
The CCG is making a number of premium payments to support services – this is funding that is not available for other services.

> The vacancy level for Doctors and nurses in Weston Area Health Trust is high, impacting on the ability to provide continuity of care and high agency costs.

¹Healthy Weston: Joining up services for better care in the Weston Area: A Commissioning Context for North Somerset 2017/18 to 2020/21" approved by CCG Governing Body in October 2017



The Case for Change – Building on the Commissioning Context



Preventive, primary care and community based services, working to help people stay well, independent and at home wherever possible

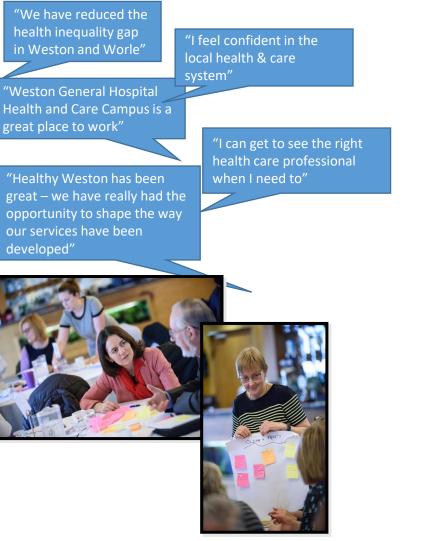
Integrated services working collaboratively for the population of Weston and Worle

Greater collaboration between acute hospitals.



Vision for 2023

In 2023, people will be saying....



How will we know?

Based on our widespread co-design work with the local community ...



Frail older people are less likely to be admitted to hospital in an emergency because they are being supported to remain independent.



Recruitment and retention across medical, nursing and allied health professional roles in primary, community and hospital based services is good.

Year on year we have been able to increase the relative investment in primary, community and mental health services.

 \checkmark

Weston Hospital Health and Care Campus is seen as a national exemplar for integrated services.



There is greater involvement of the voluntary sector in the provision of local services.



There is integration of mental and physical wellbeing at all levels and care settings.



Progress (1) Building on the Co-Design Work

	Ì
-	

We have considered all the opportunities generated through the co-design work and agreed how these will be taken forward.



We have been progressing the "Just Do It" opportunities, for example confirming recurrent funding to support the proposal for a crisis café in Weston, joint appointments, primary care collaboration.

We have recognised that these opportunities alone will not be sufficient to secure clinically and financially sustainable services, and we need to be bolder in exploring options for the future.



We have refreshed the Healthy Weston Governance to support the next phase of work – to develop the pre-consultation business case by the Autumn of 2018.



We have been working with clinicians to develop best practice pathways for urgent, emergency and elective care to inform the development of options for Weston General Hospital that will be assessed against a set of evaluation criteria which have been informed by the co-design feedback.



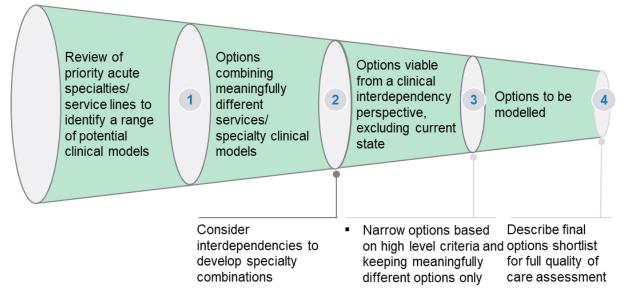


Progress (2) Building on the Co-Design Work – Clinical Service Options

Clinical colleagues have been working to describe **best practice pathways** considering first contact, investigations, treatment and follow-up.

The clinical group is now working through possible **clinical service models** for each service and the **clinical interdependencies**. The full list of service options will go through a process of assessment and evaluation as summarised below to identify the most suitable/preferred option of service provision. This process will ensure input from clinicians, service users, carers and other key partners.

A set of **evaluation criteria** has been developed, drawing on the feedback from the Healthy Weston Co-design work, clinical input and testing through the Healthy Weston Patient and Public Reference Group. Subject to the approval of the CCG Governing Body, these criteria will be used to assess the options identified by the Clinical Group. (The evaluation criteria have been circulated separately)





Development of the Pre-Consultation Business Case

Where formal consultation is required, the commissioner (CCG) is required to develop a **Pre-Consultation Business Case** (PCBC), which must be approved by NHS England. The PCBC provides the evidence that NHS England's 5 tests for service change have been addressed, including quality, clinical and financial sustainability, assurance on the how preferred options have been developed and appraised and on the system's ability to implement changes if agreed.

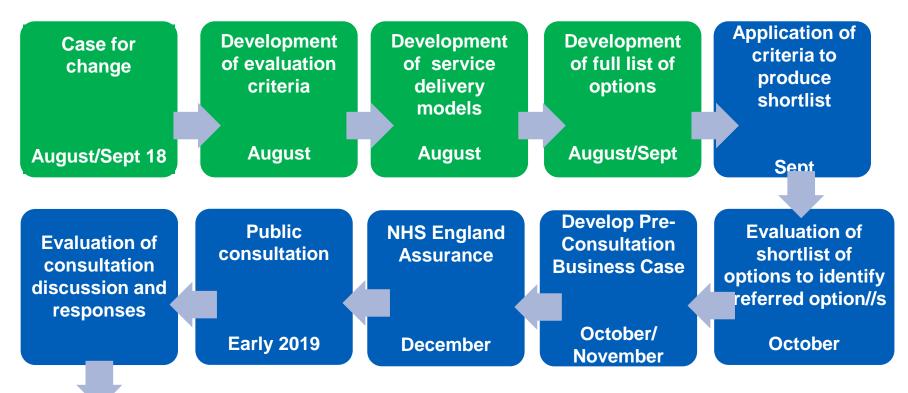
Emerging Scope of Healthy Weston PCBC Options

Strengthened primary, community and mental health services networked with Weston General Hospital Health & Care Campus	Options for urgent and emergency care services	Elective Surgery a	nd Maternity
Integrated models of care focusing on frailty, vulnerable groups, children's services and ambulatory care that support prevention and the delivery of enhanced primary and community services Elective care for the local population.	Options to support urgent and emergency care drawing on the Keogh Urgent and Emergency Care Review, Best Practice Pathways and the emerging BNSSG Urgent Care Strategy. The options will ensure that the interdependencies between acute medicine, emergency surgery, critical care, diagnostics and paediatrics are recognised.	An elective centre for the BNSSG population covering non-complex elective care (e.g. for orthopaedics and/or urology) delivered inin	Maternity care to nclude midwife-led ante-natal and post- natal clinics. Midwife- ed deliveries may be offered both at home and in the hospital, or at home only.

HEALTHY

High Level Indicative Time Line

The following sets out a high level time line. As we work through the Programme we will link closely with the HOSP and Joint HOSC to test assumptions and ensure the process respects the statutory role of the HOSP.



Development and decision by CCG on a decision making business case



Summer 2019