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Date: Wednesday, 15 June 2022

Dear Sir or Madam

The Health Overview and Scrutiny Panel – Thursday, 23 June 2022, 2.00 pm – New Council Chamber - Town Hall

A meeting of the Health Overview and Scrutiny Panel will take place as indicated above.

Please Note that any member of the press and public may listen in to proceedings at this meeting via the weblink below –

The agenda is set out overleaf.

Yours faithfully

Assistant Director Legal & Governance and Monitoring Officer

To: Members of the Health Overview and Scrutiny Panel

Councillors:

Ciaran Cronnelly (Chairman), Mark Aplin, Caroline Cherry, Andy Cole, Hugh Gregor, Karin Haverson, Sandra Hearne, Ruth Jacobs, Huw James, Ian Parker, Timothy Snaden, Roz Willis and Georgie Bigg.

This document and associated papers can be made available in a different format on request.

Agenda

1. Election of the Vice-Chairman for the 2022-23 Municipal Year

2. Apologies for absence and notification of substitutes

3. Public Discussion (Standing Order SSO9)

To receive and hear any person who wishes to address the Panel on matters which affect the District and fall within the remit of the Panel. The Chairman will select the order of the matters to be heard.
Members of the Panel may ask questions of the member of the public and a dialogue between the parties can be undertaken.
Requests to speak must be submitted in writing to the Head of Legal and Democratic Services, or the officer mentioned at the top of this agenda letter, by noon on the day before

4. Declaration of Disclosable Pecuniary Interest (Standing Order 37)

A Member must declare any disclosable pecuniary interest where it relates to any matter being considered at the meeting. A declaration of a disclosable pecuniary interest should indicate the interest and the agenda item to which it relates. A Member is not permitted to participate in this agenda item by law and should immediately leave the meeting before the start of any debate.
If the Member leaves the Chamber in respect of a declaration, he or she should ensure that the Chairman is aware of this before he or she leaves to enable their exit from the meeting to be recorded in the minutes in accordance with Standing Order 37.

5. Minutes (Pages 5 - 8)

Minutes of the Panel meeting held on 20 April 2022 – to approve as a correct record.

6. Matters referred by Council, the Executive, other Committees and Panels (if any)

7. Annual NSC directorate statements and health partner plans for 2022-23 (Pages 9 - 50)

7 Covering report

7.1 Public Health and Regulatory Services Directorate Statement 2022-23 (presentation)

7.2 Adult Services Annual Directorate Statement (presentation)

7.3 NHS England SW Direct Commissioning Operational Plan 2022-23 (presentation)

8. Dental Services in North Somerset (Pages 51 - 62)

8.1 Healthwatch - Dental qualitative feedback in North Somerset 2021-22 (presentation)

8.2 NHS England - Dental Access for Adults and Children in North Somerset – NHSE (report)

9. Overview of Eating Disorders (Pages 63 - 66)

Report of the South West Provider Collaborative

10. BNSSG Healthy Weston Phase 2 (Pages 67 - 84)

10.1 BNSSG Healthy Weston Phase 2 – covering report

10.2 BNSSG Healthy Weston Phase 2 - engagement plan

11. The Panel's Work Plan (Pages 85 - 88)

Exempt Items

Should the Health Overview and Scrutiny Panel wish to consider a matter as an Exempt Item, the following resolution should be passed -

"(1) That the press, public, and officers not required by the Members, the Chief Executive or the Director, to remain during the exempt session, be excluded from the meeting during consideration of the following item of business on the ground that its consideration will involve the disclosure of exempt information as defined in Section 100I of the Local Government Act 1972."

Also, if appropriate, the following resolution should be passed –

"(2) That members of the Council who are not members of the Health Overview and Scrutiny Panel be invited to remain."

Mobile phones and other mobile devices

All persons attending the meeting are requested to ensure that these devices are switched to silent mode. The chairman may approve an exception to this request in special circumstances.

Filming and recording of meetings

The proceedings of this meeting may be recorded for broadcasting purposes.

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting, focusing only on those actively participating in the meeting and having regard to the wishes of any members of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Assistant Director Legal & Governance and Monitoring Officer's representative before the start of the meeting so that all those present may be made aware that it is happening.

Members of the public may also use Facebook and Twitter or other forms of social

media to report on proceedings at this meeting.

Emergency Evacuation Procedure

On hearing the alarm – (a continuous two tone siren)

Leave the room by the nearest exit door. Ensure that windows are closed.

Last person out to close the door.

Do not stop to collect personal belongings.

Do not use the lifts.

Follow the green and white exit signs and make your way to the assembly point.

Do not re-enter the building until authorised to do so by the Fire Authority.

Go to Assembly Point C – Outside the offices formerly occupied by Stephen & Co

Minutes

of the Meeting of the

Health Overview and Scrutiny Wednesday, 20th April 2022

held in the Town Hall, Weston-super-Mare

Meeting Commenced: 13:30 Meeting Concluded: 15:52

Councillors:

P Ciaran Cronnelly (Chairman)
A Caroline Cherry (Vice Chairman)

A Marc Aplin
A Andy Cole
A Hugh Gregor
P Karin Haverson
P Sandra Hearne
P Ruth Jacobs
P Huw James (on Teams)
P Ian Parker
A Timothy Snaden
P Roz Willis

P Georgie Bigg (Co-opted Member)

P: Present
A: Apologies for absence submitted

Health colleagues in attendance: Colin Bradbury (BNSSG Clinical Commissioning Group); Andrew Hollowood; Mark Goninon; Anne Frampton (University Hospitals Bristol and Weston NHS Trust); Sarah Jenkins (SWAST)

Officers in attendance: Matt Lenny, (Public Health), Leo Taylor, (Corporate Services).

HEA 10 Declaration of disclosable pecuniary interest (Standing Order 37) (Agenda Item 4)

None.

HEA 11 Minutes (Agenda Item 5)

Minutes of the Panel meeting held on 19 July 2021, and notes of the informal Panel meeting held on 18 October 2021.

Resolved:
(1) that the minutes of the meeting of 19 July 2021 be approved as a correct record; and that

(2) the notes of the informal meeting of 18 October 2021 be noted.

HEA 12 BNSSG Healthy Weston Phase 2 (Agenda Item 6)

The BNSSG Area Director (North Somerset) introduced the report on the proposed changes at Weston Hospital, including the two options for the new model of care at the hospital which would enable between 22 and 114 extra daily procedures. The two options were summarised as:

“Option 1 - Patients in ambulances (other than care of elderly patients) who may need more than 24 hours specialist medical inpatient care are taken straight to another hospital”.

“Option 2 - Patients in ambulances are taken to Weston as they are today and assessed. If they need care that is best delivered elsewhere, they are transferred to another hospital.”

Requests for clarification from Members were as follows (with responses in italics):

- Why would there need to be a transfer if patients needed care for longer than 24 hours? *The 24-hour period allowed for a thorough clinical review to determine whether there was a need for further ongoing treatment in specialist units. Examples of this were patients with heart problems, respiratory ailments, liver failure, complex gastrointestinal issues etc.*
- Details on the types of procedures envisioned under the new model. *Hip and joint operations, eye, breast cancer, gastroenterology, emergency surgery, urology and gynaecological surgeries.*
- How dependent on capital investment were the plans for option 2? *Much could be achieved within the current services – modelling indicated that changes to non-elective services could release up to 26 beds for planned care work.*
- What assurances did these options give for the long term plans for the hospital? *Option 1 would bring risk to recruitment and retention of staff; Option 2 would ensure that no patients were diverted outside of existing networks. There would also be more access to medical investigations early on, which would provide increased job satisfaction for staff.*
- Would there be a redeployment of staff due to the increased triage at the start of the patient journey? *There would be little change in terms of the nursing workforce, although there would be a change for consultant practitioner roles as well as the therapy workforce.*
- How had calculations on capacity and use of the hospital throughout the year been done? *2019/20 had been used as a baseline, plus allowing for demographic growth.*

The Chairman called for an adjournment for procedural clarification.

Meeting adjourned 14:53

Meeting restarted 15:12

In considering the proposed model of care, it was noted that the Panel had been asked to form a view on whether the proposed model and two delivery options would constitute substantial variations. Although a substantial variation determination would necessitate formal consultation both with Panel and the public, Members noted that the Clinical Commissioning Group was committed to further public, staff and panel engagement on the proposals regardless of the Panel's determination.

The Panel also noted that, although delivery Option 2 was strongly favoured by the programme's Clinical Design Group, the evaluation process was still underway and a decision on the preferred approach was due shortly (assuming the HOSP supported the proposed criteria included in the covering paper). Both Options 1 and 2 would involve significant additional capital investment and were therefore dependent on funding streams becoming available.

The Panel nevertheless took the view that Option 2 did not represent a "significant" change but rather an 'evolution' of the service, delivering improvements including treating more emergency cases at Weston, reduced emergency ambulance journey times and reductions in the number of non-elective beds displaced to neighbouring hospitals. The panel also indicated it provisionally was supportive of option 2, if the benefits outlined in the report around increased access to local elective treatment were realised.

The Panel considered that Option 1 would however constitute a substantial variation in service since it would not deliver this anticipated evolution of services at the hospital required to meet the projected needs of the local population. The panel stated they were not supportive of option 1 and asked the CCG to consider dropping this option when the evaluation process concluded.

Resolved:

1) that it be determined that the proposed Option 2 does not constitute a substantial variation;

2) that it be determined that Option 1 does constitute a substantial variation, but, as this option is not in the best interest of the local population, this option should be dropped;

3) that the Panel expects that any outcomes of engagement and evaluation meetings be shared with it;

4) that the draft evaluation criteria proposed to be used to assess the options be supported; and

5) that the panel would be supportive of helping with engagement of the public and that the Chairman determine with Panel Members how it can best do this.

HEA 13 Joint Health and Wellbeing Strategy Action Plan (Agenda Item 7)

The Director of Public Health presented to the Panel and asked it to review the progress in implementing the Joint Health and Wellbeing Strategy Action Plan, including the performance monitoring dashboard, as well as providing comments and suggestions to the ongoing work. He also asked the Panel to note that the team producing the work had been shortlisted for two national awards for their work on the Strategy and Action Plan.

Members asked for clarification and commented on the following: who would be participating in the stakeholder workshops; how to maintain healthy work environments; mental health and social prescribing; whether there was buy-in from all partners.

Concluded: that the report be received, and comments shared with officers in the form of minutes.

HEA 14 The HOSP Work Plan April 2022 (Agenda Item 8)

The Chairman outlined the current work plan and it was agreed that the joint working group with the Children and Young People's Services Panel on Child and Adolescent Mental Health Services (CAMHS) would be reported on at the June meeting of the Children and Young People's Services Panel; the meetings of the Merger Integration working group were still ongoing; and that resolutions from this Panel meeting would be added to the work plan.

Concluded: that the work item be updated in accordance with the above.

_____

Chairman

_____

North Somerset Council

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 23 June 2022

Subject of Report: NSC Directorate Statements and health partner plans for 2022/23

Town or Parish: N/A

Recommendations

(1) To consider and feedback on the directorate statements and health partner plans (as set out below); and

(2) to bear these in mind when reviewing the Panel's work plan for 2022/23 (under agenda item 11)

1. Summary of Report

The Panel will receive presentations on the attached Directorate Statements for 2022/23 from the Council's Adult Services and Public Health Directorates together with presentations and updates from NHS England and NHS Locality partnerships on their high-level plans for the same period. This will be an opportunity for Members to review and feedback on these statements/plans and provide a strategic context for the Panel to consider and plan its work programme for the year ahead.

2. Policy

2.1 Policy and scrutiny contributes towards the council's corporate aims of providing strong community leadership, working transparently with our residents, businesses and partners; reducing inequalities and promoting fairness and opportunity for everyone; contributing towards building safer and stronger communities; and protecting and enhancing our environment.

2.2 Directorate Statements outline the key commitments of Council directorates for the year ahead, showing how each will contribute to the Council's Corporate Plan (as outlined within each statement).

3. Details

The following presentations and updates will be received:

3.1 Public Health and Regulatory Services Directorate Annual Directorate Statement 2022/23 (item 7.1)

3.2 Adult Services Directorate Annual Directorate Statement 2022/23 (Item 7.2)

3.3 NHS England Direct Commissioning Operational Plan 2022/23 (item 7.3)

3.4 NHS Locality Partnership update.

4. Consultation

Members agree policy and scrutiny panel work plans taking a number of factors into account, including cognisance of council, executive, directorate and aligned partner priorities and considering views and issues that local residents may have expressed.

5. Financial Implications

N/A

Costs

N/A

Funding

N/A

6. Legal Powers and Implications

N/A

7. Climate Change and Environmental Implications

N/A

8. Risk Management

N/A

9. Equality Implications

The work of policy and scrutiny is based on the council's commitment to ensure that the consideration of equality and diversity is an integral part of decision-making to bring about positive changes that are felt by service users, Councillors and employees

10. Corporate Implications

Policy and scrutiny reviews and work align to the Corporate Plan and emerging priorities.

11. Options Considered

N/A

Author:

Leo Taylor, Policy and Scrutiny Manager

North Somerset Council

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Public Health and Regulatory Services Directorate Annual Directorate Statement 2022/23

This Annual Directorate Statement

This Annual Directorate Statement gives the commitments that have been made organisational-wide i.e. every directorate will help contribute towards them and those that Public Health and Regulatory Services directorate have made to help achieve the priorities and aims within our Corporate Plan in 2022/23. These commitments are both business as usual/service improvement and transformational to give a 360 directorate view of our activity and progress.

Public Health and Regulatory Services commitments are either directorate wide and so led by the Director Matt Lenny or aligned to the lead service area and led by the Public Health Consultant.

- Health Improvement (Georgie MacArthur)
- Health and Care Public Health (Sam Hayward)
- Health Protection, Emergency Planning and Regulatory Services (Andrew Cross)

Progress against these commitments will be monitored through the 2022/23 Performance Management Framework which includes the directorate's risk register.

Directorate wide commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Our directorate wide business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Ensure changes to national and regional policy for health protection and pandemic response are embedded locally.	Effective health protection and pandemic response is provided and good assurance that those systems meet the needs of North Somerset residents.
Lead on continued delivery of the Health and Wellbeing Strategy and the continued development of the Joint Strategic Needs Assessment.	We have good evidence and information on priority areas for health improvement which lead to improving priority health and wellbeing actions that tackle inequalities.
Contribute to ICS/ICP development and ensure North Somerset needs are well understood and met through priority plans.	Recognition of and action to address North Somerset needs; effective integration into our planning and governance systems of Integrated Care Partnerships and ICS activity.

Our directorate wide transformational commitments:

Our commitment	What is the outcome we expect?
Deliver the PHRS climate emergency action plan and deliver to timescales.	The action plan contributes to the organisational wide Climate Emergency Strategy and reduces our carbon footprint both organisationally and individually.
Deliver a North Somerset Health and Wellbeing Survey.	Create a deeper understanding of health and wellbeing needs, preferences and experiences in our communities to inform our priorities and plans.
Implement the action plan for more effective and efficient working across PHRS teams.	Demonstrate sustainable use of resources and effective team plans that enable stronger implementation of ambitions in the Corporate Plan and Health and Wellbeing Strategy.

Health improvement commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Improve health outcomes for children and young people through the effective provision of public health nursing and associated services and programmes.	New model of service delivery improves access to public health nursing and performance against high impact areas in the healthy child programme.
Commission and/or provide high quality health improvement services.	Services are accessible and target key population cohorts or risks and deliver support that address priority health and wellbeing outcomes.

Transformational commitments:

Our commitment	What is the outcome we expect?
Improving mental health outcomes resulting from prevention and early intervention.	Needs assessments across adults and children delivered. Strategy builds on those findings and recommended priority actions are implemented across teams in the council and outside agencies.
Ensure our services (commissioned and provided) are closing the inequalities gap.	Enhanced service delivery for key locations and population groups to tackle inequalities, for example, expansion of health trainer services in Weston-super-Mare.

Health and care commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Improve health outcomes linked to risky behaviours such as substance and alcohol misuse and sexual health.	Development of new addiction services based on DHSC grant funding; review and develop new models of service delivery in risk areas e.g., stop smoking support.
Commission and/or provide high quality health and care services.	Services are accessible and target key population cohorts or risks and deliver support that address priority health and wellbeing outcomes.

Transformational commitments:

Our commitment	What is the outcome we expect?
Enable objectives within place-based partnerships to include a focus on improving population health and wellbeing and preventing ill health.	Embedding the Health and Wellbeing Strategy Action Plan in the work plan for ICPs; improve implementation across all local partner organisations including looking for resource commitments e.g., policy change or funding.
Develop new models of service delivery in primary care.	Work with Primary Care Networks to develop hubs of activity for our public health funded services e.g., long acting reversable contraception. Improve access to and sustainability of these services.
Develop a research, evidence and evaluation strategy which supports teams across the council.	Better use of research and evaluation opportunities to support service improvement and transformation including attracting new resources to our area.

Health protection, emergency planning and regulatory services commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Protect public health including effective pandemic response.	Clear mandate and resourcing for the local authority for health protection response or assurance role. Definition of roles and responsibilities across our teams e.g., regulatory services, emergency response and health protection and provide effective response.
Commission and/or provide high quality health protection, emergency planning and regulatory services.	Services are accessible and target key population cohorts or risks and deliver support that address priority health and wellbeing outcomes and meet our statutory obligations.

Transformational commitments:

Our commitment	What is the outcome we expect?
Health protection in a post covid world.	Create greater resilience in our population to communicable disease; work with population groups and settings to reduce risk and maintain best of learning from pandemic response e.g. good infection control procedures.
Supporting healthy sustainable communities.	Develop and deliver an action plan to support healthier communities' policy and programme delivery e.g., support of local plan, use of active travel etc.
Regulatory Services and Emergency Planning/Business Continuity service delivery.	Operating models reviewed to ensure teams can meet statutory requirements including covid-led increases in demand. Plan for long-term approach implemented.
New case management and reporting systems implemented across teams.	Improve case management to deliver more effective and efficient services for local residents.
Develop and implement an action plan from the private rented housing stock condition survey.	Improve living conditions for residents in North Somerset with a focus on those living in the poorest housing.

Health Overview Scrutiny Panel 24.6.2022

Adult Social Services




Jo Purser Assistant Director

Adult Social Services Aim

Ensuring equity of opportunity for services, consistent assessment and approach to meeting eligible needs, through identifying areas of strength to enable people to meet their identified outcomes. Through commissioning services that are well lead, safe, personalised and god value. People receive the right services at the right time in the right place.

Priorities

- Reduce inequalities through access to information and services that promote independence and builds on strengths
- Increase the knowledge and availability of TEC which supports people to be independent
- Supporting people into settled accommodation
- Work collaboratively with Locality Partnerships to grow integrated services, preventing duplication and encouraging innovation, resulting in positive interactions for people experiencing services
- Assure the Directorate is prepared for the implementation of CQC assurance and Care Reform
- Undertake a Cost of Care exercise to ensure there is a sustainable market and a Fair Cost of Care in North Somerset
- Safeguarding adults being everyone's business

North Somerset COUNCIL

Measures and commitments to achieve success

- Redesigning hospital discharge pathways as a system
- Eligibility and Resource Forum ensuring a consistent approach across the Directorate
- Centralised Safeguarding Team
- Appointment of CQC Assurance Programme Lead and Care Cap Programme Lead
- Leading the way with TEC strategy, dedicated service, acoustic monitoring
- Joint chair of the One Weston Senior Leadership Team, constructive solution focused relationships
- Reablement Therapy and Care team supporting independence
- Practice audits operations
- Quality standards visits providers
- Engagement with South West ADASS and LGA identifying best practice

North Somerset COUNCIL

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North Somerset Council

Open, Fairer, Greener

Adults Services Directorate Annual Directorate Statement 2022/23

Background

The services we provide have an impact on every resident and business in the area, not just today but in the future too. We perform best when we are clear about what we are trying to achieve. That's why good business planning is so important.

Our business planning process sets out how we are going to achieve the aims and priorities we have identified in the Corporate Plan and ultimately how we will work towards a vision of an **open, fairer, greener** North Somerset.

Business planning begins with the Corporate Plan. Everything we do as an organisation should link back to this. The plan guides our work and explains why we are focusing on specific areas. From there, Annual Directorate Statements outline the key commitments of each directorate for the year ahead to show how we will contribute to the Corporate Plan.

Annual Directorate Statements should then be used to inform Service Strategies, Team Plans and appraisals. More information and templates can be found here.

The Corporate Plan

OUR VISION An open, fairer, greener North Somerset

North Somerset COUNCIL

Open
We will provide strong community leadership and work transparently with our residents, businesses and partners to deliver our ambition for North Somerset.

Fair
We aim to reduce inequalities and promote fairness and opportunity for everyone.

Green
We will lead our communities to protect and enhance our environment, tackle the climate emergency and drive sustainable development.

Our priorities

A thriving and sustainable place

- A great place for people to live, work and visit
- Welcoming, safe and clean neighbourhoods
- To be a carbon neutral council and area by 2030
- A transport network which promotes active, accessible and low carbon travel
- An attractive and vibrant place for business investment and sustainable growth
- A broad range of new homes to meet our growing need, with an emphasis on quality and affordability

A council which empowers and cares about people

- A commitment to protect the most vulnerable people in our communities
- An approach which enables young people and adults to lead independent and fulfilling lives
- A focus on tackling inequalities and improving outcomes
- Partnerships which enhance skills, learning and employment opportunities
- A collaborative way of working with partners and families to support children achieve their full potential

An open and enabling organisation

- Engage with and empower our communities
- Empower our staff and encourage continuous improvement and innovation
- Manage our resources and invest wisely
- Embrace new and emerging technology
- Make the best use of our data and information
- Provide professional, efficient and effective services
- Collaborate with partners to deliver the best outcomes

Our values

We act with **INTEGRITY**
We **RESPECT** each other
We **INNOVATE**
We **CARE**
We **COLLABORATE**

[Link to the Corporate Plan]

[Link to the Action Plan, Performance Management Framework and Strategic Risk Register]

North Somerset Council

This Annual Directorate Statement

This Annual Directorate Statement gives the commitments that have been made organisational-wide i.e. every directorate will help contribute towards them and those that **Adults Services directorate** have made to help achieve the priorities and aims within our Corporate Plan in 2022/23. These commitments are both business as usual/service improvement and transformational to give a 360 directorate view of our activity and progress. Commitments are either directorate wide and so led by the Director Hayley Verrico or aligned to the lead service and led by the Assistant Director or Head of Commissioning, Partnerships and Housing Solutions.

Assistant Director Adult Social Services (Jo Purser)

- Head of Localities
- Head of Early Intervention and Prevention (Sarah Shaw)
- Head of Mental Health, Learning Disability and Transitions (Martin Hawketts)
- Head of Safeguarding and Quality Standards (Jo Baker)
- Principal Social Worker and Principal Occupational Therapist (Ric Orson and Jo Hopkins)

Principal Head of Commissioning, Partnerships and Housing Solutions (Gerald Hunt)

- Head of Housing Solutions (Kay Eccles)
- Head of Commissioning and Strategy (Teresa Stanley)
- Head of Service Development (Fiona Shergold)

Progress against these commitments will be monitored through the 2022/23 Performance Management Framework which includes the directorate's risk register.

Organisational wide commitments

Progress on these commitments are reported to Directorate Leadership Team, Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Organisational wide business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Ensure effective financial management across the directorates including a balanced budget at year end and delivery of MTFP savings.	Budgets are balanced at year end and any identified MTFP savings have been delivered.

Organisational wide transformational commitments:

Our commitment	What is the outcome we expect?
Deliver the Climate Emergency Strategy and contribute via directorate action plans.	An in-year reduction in the carbon footprint of our area and our organisation, contributing to the long term Climate Emergency Strategy objectives.
Deliver the Joint Health and Wellbeing Strategy action plan for 2022/23.	We will improve the health and wellbeing of North Somerset residents with a focus on those with the poorest outcomes. `
Deliver the Empowering Communities and Reducing Inequalities action plan for 2022/23.	We will work with our communities, empowering them to engage with us and helping to reduce inequalities.
Improve the customer journey across all channels by ensuring we have the right tools in place and that residents are well informed and engaged.	Residents are well informed about the services the council offers, feel they are able to influence their development and delivery, and are satisfied with the job we do.
Respond to national policy opportunities in the coming year to tackle inequalities including the Levelling Up Whitepaper.	Ensure that we are responding to national policy changes, mapping to the business planning framework where possible, and delivering specific projects identified.
Develop the directorate transformation programmes for 2022/23 linked in to MTFP planning.	All directorates have transformation programmes in place for 2022/23 which are aligned to the themes set by CLT and contribute to the 2023/24 budget gap.
Ensure we are an inclusive organisation, meeting our equalities duties, and exemplifying out values to act with integrity, respect each other, innovate, care and collaborate.	We will develop an equalities monitoring framework cross council and deliver any identified actions for improvement.
Deliver the People Strategy action plan for 2022/23.	We will deliver our plan for the current and future workforce, including how we will develop the capacity, capability and wellbeing of our workforce, ensuring the effectiveness and efficiency of our services and creating a high-performance culture.
Deliver the actions in the Accommodation Strategy for 2022/23 and embed new ways of working across the organisation.	New ways of working are embedded that allow staff to work flexibly. This improves the work of the council, staff wellbeing and reduces our carbon footprint.
Deliver the Digital Strategy delivery plan for 2022/23.	North Somerset is a digitally enabled area that makes the best use of technology and opportunities to innovate.

Directorate wide commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Our directorate wide business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Ensure safeguarding is seen as everyone's business.	Everyone across the organisation including elected members are aware of their responsibilities around safeguarding.
Enable people to have independence, access to services, and reduce inequalities.	North Somerset residents have good quality of life and good health and wellbeing.
Ensure we deliver and commission high quality services.	Residents have good quality of life and satisfaction with the services they receive.

Our directorate wide transformational commitments:

Our commitment	What is the outcome we expect?
Deliver the Adults climate emergency action plan and deliver to timescales.	The action plan contributes to the organisational wide Climate Emergency Strategy and reduces our carbon footprint both organisationally and individually.

Reablement and TEC pathway commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Provide a TEC service that maximises independence and enables people to remain in their own homes.	There is an increase in TEC usage and more people are at home post-discharge.
Provide a TEC service to residential provider services which promotes health and wellbeing.	Residents have good quality of life and satisfaction with the services they receive.
Provide an effective wellbeing service.	We support people to remain part of their community and reduces overreliance on commissioned domiciliary care services.

Transformational commitments:

Our commitment	What is the outcome we expect?
Establish a therapy led reablement service, with TEC first approach for the whole community.	Preventing the requirement for statutory services and enabling people to stay in their own homes for longer.

Housing strategy, homelessness and accommodation shift commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Support more people into settled accommodation.	There is an increase in people with learning disabilities and those in contact with secondary mental health services who are supported into settled accommodation.
Implement the relevant actions in the Housing Strategy	There is timely completion of all relevant actions to increase access to accommodation
Deliver the action plan set out in the Rough Sleepers Initiative round 5 funding bid	The initiatives and funding are actioned and spent to reduce rough sleeping and increase support and accommodation provision
Develop a new Homelessness & Rough Sleeper Strategy	There is a current strategy & action plan which enables a reduction in rough sleeping and those prevented from becoming homeless
Implement the actions in the Homelessness & Rough Sleeper Strategy and contribute to actions in the Housing Strategy	There is a decrease in the number of people who are street homeless and in temporary accommodation.
Provide occupational therapy support for residents who need major adaptions to their homes to support maintaining independence and wellbeing.	There is an increase in people receiving occupational therapy support that will support their disabled facilities grant application.

Transformational commitments:

Our commitment	What is the outcome we expect?
Contribute to the development of effective housing with support solutions for all adults with care and support needs.	We have a recommendation for the delivery of future Extra Care and Support Living Schemes on a scale necessary to meet our accommodation shift ambitions. We are expanding Connecting Lives.

Care reform commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Our directorate wide business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Prepare for the CQC assurance visits.	That North Somerset is assessed as delivering a good quality of service provision for the residents of North Somerset.

Transformational commitments:

Our commitment	What is the outcome we expect?
Develop a market sustainability plan setting out our local strategy for 2022-2025.	The care market understands and is able to respond to the demographic changes and increased demand for adult social care services in North Somerset.
Undertake a cost of care exercise for Domiciliary Care and Residential Care in line with the Government Policy Paper 'Market Sustainability and fair Cost of Care fund'.	To determine a fair cost of care under the social care reforms.
Undertake a demand modelling exercise.	That we understand the self-funder population and their requirement for services.
Implement systems required to deliver care cap reforms.	Delivery of care act reforms in relation to the cap on care costs

Integrated Commissioning and ICP development commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Our directorate wide business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Contribute to the Public Health and Wellbeing Strategy 2022-2027.	To improve the health and wellbeing of residents in North Somerset by contributing to the actions in the action plan.
Review and refresh the Market Position Statement.	We understand the market and support future increases in demand for services.
Contribute to the Joint Strategic Needs Assessment.	To develop commissioning strategies that are data and evidence led.

Transformational commitments:

Our commitment	What is the outcome we expect?
Contribute to the ICP development and ensure North Somerset has a voice.	Housing and social care voice is active in the delivery of ICP Partnership arrangements.
Contribute to the Inequalities and Empowering Communities transformation board and deliver the associated projects.	To understand the capacity of the voluntary and community sector in support of maximising the opportunity for people to remain part of their communities.
Creating opportunities for people to have fulfilling activities during the day that meets their care needs and improves their wellbeing.	Supports quality of life for residents and satisfaction with the services they receive.
Establish PAMMS (Provider Assessment and Market Management Solution).	To ensure Quality Assurance Frameworks and Data sets are in place.

Operational Service Development commitments

Progress on the BAU/service improvement commitments are reported to Directorate Leadership Team. Transformation commitments are reported to Corporate Leadership Team, Executive members, Scrutiny Panels and to the public.

Our directorate wide business as usual and service improvement commitments:

Our commitment	What is the outcome we expect?
Embed Strength Based Assessments.	Strength Based Assessments are part of practice.
Further embed an effective transitions pathway.	There will be a seamless transition and needs led support and services for young people.
Ensure a consistent Quality Assurance Framework.	People receive consistent, quality services.
Ensure people have a variety of options for accessing information and identifying solutions.	People can get the right advice and information more quickly and conveniently.
Ensure people have a variety of options for accessing assessments and support.	People can get support at the right time in the right place with the right person.
Improve the timescales of people that have been waiting for services as a result of Covid-19 and the increase in demand for adults social care assessments.	Improvement to timescales.
Ensure carers are supported.	Carers have access to information and services to support them in their caring role.

Transformational commitments:

Our commitment	What is the outcome we expect?
Ensure an effective and robust response to adult's safeguarding concerns by establishing a centralised Safeguarding Team.	We are able to safeguard the wellbeing of our residents including young adults coming through the transitional pathway.
Deliver the ConnectED partnership programme, in collaboration with Bristol Council, South Gloucestershire Council and Bristol University (positive behaviour change).	Embedding best practice research for service development and improvement across the directorate.

Queries to business.planning@n-somerset.gov.uk

North Somerset Council

SW Direct Commissioning Operational Plan 2022/23

Rachel Pearce, Regional Director Commissioning

NHS England and NHS Improvement

Overview

In November 2020 the principles of ICSs were introduced with key aims to;

- Improve outcomes in population health and healthcare;
- Tackle inequalities in outcomes, experience and access;
- Enhance productivity and value for money;
- Help the NHS support broader social and economic development.

From April 2023, it is expected that all ICBs will have taken on delegated responsibility for dental, general ophthalmic services and pharmaceutical services.

Timing for delegation arrangements for Specialised Commissioning are still to be confirmed. Nationally the policy for Health and Justice services and Public Health Section 7a commissioning are being refined and there remains potential for change.

The South West Collaboration Commissioning Hub

The hub has been co-designed with the seven ICSs in the region. The hub will launch on 1 July 2022 in shadow form and will allow us and ICSs to learn and develop arrangements for the future.

The hub incorporates strategic and operational commissioning activity, which includes the processes of service improvement, financial management and the procurement and contract management of suppliers.

Primary Care – Dental

Dental commissioning and transformation is the responsibility of NHS EI and will be delegated to ICSs in April 2023.

We commission dental specialties and services with an aim of reducing inequalities, improving care and access for patients to ensure they are receiving the highest quality dental care in the most appropriate setting, delivered by professionals with the required skill set, and resulting in improved health outcomes for patients.

Key aims include:

- Continue to increase patient access to NHS dental services through the provision of Mandatory Dental Services and urgent care dental services
- To support the post-Covid 19 recovery of dental services across the region
- Leading the multi-agency South West Dental Reform programme to address access, workforce and oral health improvement challenges innovatively
- To support workforce development in the wider dental team
- Particularly consider inequalities of access and variation of provision with a regional focus on paediatrics.

Outcomes:

- Benefits and measures identified in the South West Dental Reform programme
- Delivery of procurement work plan
- Recovery of dental services in line with national policy
- Delivery of Local Dental Network and Managed Clinical Network programmes
- Working with dental providers to support them to promote oral health education among vulnerable population groups identified in the region-wide Oral Health Needs Assessment and local authority Joint Strategic Needs Assessments.

Primary Care – Community Pharmacy and Optometry

Community pharmacy and optometry commissioning and transformation is the responsibility of NHS EI and this responsibility will be delegated to Bristol, North Somerset and South Gloucestershire on 1 July 2022. The remaining six South West systems will take on this responsibility in April 2023.

Key aims:

- Ensure people can access services when required
- Improve outcomes and experience
- Make the most effective use of resources
- Reduce health inequalities
- Continue to develop the approach to population health management.

Outcomes:

- Improved engagement with systems, LRCs and contractors to identify and share best practice
- Increased referrals from GP practices, NHS 111 and UEC to Community Pharmacy
- National Pharmacy Integration Fund pilots implemented and embedded in Community Pharmacy
- Improved consistency and quality of service to patients.

Specialised Commissioning

The Spec Comm team works with local clinicians to plan and buy specialised services in the region. These include treatments for rare conditions such as rare forms of cancer; renal disease; neuro-surgery. There are over 130 specialised services.

Key aims:

- Ensure access to leading edge technologies and new drugs in the South West, with rates of access and coverage that are comparable to or better than national benchmarks
- Implement capacity and productivity improvements to meet growing regional demand in key service areas
- Work with systems to ensure that regional demand for Adult Critical Care is taken into account in the development of national proposals to invest in this area.
- Support collaborative working between providers to develop and implement new delivery models for complex medical and surgical pathways which improve quality, resilience and sustainability.
- Deploying nationally and regionally allocated investment for priority programmes, and realising associated productivity and VFM opportunities.

Outcomes:

- Activity levels and wait times for Specialised Services
- Evidence of successful mobilisation of new services, revised pathways and new MDT arrangements in key service areas per above. Improvements demonstrated by referral patterns, outcomes monitoring and patient experience.
- Calculated pathway efficiencies, including reduced UEC and wider system demand as a result of action in key services areas
- Reduction in our of region flows, an improvement in access rates and access profiles for key services areas

Health and Justice

The Health and Justice team commissions health care across secure and detained settings, which include prisons, secure facilities for children and young people, police and court liaison and diversion services and immigration removal centres. Adults, children and young people receive health screening on entering prison and a follow-up appointment within seven days, or sooner as required.

Key aims include:

Prison

- Improve patient pathways for complex populations and robust discharge planning
- Mobilisation of new healthcare contracts at all 11 sites with seven year contracts starting in October 2022

Non-custodial

- Community Service Treatment Requirement – extend to Gloucester, Wiltshire, Somerset and Avon. Further extension to Dorset and Devon
- Liaison and Diversion

Children and Young People

- New framework of Integrated Care to support and strengthen existing community services
- Re-procurement of healthcare at Vinney Green Secure Children's Home

SARCs

- Recommissioning of SARCs in October 2022
- Forensic Science Regulator Accreditation

Outcomes

- Activity and reduction in waiting times for access to healthcare including health screening, primary care, dental, mental health and secondary care
- Reduced self-harm and self-inflicted deaths within the prison estate
- Levels of activity and rates of access to SARCs and offer and take up of sexual assault and abuse support services (SAAS)
- Levels of activity and diversity of access to non-custodial services including liaison and diversion, Mental Health Treatment Requirements (MHTRs) and RECONNECT

Direct Commissioning Operational Plan 2022/23

SYSTEM NARRATIVE

Direct Commissioning operational plan 2022/23

The purpose of this document is to set out how Direct Commissioning, South West, as a commissioner of primary care (dental, pharmacy and optometry services), public health section 7a screening and immunisation and child health information (CHIS) services, specialised care and health care in prisons and secure settings, will contribute to the seven system plans for our regional population. It describes the expectation of working collaboratively with system partners to best address population needs to deliver robust and high-quality strategic operational plans for 2022/3 and sets out the priorities of the Direct Commissioning, South West directorate in fulfilling this ambition.

During February and March members of the Direct Commissioning directorate have been meeting with systems to develop a more joined up approach to commissioning. As part of these conversations we have indicated that we would like to feed in our plans for Public Health, Primary Care (dental, optometry, pharmacy and general practice transformation), Specialised Commissioning and Health and Justice. We have produced a narrative for systems to adapt and incorporate in operational plans for the year ahead which sets out the key themes of the work we would like to do collaboratively across the South West. The aim is that this narrative can be used in system plans together with the key priorities in regional and national operational plans.

Our anticipation is that we will see a more collaborative narrative on primary care and prevention, building on system primary care strategies with a recognition that this will support closer ways of working. This is ahead of systems taking on delegated commissioning responsibility for pharmacy, optometry and dental on 1 April 2023, while delegated commissioning responsibility for Specialised Commissioning can transfer from April 2023, the timeframes in the South West are to be determined with systems. This narrative will also enable systems to include details for specialised services and health and justice within plans.

The Direct Commissioning South West team is responsible for commissioning services from prevention right through to highly specialised care. The team look forward to working with each ICS over the coming months to develop these collaborative plans to address health inequalities, clinical variation and design pathways that fit patient need, are sustainable and deliver best practice.

Developing a Commissioning Hub for delegated commissioning in 2022/23

In November 2020 the principles of ICSs were introduced with key aims to;

- Improve outcomes in population health and healthcare;
- Tackle inequalities in outcomes, experience and access;
- Enhance productivity and value for money;
- Help the NHS support broader social and economic development.

Subject to legislation being passed, from 1 July 2022 ICBs' will assume delegated responsibility for GP services; and will be able to take on delegated responsibility for dental, general ophthalmic services and pharmaceutical services (including dispensing doctors and dispensing appliance contractors).

The delegation of all four pillars of primary care provides opportunities through legislative reform to develop more integrated care and to create the conditions for local partnerships to thrive, leading to better outcomes and experiences for patients and staff.

From April 2023, it is expected that all ICBs will have taken on delegated responsibility for dental, general ophthalmic services and pharmaceutical services. Timing for delegation arrangements for Specialised Commissioning are still to be confirmed. Nationally the policy for Health and Justice services and Public Health Section 7a commissioning are being refined and there remains potential for change.

Due to the delegation of Primary Care Services, there is a need to produce an effective South West Operating Model to ensure stability and continued delivery of the Long-Term Plan commitments through the transition year for those commissioning functions that are being delegated; pharmacy and optometry.

Within the South West, Direct Commissioning have been working with the seven systems to co-design an operating model for a Commissioning Hub, drawing on the subject matter expertise within NHS England, to support the continuation of safe and effective commissioning for primary care through transition and in time, specialised commissioning. Once the national policy direction is established for Health and Justice and Public Health, these may also be included.

This arrangement will enable the co-design group of system and regional colleagues to learn from this approach and develop arrangements for the future for delivering commissioning for Dentistry and Specialised Commissioning functions. The hub will harness the experience, expertise and capacity of the Direct Commissioning team working collaboratively with systems.

The hub incorporates strategic and operational commissioning activity, which includes the processes of service improvement, financial management and the procurement and contract management of suppliers.

In developing a proposed model, we have collectively agreed to finalise plans for the Commissioning Hub by the end of April. To achieve this, we have undertaken different methods of engagement with system leads through 121 meetings, individual system meetings and regional system workshops. A distinction should be made between those responsibilities and decisions which will form part of the Commissioning Hub and those which will be retained centrally, including transformation and assurance.

Operational Planning for Direct Commissioning functions:

Primary Care

General Medical Transformation

NHS England and NHS Improvement have delegated the commissioning of general practice medical services to Clinical Commissioning Groups (CCGs) across the South West region and retain a responsibility to support systems with improvement and transformation activity.

Detail on work in this area at regional level is described below and is complimentary of work reflected in primary care transformation plans for each system. The primary care team in the South West Direct Commissioning Directorate are working with local systems to support primary care transformation and the development of Primary Care Networks (PCNs).

General Practice Workforce transformation

The team support delivery of the South West contribution to the manifesto commitments on increased workforce (6k GPs, 26k additional direct patient care roles and 50k nurses).

Key aims in the operational 2022/23 plan are:

- Invest in our workforce, training and education and encourage new ways of working to deliver outstanding care and support retention
- Improve outcomes and patient experience and support reduction in health inequalities
- Ensure development of a supportive culture in General Practice focussed on the health and wellbeing of staff
- Ensure people can access General Practice services when they need them.

Outcomes

- Systems progress on trajectories towards the South West contribution to achieving the manifesto commitments by March 2024 of an additional 594 wte doctors, 2666 wte direct patient care staff and 311 wte nurses working in general practice in the region.
- General Practice ability to deliver the South West contribution to the additional 50 million appointments by March 2024.

General Practice Improved Access

The programme team work to drive improved access to urgent, same day urgent primary care by increasing capacity in GP practice at Primary Care Network level

Key aims in the operational 2022/23 plan are:

- Increase and optimise capacity, ensuring all practices achieve at least pre-pandemic activity levels
- Increase overall appointment volumes and ensure appointment levels reflect the full deployment of ARRS staff
- Increase the proportion of face-to-face appointments with GPs in the system
- Address unacceptable variation.

Outcomes

- Evidence through GPAD data systems' progress on increasing the total number of appointments being offered to patients compared to 2019
- Monitoring patient satisfaction with access to services and reducing variation across the region.

Dental

Dental commissioning and transformation is the responsibility of NHS England and NHS Improvement and it is anticipated this responsibility will be delegated to Integrated Care Systems in April 2023. Ahead of delegation the team will be working collaboratively with systems on the operational plans this year.

NHS England and NHS Improvement in the South West region commission dental specialties and services with an aim of reducing inequalities, improving care and access for patients to ensure they are receiving the highest quality dental care in the most appropriate setting, delivered by professionals with the required skill set, and resulting in improved health outcomes for patients.

Dental provision in the South West includes;

- General Dentistry in high streets
- Special Care Dentistry (dental services for those unable to access services on the high street)
- Dental Access Centres
- Out of Hours services.

Key aims in the dental operational 2022/23 plan are:

- Continue to increase patient access to NHS dental services through the provision of Mandatory Dental Services and urgent care dental services
- To support the post-Covid 19 recovery of dental services across the region
- leading the multi-agency South West Dental Reform programme to address access, workforce and oral health improvement challenges innovatively
- To support workforce development in the wider dental team
- Particularly consider inequalities of access and variation of provision with a regional focus on paediatrics.
- To improve the oral health of patients treated and to further develop oral health prevention & promotion
- Implement policy and contractual development in line with national policy
- Continued development of Local Dental Network and Managed Clinical Network strategy and work programmes
- Work with systems on the development of Primary Care Networks (PCNs) provides an opportunity to include dentistry within pathways such as mental health, diabetes, cancer and the care and management of patients in residential care home settings. Greater engagement is needed between medical and dental staff. PCN proactive engagement with local dental providers as part of multi-disciplinary working will create opportunities for increased quality and integration of care.

There is an opportunity to reset public perception of dental treatment. For example moving away from a suggested routine six month oral check-up, to establish a routine of check-ups based on individual oral health assessments. A greater focus on oral health within health systems would be of real benefit and to include oral health education and within the Dental

Reform Programme all system local authority oral public health leads are working collaboratively to ensure oral health improvement initiatives are co-ordinated and locally nuanced to address health needs.

Outcomes

- Benefits and measures identified in the South West Dental Reform programme
- Delivery of procurement work plan
- Recovery of dental services in line with national policy
- Delivery of Local Dental Network and Managed Clinical Network programmes
- Working with dental providers to support them to promote oral health education among vulnerable population groups identified in the region-wide Oral Health Needs Assessment and local authority Joint Strategic Needs Assessments.

Community Pharmacy and Optometry

Community pharmacy and optometry commissioning and transformation is the responsibility of NHS England and NHS Improvement and this responsibility will be delegated to Bristol, North Somerset and South Gloucestershire on 1 July2022 and the plan is for the remaining six South West systems to take on this delegated responsibility in April 2023. Ahead of delegation, the team will be working collaboratively with systems on the operational plans this year.

Key aims of the team's operational plan for 2022/3 are;

- Ensure people can access services when required
- Improve outcomes and experience
- Make the most effective use of resources
- Reduce health inequalities
- Continue to develop the approach to population health management

Outcomes

- Improved engagement with systems, LRCs and contractors to identify and share best practice
- Increased referrals from GP practices, NHS 111 and UEC to Community Pharmacy
- National Pharmacy Integration Fund pilots implemented and embedded in Community Pharmacy
- Improved consistency and quality of service to patients.

Health and Justice

The Health and Justice team commissions health care for children, young people and adults across secure and detained settings, which include prisons, secure facilities for children and young people, police and court Liaison and Diversion services and immigration removal centres. Adults, children and young people receive health screening on entering prison and a follow-up appointment within seven days, or sooner as required.

Key aims of the team's operational plan for 2022/3 are;

Prison

- Improve patient pathways for complex populations and robust discharge planning
- Mobilisation of new healthcare contracts at all 11 sites with seven year contracts starting in October 2022
- Manage response pr prison change programmes
- Increase use of digital innovation to access healthcare
- Ensure service users remain integral to commissioning

Non-custodial

- Community Service Treatment Requirement – extend to Gloucester, Wiltshire, Somerset and Avon. Further extension to Dorset and Devon
- Liaison and Diversion
- Integrated non-custodial pathway development and design
- Design and commission enhanced court healthcare
- Support delivery of 10 year drug plan 'From harm to hope'
- Reconnect – Expansion to Channings Wood, Bristol and Erlestoke

Children and Young People

- New framework of Integrated Care to support and strengthen existing community services
- Re-procurement of healthcare at Vinney Green Secure Children's Home

SARCs

- Recommissioning of SARCs for Gloucestershire and Wiltshire, Avon and Somerset; Devon and Cornwall contracts starting in October 2022
- Forensic Science Regulator Accreditation
- Recommissioning and redesign of therapeutic services in Dorset and Avon and Somerset
- Trauma Pathfinders: Roll out of enhanced services in Devon and Cornwall.

Outcomes

- Activity and reduction in waiting times for access to healthcare including health screening, primary care, dental, mental health and secondary care
- Reduced self-harm and self-inflicted deaths within the prison estate
- Levels of activity and rates of access to SARCs and offer and take up of sexual assault and abuse support services (SAAS)
- Levels of activity and diversity of access to non-custodial services including liaison and diversion, Mental Health Treatment Requirements (MHTRs) and RECONNECT

Specialised Commissioning

Within the Direct Commissioning directorate, the Specialised Commissioning team is responsible for working with local clinicians to plan and buy specialised services in the region. These are services for patients who have relatively rare conditions that need specialised treatment e.g. rare forms of cancer; renal disease; neuro-surgery. There are over 130 specialised services. The team work with clinicians to develop services or new ways to deliver care for patients that improve health outcomes, are sustainable and reduce variation in the standard of care.

Key aims of the team's operational plan for 2022/3 are;

System contribution:

Systems are working to deliver overall elective activity at 104% of the 2019/20 pre-pandemic baseline in 2022/23, and to eliminate 104-week and 78-week waits within national target timeframes as set out in overarching planning guidance.

Within this, there is scope for individual providers, services and specialty areas to deliver more or less activity than the 104% target depending on relative clinical priorities and the waitlist profile of these services. This may mean that in some systems and service areas, Specialised Commissioning activity will legitimately be below the 104% target.

However, we expect system plans to demonstrate consideration has been given to maximising elective activity (specifically Elective Outpatient (EL) and Day Case (DC) spells) in the 6 nationally identified Specialised Commissioning core specialties. Where systems have focussed on other specialty areas, this should be justified in terms of relative clinical priority and balance of risk.

The 6 core specialties are:

- Neurosurgery
- Cardiac Surgery
- Vascular Surgery
- Neurology
- Cardiology
- Spinal Surgery

In addition, systems should consider and pursue opportunities to maximise access to paediatric surgical sub-specialties. In the case of systems which do not host a tertiary provider, this may involve engaging in work led by the Specialised Surgery in Children Operational Delivery Network to review pathways and repatriate surgical activity from tertiary providers to local DGHs, or to support earlier post-surgery repatriation and care of patients.

Specialised Commissioning, Direct Commissioning collaborative contribution:

The remainder of the Specialised Commissioning 2022/23 Operational Plan aims to improve health outcomes for the South West population and address inequality and inequity through 5 broad thematic areas of focus:

1. Ensure access to leading edge technologies and new drugs in the South West, with rates of access and coverage that are comparable to or better than national benchmarks

Includes: SABR radiotherapy, CAR-T Therapy, ECMO, Mechanical Thrombectomy

1. Implement capacity and productivity improvements to meet growing regional demand in key service areas

   Includes: Gender Dysphoria, Renal Dialysis, Neonatal Critical Care,

3. Work with systems to ensure that regional demand for Adult Critical Care is taken into account in the development of national proposals to invest in this area

4. Support collaborative working between providers to develop and implement new delivery models for complex medical and surgical pathways which improve quality, resilience and sustainability

Includes: Interstitial Lung Disease, Paediatric Surgery, Spinal Cord Injury, Intestinal Failure, Neonatal Critical Care , Rehabilitation, Enhanced Supportive Care for cancer patients

5. Deploying nationally and regionally allocated investment for priority programmes, and realising associated productivity and VFM opportunities

Includes: Perinatal Mental Health, new NICE TAs, Neonatal Care, Complications of Maternity

No	Issue	Desired end state / resolution required	Local or Regional service / issue	Priority Score (this ver)	Relevant to this ICS?						
					GLOS	BNSSG	BSW	Somerset	Devon	Dorset	Cornwall
37	**Elective Recovery**	Recovery trajectories have been agreed and are being delivered for Specialised services, with 104 week waits, 78 week waits and 52 week waits eliminated in cardiac surgery, cardiology, neurosurgery and paediatric specialties, and cancer performance returned to pre-pandemic levels.	**R, L**	32	Y	Y	Y	Y	Y	Y	Y
1	**ACC Transfer Service commissioning Phase 1**	A permanently commissioned adult critical care transfer service is in place, operating on a 12/7 basis	**R**	26	Y	!	Y	Y	Y	Y	Y
2	**ACC Transfer Service commissioning Phase 2**	**SUBJECT TO CONFIRMED AVAILABILITY OF NATIONAL FUNDING** A plan to scale up provision to deliver a 24/7 adult critical care transfer service has been agreed, resourced and implemented	**R**	26	Y	!	Y	Y	Y	Y	Y
13	**Abnormally Invasive Placenta service**	A service provider has been designated for the South West population, and is delivering procedures in-region as part of a national clinical network	**R**	26	Y	!	Y	Y	!	N	Y
18	**NICU Transport review**	Review recommendations have been implemented, with OOH provision for peninsula delivered sustainably from UHBW, and both UHBW and UHPNT services either merged or operating as a single virtual service	**R**	26	Y	!	Y	Y	!	N	Y
44	**Interstitial Lung Disease service expansion**	Service expansions in both Plymouth and NBT have been delivered, giving full population access to new NICE TAs for ILD	**R**	26	Y	!	Y	Y	!	N	Y

Tier 1A Priorities are set out here. Other than elective recover these relate to regional services provided through Tertiary centres where resilience issues are being addressed.

The **Tier 1A** priorities in the SW plan not relevant to Dorset relate to services which are provided for the Dorset population out of UHS where there are currently no comparable resilience issues.

Further **Tier 1B and Tier2** priorities are set out in the attached spreadsheet, and systems can filter this to identify the objectives which are relevant to them.

To explore the above table in relation to individual ICSs see enclosed appendix

Outcomes

- Activity levels and wait times for Specialised Services (with particular attention to 6x national priority service lines; neurosurgery, cardiac surgery, cardiology, neurology, vascular and spinal surgery)
- Evidence of successful mobilisation of new services, revised pathways and new MDT arrangements in key service areas per above. Improvements demonstrated by referral patterns, outcomes monitoring and patient experience.
- Calculated pathway efficiencies, including reduced UEC and wider system demand as a result of action in key services areas
- Reduction in our of region flows, an improvement in access rates and access profiles for key services areas

Public Health (Section 7a screening and immunisation services)

Demand for NHS services continues to grow and previously in the NHS Long Term Plan five reasons were recognised, two of which are potentially modifiable;

1. Our growing and ageing population

2. Previously unmet health need

3. Expanding frontiers of medical science and innovation

4. Ensuring people get the right care, in the right place, at the right time, redesigning services to provide better support in the community

5. Improving prevention of avoidable illness and its exacerbations (e.g. smoking cessation, diabetes prevention etc).

There is a clear rationale for systems to focus on prevention and reduce health inequalities. Each system will draw on their Joint Strategic Needs Assessment, public health metrics, variation information and other data to determine their priorities.

Screening (Cancer and non cancer)

Within the regional public health team, the screening workstream provides regional regulation and oversight of the quality and performance of our nationally specified screening programmes. This includes oversight of the recovery and restoration of services, service improvement including addressing uptake and coverage, reducing inequalities, and maintaining quality and safety.

Key aims of the team's operational plan for 2022/3 are;

- Screening programmes are specified nationally with the main aim of reducing preventable morbidity and mortality and improving health outcomes through earlier detection and treatment where necessary
- The collective objectives across the programmes are to ensure safe recovery and full restoration of screening programmes to at least nationally acceptable pre-covid performance standards and increase uptake and coverage in line with long term plan ambitions
- To minimise the variance in health outcomes associated with deprivation, population diversity and access to screening services

Outcomes

- Recovery of services metrics
- Successful implementation of extension to programmes

- Inclusion of specified changes to services specifications
- Achievement of core standards and key performance indicators for each screening programme
- Uptake rates and wider outcomes measures for inclusion health and other vulnerable or under-represented groups

Immunisations

Within the regional public health team, the immunisations workstream provides regional regulation and oversight of the quality and performance of our nationally specified immunisation programmes and Child Health Information Services (CHIS), including oversight of recovery of services, service improvement including addressing uptake and coverage and/or achievement of ambition targets, reducing inequalities and maintaining quality and safety.

Key aims of the team's operational plan for 2022/3 are;

- Pre-school, school-aged, targeted, and adult immunisation programmes and CHIS are specified nationally with the main aim to provide direct protection to those who are at higher risk of vaccine preventable infections ad associated morbidity and mortality.
- The collective objectives across the programmes are to ensure safe recovery to pre-covid uptake within specified timelines and to achieve or exceed the uptake ambition targets for all programmes
- To minimise the variance in health outcomes associated with deprivation, population diversity and to access these immunisation programmes.

Outcomes

- Success will be measured through delivery of recovery objectives, successful implantation of extensions to programmes or inclusion of specified changes to service specifications and achievement of core standards for each immunisation programme and CHIS services
- The impact of initiatives on indicators such as uptake rates and wider outcome measures. Specific work will be undertaken through use of the Health Equity Assessment Tool (HEAT)

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Dental qualitative feedback 2021/22

- Healthwatch North Somerset received 30 pieces of feedback about access to NHS dentists and requests for help to find services.
- 348 pieces of negative feedback sent to us from across Healthwatch Bristol, North Somerset and South Glos have been compiled into reports.
- We have been sharing these reports and making recommendations to NHS England/Improvement South West and our Local dental Networks. We have sent out letters to all Dental Practices.
- Nationally Healthwatch England has published recommendations and reports to highlight the desperate need for reform.
- https://www.healthwatch.co.uk/news/2022-05-09/lack-nhs-dental-appointments-widens-health-inequalities

Themes

De-registration;

‘Patient says they were struck off dental practice in 2020. Caller said it was because they have a 7-year-old autistic child and a 4-year-old and together they were all removed from patient list.’

Difficulty booking an appointment;

‘Grandchild could not be registered with an NHS dentist as they said none were available. Child waited 5 weeks with a toothache before they finally saw someone.’

‘Patients in their 70s have rung around many dentists, to try to find NHS treatment. They have not been able to get themselves on a dental list.’

Pressure to go private;

‘…when they contacted practice to book an emergency appointment, they were told they could only access private care.’

People struggling to pay for dental care;

‘Patient moved to Weston and needs emergency dental treatment but could not get an NHS dentist. Patient cannot afford private care.’

Lack of care leading to more serious problems;

‘it looks as though the only realistic option is to stop seeing a dentist, with the impact that will have on the ongoing health of my teeth."

For information

Dental Access for Adults and Children in North Somerset

June 2022

1. Background

NHS England and NHS Improvement is responsible for the commissioning of dental services across England, having taken over from primary care trusts when the NHS was reorganised in 2013. NHS England's offices in the South West region manage these contracts locally.

Dental services are provided in North Somerset in three settings:

1. Primary care – incorporating orthodontics
2. Secondary care
3. Community services – incorporating special care

2. Population Density

The estimated North Somerset current population is 215,574 (ONS 2019 mid-year population). The population is most concentrated in Weston-Super-Mare (77,026 people) and the three smaller towns of Clevedon (21,275 people), Nailsea (15,498 people) and Portishead (22,405 people). Over two thirds (67%) of people in North Somerset live within these four towns, with the remainder living in the villages and countryside.

3. Primary care (high street dentistry)

The dental practices are themselves independent businesses, operating under contracts with NHS England and NHS Improvement. Many also offer private dentistry. All contract-holders employ their own staff and provide their own premises; some premises costs are reimbursed as part of their contract.

Domiciliary treatment is provided by a small number of contractors who provide treatment for people who are unable to leave their home to attend a dental appointment either for physical and/or mental health reasons, including people in care homes.

Dental contracts are commissioned in units of dental activity (UDAs). To give context the table below sets out treatment bands and their UDA equivalent:

Band	Treatment covered	Number of UDAs
1	This covers an examination, diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the	1

	application of fluoride varnish or fissure sealant if appropriate.	
2	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, removal of teeth but not more complex items covered by Band 3.	3
3	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.	12
4	This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.	1.2

4. Covid Impact

Since the pandemic began, the NHS have pulled out all the stops to ensure the safety of its patients. Although the recent Government announcements in response to Omicron show that we are not out of the pandemic yet, substantial progress has been made in recovering a range of services, including NHS dentistry.

At the end of March 2020 under direct instruction of the Chief Dental Officer for England, face to face dentistry ceased and dental practices provided remote triage of dental emergencies, advice and guidance, and prescriptions for antibiotics as necessary. Meanwhile, urgent dental care hubs were established at pace to accommodate dental emergencies. These hubs remained focused on providing care for those patients who did not identify with a regular dentist despite the commencement of face to face treatment.

Despite the commencement of face to face appointments compliance with infection protection control protocols has reduced the number of patients that can be treated and clinical priority needs to be given to those that are currently mid treatment, children and vulnerable groups and to those who need urgent care.

Between 8th June and 31st December 2020 practices were expected to achieve 20% of their usual patient volume, based on last year's delivery. This activity was a combination of both face to face care and remote triage as per national guidance. This rose to 45% between 1st January and 31st March 2021; to 60% from 1st April to 30th September 2021; to 65% from 1st October and 31st December 2021; and to 85% from 1st January to 31st March 2022. Activity levels from April 2022 have been set at 95% for April to June and thereafter it is expected to return to usual contractual arrangements.

The Chief Dental Officer has confirmed contracts will continue to be paid for 100% of normal volumes, and it will continue to be a requirement that all NHS funded capacity is used to deliver the maximum possible volume of safe care for patients with ongoing contractual protection for practices unable to deliver their full contractual activity between January and March 2022.

Since NHS England set out the contractual requirements for quarter 3, the revised Standard Operating Procedure in response to the Infection Prevention and Control (IPC) Guidance was published in November 2021. These revised arrangements represent a significant change in IPC requirements which supported the further recovery of services and easing the current difficulties some patients are facing when seeking to access care.

Quarter four requirements (Jan-Mar 2022)
Contracts will continue to be in place for 100% of normal volumes and funding, and it will continue to be a requirement that all NHS funded capacity is used to deliver the maximum possible volume of safe care for patients.

Where a practice does not achieve the thresholds expected in the contract year, practices are obligated to refund NHSE/I the value of the activity underperformed. This is termed clawback. The process of clawback commences around October/ November following the previous year's activity and is paid back within the same financial year. The amount of clawback changes year on year depending on the underperformance from the previous year.

Between January and March 2022 clawback will not be applied to practices delivering at least 85% of contracted UDAs, reflecting the level many practices have already been delivering before the IPC changes and giving practices some contractual flexibility as they adjust to the new IPC arrangements. There will be no lower threshold in Q4, so that for delivery below 85% normal clawback will apply, although mitigating circumstances for under-performance will be taken into account through the exceptions process, which will remain in place, providing a safety net for practices. In 2020/21 and 2021/22 a variable cost adjustment was made to account for the reduced activity and thus costs not incurred for consumables. The variable cost adjustment was 16.75% in 2020/21, however it was reduced in Q3 to benefit practices, and will be retained at the lower level of 12.75%, applied to non-delivered activity.

For orthodontic contracts clawback will not be applied to practices delivering at least 90% of contracted Units of Orthodontic Activity (UOAs). The variable cost reduction will be retained as described above. The rate of clawback will then reduce linearly down to a lower threshold of 85% of UOAs, with delivery of the lower threshold earning practices 90% of contractual income for Q4. Below this lower threshold normal clawback will apply.

From April 2022 it has been recognised that there will be additional steps that some dental contractors may need to take to return to full contractual delivery and therefore a further period of support for the first quarter of 22/23 has been applied with a performance threshold of 95%. For Q2 and onwards it is expected that a return to usual contractual arrangements will be in place. For orthodontic services, which have been able to return to normal levels of activity more rapidly, normal contract volumes will be in place for 2022/23.

5. Access rates to high street dentistry

Over recent years there has been a fall in the number of patients in North Somerset who have been able to access an NHS dentist for routine care.

The total number of adults seeing an NHS dentist in North Somerset has decreased from 51.2% of the population in December 2020 to 43.5% of the population in December 2021. This is a drop of 7.7% over the past year.

Nevertheless, the access rate for the adult population of North Somerset (43.5%) is still higher than the access rate for England as a whole (36%).

The number of children who have seen a dentist in North Somerset in the last 12 months has increased from 39.1% in December 2020 to 52.3% in December 2021. This is an increase of 13.2% in the last 12 months.

For further details on these statistics, please see:
https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/dentistry

6. Commissioned dental activity

There are 21 practices in North Somerset who provide general dental services, as indicated in the above map of the BNSSG area. There are a further 68 practices in Bristol and 27 in South Gloucestershire.

NHS England has commissioned dental activity from these providers in North Somerset as follows:

- 20/21 total UDAs commissioned 340,906 – value £8,987,448.25

7. Orthodontics

Orthodontics is a dentistry specialty that addresses the diagnosis, prevention, and correction of mal-positioned teeth and jaws, and misaligned bite patterns. A procurement exercise to secure new contracts was completed in 2019. These new contracts provide improved services for people. For example, under the new contracts' practices will now have to provide 30% of appointments outside of school hours which may include after-school, at weekends and during school holidays.

As detailed above in section 2 Covid Impact, orthodontic services have been able to return to normal levels of activity more rapidly than high street dentistry and normal contract volumes are in place for 2022/23

8. Urgent dental care

Practices have been reminded that urgent dental care should be provided as part of their core service offer to patients.

A dedicated helpline for Bristol, North Somerset and South Gloucestershire was commissioned in 2019, to support the 111 service in the area. When someone calls 111, there is an Interactive Voice Response (IVR) that allows callers to choose 'Dental' from a pre-recorded menu. The service manages both in hours and out of hours appointments for the whole of Bristol, North Somerset, and South Gloucestershire area.

The helpline provides two main functions:

- to assist patients in finding an NHS dentist for routine care; and
- arrange urgent NHS dental treatment for people who do not have a dentist

The Dental Helpline is commissioned to operate between the hours of 08.00 and 22.00, 7 days a week, 365 days per year. Outside of these times, the patient will be triaged by NHS111 using the National Pathways algorithm.

The Primary Care Dental Service hosted by University Hospital Bristol, and Weston NHS Foundation Trust (UHBW) provides out of hours appointments for patients with an urgent dental need who do not have access to an NHS dentist. The service is provided Monday/Wednesday/Friday evening, and every Weekend and Bank Holiday. These services are for patients in need of relief from acute dental pain; acute infection; bleeding or trauma. Access to urgent dental care would normally be expected to be available within 24 hours of someone contacting the service. Appointments provided by UHBW are provided at Charlotte Keel in Bristol and Weston General Hospital in North Somerset.

Only those people with a significant dental emergency, such as rapid facial swelling, uncontrolled bleeding, or facial trauma, would be expected to be treated at accident and emergency departments.

The South West dental commissioning team have recently launched an initiative to increase the number of urgent care treatment slots by asking practices to provide additional urgent care sessions. Currently there are 2 practices in North Somerset providing additional urgent care

sessions since September 2021 to help support patients with urgent dental problems who do not have access to an NHS dentist. Both practices are based in Weston-Super-Mare. The commissioning team regularly advertise this initiative via the monthly dental bulletin and when the team are talking to dentists who contact for advice on other matters.

In January 2022 national funding was made available to eligible practices that had capacity to see and treat more patients between January and March 2022. During this period, North Somerset provided 82 (3.5 hr) sessions which meant that an additional 492 face to face urgent care appointments were accessed.

9. Workforce

A key factor affecting access to NHS dentistry is workforce. The lack of dentists in the area undermines the ability of high street practices to meet their contracts.

Recruitment in the South West is challenging and the unwillingness of dentists to come to the area is not necessarily different to those affecting other sectors of the health and social care system.

The lifestyle choices offered to both the medical and dental profession in terms of training opportunities and proximity mean that the younger generation often tend to favour the larger city of Bristol. Recruitment in the more rural areas can be more challenging.

Further training opportunities tend to be aligned with the big teaching hospitals. While we do have a very successful dental school in Bristol, the need to train and retain dentists in the area outstrips its capacity.

Foundation dentists, who are undergoing further training for a year after graduation, tend to relocate at the end of their foundation year; very few of the annual cohort remain in practice in the South West. Many move out of the area to follow training pathways or to take hospital-based jobs.

It is difficult to determine why established dentists leave. Factors include the challenges of working in pressurised NHS practices and the opportunities in private care. Anecdotally, it also seems that some EU dentists are leaving and fewer are arriving.

10. Improving access to primary care for people in North Somerset

To address the issues above, NHS England and NHS Improvement is seeking to increase access to NHS dental services by:

- Innovation in commissioning to make contracts more attractive to dental professionals with additional skills.
- Working with dental providers to explore what more can be done to maximise contracts.

- Reinvesting funding that has not been spent on meeting contracted activity levels in dental activity elsewhere (dependent on the availability of workforce to deliver activity).
- Ensuring we commission dental services to meet those areas of demand within available resources by resourcing a Local Dental Network and a number of Managed Clinical Networks for dentistry through which we work with dentists, public health and the dental school to develop referral pathways and increase dental capacity.
- In collaboration with Health Education England and the Universities of Plymouth and Bristol, we offer funding to local dentists undertaking post-graduate courses in Restorative; Periodontal; Endodontal and Oral Surgery to increase the number of local specialists and improve access.
- Rebasing contract activity to allow for reinvestment. Any schemes will consider national initiatives and regional difficulties, e.g. Dental Checks by 1, or increasing urgent care sessions for patients who do not have a routine dentist.
- Encouraging councils to consider how they can market their locality to healthcare professionals.
- Supporting dental practitioners to network, share best practice and support each other with a range of initiatives.

The SW Dental Team are currently commissioning additional mandatory dental services across the region. Priority areas have been identified for access primarily based on replacing activity which have ceased within this financial year. Contract performance criteria for these new contracts will include the measurement and assessment of the number of additional new patients accepted for treatment and delivery against the Starting Well Core initiative.

11. Secondary Care Provision

Oral surgery is provided in NHS hospitals under a standard NHS contract. In North Somerset, NHS England and NHS Improvement contracts with University Hospital Bristol and Weston NHS Foundation Trust, Practice Plus Group and Somerset Surgical Services to provide secondary care including oral surgery and orthodontic treatments.

Secondary care has been impacted by the pandemic as services initially ceased to allow additional capacity to treat Covid patients in hospitals. All services have now been resumed but in some cases, the frequency of clinics has been reduced due to capacity at the hospital sites. This has led to an increase in waiting times for some specialities.

12. Community Services

Community dentistry is generally referred to as a salaried service. It is officially called the Salaried Primary Dental Care Service in England and Wales (SPDCS). University Hospital Bristol and Weston NHS Foundation Trust is commissioned by NHS England and NHS Improvement to provide community dentistry and urgent care access. They operate from a range of sites across Bristol, North Somerset, and South Gloucestershire. UHBW also provides a range of community services to Bath and North East Somerset.

Special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional, or

social impairment or disability; or, more often, a combination of these factors. Special care dental services provide routine and urgent dental care.

We know that our special care dental services provide an invaluable service to some of our most vulnerable people. Our ambition is to ensure quality, safe services that are accessible to those that need it when they need it.

NHS England and NHS Improvement commissioned the following organisations from August to October 2019 to find out the views of patients, potential patients, parents, carers and advocates about special care dental services:

- Healthwatch Wiltshire
- Healthwatch Swindon
- Healthwatch Somerset
- Evolving Communities
- Devon Communities Together
- Healthwatch B&NES
- Devon Link UP

When analysing the results of the survey, focus groups and clinic visits, eight key themes emerged. These are: difficulties with accessing the service, variations in waiting times, issues with parking and on-site accessibility, flexibility of appointment times, quality of service, lack of awareness of the service, insufficient communication, and clinic location (a copy of the full 58 page report is available upon request). These views of patients, potential patients, parents, carers and advocates about special care dental services impact on future commissioning or redesign of services.

The community dental providers were rapidly reassigned as Urgent Dental Care Hubs when the pandemic started in March 2020. They were able to quickly adapt to ensure that patients with urgent dental needs were still able to be seen and treated at a time when all other dental providers were only able to provide telephone advice and antibiotics. Although they have now resumed their normal service provision, they are still covering some urgent care provision for patients who do not have a regular dentist as demand for this service is still high.

13. Dental Reform Strategy for the South West

The South West Dental Reform Programme was established in 2020 to improve access to oral health services, develop workforce initiatives to improve recruitment and retention of the dental workforce, and improve the oral health of the population. The programme is run by NHS England and NHS Improvement and Health Education England, alongside our strategic Integrated Care Partnerships and Local Authority Public Health leads to bring together the NHS England and NHS Improvement Dental Commissioning Team and Transformation Team with key stakeholders with responsibility for oral health in the region (Public Health England, Health Education England, Local Dental Committees, the Local Dental Network, and Integrated Care System (ICS) representatives) as well as public and patient voice

partners. The purpose of the programme is to inform a roadmap/plan for the future of NHS dental services and oral health improvement in the South West.

As an early milestone, an Oral Health Needs Assessment (OHNA) was commissioned and published earlier in 2021 and the Dental Reform Programme team held a first SPRINT workshop on 10th June. Over 150 delegates attended with representatives from the dental profession; Healthwatch; Health Education England; Overview and Scrutiny and regional and national NHS colleagues. Dental case studies submitted by Healthwatch partners based on feedback they had received were considered, and discussions held about what works well, what opportunities could be explored, what barriers there are currently and how we overcome them. A report summarising the event outputs and recommendations is available at:

https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/08/dental-sprint-1-output-report.pdf

A further prioritisation session based on the workshop findings was held in July. In addition, three programme working groups have been established in September on access, oral health improvement and workforce. The results from the workshop and prioritisation session together with the Oral Health Needs Assessment will be used by the working groups who began meeting in September. Some of the prioritised actions for the access working group include:

13.1 Access

- Working with 111 and different dental helplines across the South West to streamline the services and make it easier to access for patients
- Increasing the number of urgent care appointments for patients
- Starting work on a stabilisation pathway
- Conducting welfare checks on children on waiting lists to help prioritise treatment to the most vulnerable
- Recruiting an Urgent Care MCN Chair to lead on improvement to the urgent care pathway

13.2 Workforce

- Conducting a SW-wide workforce survey to understand the ambitions of the dental team in the SW, and what will keep them working in the area
- Starting a project on mapping under-utilised dental chairs in dental school and community settings
- Working closely with Plymouth Dental School on researching barriers to recruitment and retention in rural areas and practical steps to overcome this
- Linking in with other areas (i.e. Lincolnshire) and Jason Wong the Deputy CDO about rural recruitment
- Working with HEE on improving the PLVE scheme to encourage more overseas dentists to settle in the SW
- Working with the dental schools and presenting at career development days to inform students about NHS dentistry and the opportunities for engaging in MCNs/LDCs etc

- Developing ideas on training hubs to support and develop dental staff as well as providing additional care to patients

13.3 Oral Health

- Compiling an oral health repository of patient facing information, easily accessible to clinicians
- Understanding and mapping local authority priorities and intervention to highlight gaps
- Looking at the potential for a SW-wide supervised toothbrushing scheme
- Networking with colleagues across the SW to ensure the profile of dental is raised in different forums

14. Summary

North Somerset scrutiny colleagues are asked to:

- Note the difficulties for dentistry as detailed in this report, in particular; access; returning to full contractual activity following the pandemic and workforce issues.
- Note the progress of the Dental Reform Strategy bringing together key stakeholders with responsibility for oral health in the region as well as public and patient voice partners.
- Work with NHS England and NHS Improvement (SW) to consider how the council can best support the recruitment and retention of dental and other essential healthcare professionals in North Somerset through marketing and other initiatives.

South West Provider Collaborative

North Somerset Health Overview & Scrutiny Panel
Overview of Eating Disorders
23 June, 2022

Purpose of report

A request was received via the Head of Stakeholder Engagement, Dr Lou Farbus, NHS England and Improvement, for the South West Provider Collaborative (SWPC) to provide an overview of Eating Disorder service for people across all ages to the Overview & Scrutiny Panel.

The SWPC can provide this detail for commissioned inpatient Eating Disorder services only as it does not have any commissioning responsibility for community services throughout the South West region.

Overview of the South West Provider Collaborative:

The South West Provider Collaborative is an award-winning partnership of five NHS organisations, with Devon Partnership NHS Trust as the lead provider, three independent sector organisations and a community interest company working together to improve the care pathway for people needing specialised mental healthcare in the South West.

With a geography that spans from Cornwall to Gloucester, covering 22,000 square kilometres and a population of around five million, our aim is to ensure that people experience high quality care as close to home as possible, so they can better connect with their support network and local clinical teams and return to their family, friends and community as quickly as possible.

Since 2017, our healthcare providers in the South West have been sharing knowledge, resources and expertise, making a significant difference to peoples' lives.

By bringing together clinicians at the very start of our partnership and involving our patients, their families and carers in decision-making, we have been able to design new clinical pathways. This innovative way of working is already delivering efficiencies that are benefitting our local population.

We commission specialised services for people in the South West including:

- Adult Low and Medium Secure Services
- Children and Young People's Mental Health Services (CAMHS)
- Adult Eating Disorder Services (AED)

Eating Disorder Pathway:

CAMHS

- All Young People being considered for an inpatient placement are filtered through the SWPC regional patient flow system. This is live and monitored daily via the SWPC Case Management team for anything requiring urgent attention. There are weekly meetings with inpatient and community teams across the region to review, assess and clinically prioritise each referral received.
- Currently there are no specialist eating disorder beds within the SWPC footprint. Young People are placed outside the region where it is clinically necessary to place them in a specialist inpatient unit.

AED

- The SWPC has two Inpatient units within its commissioning footprint

SWPC summary of CAMHS Tier 4 services within the South West Provider Collaborative footprint:

ICS	T4 provision and provider(s)	Community provider(s)
BNSSG	Riverside Unit (General Adolescent Unit - GAU): 12 IP beds and 4 Day patient places Provided by AWP	AWP
Somerset	Wessex House (GAU): 12 IP beds Provided by Somerset FT	Somerset FT
Devon (including Plymouth)	Plymbridge House (GAU): 12 IP beds Provided by Livewell CIC	Livewell CIC (for Plymouth) Child and Family Health Devon (for the rest of Devon)
Kernow	Sowenna (GAU): 12 IP beds Provided by Cornwall FT	Cornwall FT

Additional general information CAMHS Tier 4:

- All community CAMHS teams now offer 24/7 crisis support as part of their intensive outreach offer
- All units and intensive outreach teams attend the weekly Clinical Activity panel – this has governance and clinical support functions
- We operate an online referral and patient flow system to ensure we have full oversight of all SW Young People, wherever they are placed.
- We have a case management function that are responsible for quality oversight of both the patient pathway within each service, and pathway management.
- There are currently no specialist IP services in the region but a blended PICU/Low Secure clinical model has been approved and there is scope to procure this within region

SWPC summary of Adult Eating Disorder services within the South West Provider Collaborative footprint:

Integrated Care System (ICS)	**Adult Eating Disorder provision and provider(s)**	**Community provider(s)**
Bristol North Somerset South Glos (BNSSG)	STEPS Inpatient Unit: 10 IP beds Provided by AWP	Avon & Wiltshire NHS Partnership Trust
Devon (including Plymouth)	Haldon Unit: 12 IP beds (10 in use) Provided by DPT Trust	Community CEDS team Devon Partnership NHS Trust.

Additional general information Adult Eating Disorder services within the South West Provider Collaborative footprint:

- Inpatient units work alongside community eating disorder teams (CEDS) to support transition in/out of inpatient treatment.
- We operate an online referral and patient flow system to ensure we have full oversight of all SW eating disorder adults, wherever they are placed.

- We have a case management function that are responsible for quality oversight of both the patient pathway within each service, and pathway management.
- Considering options for developing a whole treatment pathway to support transitions between young people and adult mental health services.

Current situation for the BNSSG system (Bristol, North Somerset, South Glos):

The SWPC works across all local Clinical Commissioning Groups (CCG) within Integrated Care Systems (ICS). The BNSSG CCG covers the area in question for the purposes of this report.

You will see in table 1, the current situation regarding patients in both our CAMHS Tier 4 and Adult Eating Disorder services that are a) referred & awaiting an inpatient bed; and b) already admitted to an inpatient bed.

Table 1: Referrals and Admissions with BNSSG (as at 30/5/22)

Service type	Referrals (no. waiting) + Admitted (in a bed)	Currently in Out Of Region placement
Adult Eating Disorders	2 + 7 = 9	0
CAMHS Eating Disorder	2 + 4 = 6	4

Adult Eating Disorders – demand for inpatient beds in this service has been increasing over recent months but currently the SWPC is able to place patients close to home and within the South West footprint. This is being monitored by on a daily basis by the case management team and provider inpatient units. Transferring to out of region placements (unless indicated) will be avoided where at all possible but cannot be ruled out.

CAMHS Eating Disorders – due to having no in-region specialist eating disorder beds, all young people are being placed outside the South West. The shortage of these specialist beds is a national challenge, not specific to the South West, and there are transformation plans within the SWPC to address this.

The SWPC has a medium and long term plan to address both the level of need and deliver enhanced care closer to home which includes:

- Good engagement with ICS's and the SW regional NHS England (NHS E) Mental Health Team to develop the whole pathway commissioning and delivery and assurance regarding targeted Long Term Plan investment. This includes assurance regarding health promotion and early intervention (e.g. Mental Health Support Teams in schools).
- Good engagement with the South West Paediatric Clinical Senate to develop regional guidance for acute Trusts extending into primary care for early intervention.
- Pilot of community Naso-Gastric feeding service in BNSSG, funded by NHS England.
- Existing programme of 3 week acute hospital refeeding pathways (the South West are national leads for this).
- SWPC in collaboration with NHSE and Health Education England to deliver information regarding appropriate training for acute hospital staff to Trusts.
- Regional training programme to enhance Intensive Outreach team's skills to do extended hours meal support in young people's homes.
- Larger training programme across Units, intensive outreach teams and community Eating Disorder teams to enhance care at all levels and pump prime the planned blended GAU/ED clinical model.
- Enhanced Case Management, including weekly patient flow and network meetings to facilitate flow through all units (in place currently).

- GAU service re-design to develop a blended GAU/ED offer. Identified risk that this will not meet the needs of all those requiring inpatient care for their eating disorders. Does not include NG feeding as part of the offer, this is and will be provided by acute hospitals.

- Possible development of a blended PICU/Low Secure Unit in region which will also deliver NG feeding under restraint to one YP at a time.

- The current use of Specialist Eating Disorder Unit SEDU is primarily to initiate treatment and get young people off their NG tubes (where 3 week intervention in acute hospitals has failed to do this). We have GAU capacity in region to facilitate rapid repatriation once the aims of admission in SEDU have been achieved.

Paper prepared by:

Sarah Hughes, Head of Service for CAMHS Tier 4 and Adult Eating Disorders & Dr Geoff Woodin, Clinical Director for CAMHS Tier 4, South West Provider Collaborative.

Date: 13 June 2022

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

Health Overview and Scrutiny Panel
June 2022

Report of: BNSSG Healthy Weston Phase 2

Title: BNSSG Healthy Weston Phase 2

Ward: N/A

Officer Presenting Report: Colin Bradbury, Andy Hollowood,

Contact Email Address: Helen.edelstyn@nhs.net;

Recommendations
The committee is asked to:

1. Note this update report and the progress made by the BNSSG Healthy Weston Phase Two programme team in developing and implementing plans for public engagement on the new model of care for Weston General Hospital
2. Provide feedback against the 5 key engagement themes set out in section 4 of this paper that will help inform plans for implementation.

1. Executive Summary
Local clinicians have developed a model that builds on the progress made as a result of Healthy Weston Phase 1 and the merger in 2020 between Weston Area Health Trust and University Hospitals Bristol. This model will:

- Preserve the current 14/7 A&E service at Weston, seeing the same range of people and providing the same treatments as today
- Deliver better outcomes for patients of all ages. This includes using digital technology to get specialist opinion and, if someone needs specialist inpatient treatment, who is not suitable for older people's services or surgical care (e.g. appendicitis or broken bones), transferring them to larger centres that can deliver better outcomes and shorter lengths of stay in hospital
- Give a clear and sustainable service model that is more likely to attract key staff to come and work at Weston, building on recent success of teams both in the hospital and in the community who have been able to attract new staff to come and work in Weston
- Drive further integration with local community and primary care services
- Mean that many more people can be treated locally at Weston.

More than 5,000 members of the public, patients and carers, staff and a wide range of other stakeholders have contributed to the Healthy Weston programme, including helping to identify priorities, developing, and testing models, providing feedback, and highlighting areas for further development.

We continue this strong focus on engagement as we develop our plans for delivering the model of care. An 8-week period of public engagement has been launched to help plan the practical implementation of Healthy Weston Phase 2.

The feedback and insight from this engagement period will further inform our impact assessments by strengthening our understanding of the perceived impacts of the new model of care and what people would like to see done to mitigate any challenges.

2. Introduction

The North Somerset Health Overview and Scrutiny Panel (HOSP) met on 20 April 2022 and decided that the preferred model put forward for Healthy Weston Phase 2 should be considered a process of service improvement. This model was then subject to evaluation by clinicians, managers, and patient representatives at an independently chaired evaluation workshop on 21 April 2022. This workshop used evaluation criteria that had received support in advance from the North Somerset HOSP. The workshop considered two clinical model options against the evaluation criteria. A consensus recommendation of Option 2 as the preferred option was put forward and ratified by the Healthy Weston Steering Group on 31 May. A final report from the South West Clinical Senate Review Panel held on 31 March has been received. The report confirms the Clinical Senate's assurance of the preferred model.

On 7 June 2022, the Bristol, North Somerset, and South Gloucestershire Clinical Commissioning Group Governing Body [BNSSG CCG GB], agreed the Healthy Weston Phase 2 Outline Business Case, which set out the preferred model, and confirmed a commitment to a dedicated period of public engagement building on the existing engagement work that has already been undertaken. This cover report sets out our planned approach to public engagement.

Further detail on the preferred model of care for Weston General Hospital, presented in the Outline Business Case to BNSSG CCG GB on 7 June can be found at Appendix A.

3. What we are trying to achieve through engagement

Given our extensive previous engagement activities to develop and test the Healthy Weston Phase 2 model, the focus of this engagement period is on **gaining information to further inform our implementation plans**. We have recently received survey feedback from almost 900 people and undertaken discussion sessions which showed that the majority of people understood the need for change and were broadly supportive of the proposed model. Therefore, we are not repeating that type of content or methods during this period of engagement.

We will undertake 8 weeks of active listening and engagement (20 June – 14 August 2022), followed by one month of drawing together themes and ideas that will further inform implementation plans (by 30 September 2022).

4. Focus for this phase in engagement

Based on learning from earlier engagement for Phase 2 and formal consultation from Phase 1 of the Healthy Weston programme, our Equality Impacts Assessment and review of our proposed approach by groups such as North Somerset Health Overview and Scrutiny Panel,

South West Clinical Senate and patient and staff reference group, we have identified five themes for engagement.

Previous feedback has identified perceived challenges and barriers to implementing the Healthy Weston Phase 2 model. Our engagement focus is on what could be done to mitigate those.

The five themes are

1. How should we let people know about plans for Weston General Hospital? We are keen to continue to engage and listen to people as we begin putting plans into action.
2. Most services at Weston General Hospital will continue as they are now, with services for all ages including maternity, children's services, and adults' services. Are we clear that there will be services for all ages at Weston General Hospital?
3. What could we do to encourage people to have a planned operation at Weston General Hospital? E.g. advertising shorter waiting times?
4. Some of our plans mean that people will travel to another hospital further away for their specialist care. What practical things could health services do to help if people and visitors are at a hospital further away from home? For example, support with technology to help people stay in touch with loved ones.
5. How could we mitigate any concerns staff at the Trust running Weston General Hospital may have?

5.Our stakeholders for this phase in engagement

Our priorities in who to engage with in this 'planning for implementation' period are:

- those who are **interested in identifying potential solutions** to the key themes we are prioritising
- groups that we have **engaged with less** in our previous engagement activities
- groups that may be **disproportionately affected** by the planned Phase 2 approach, including any groups identified by our Equalities Impact Assessment as potentially negatively impacted

Further detail on our stakeholder map is set out in the Engagement Plan in Appendix B.

6.How we will engage

Over the 8-week period between 20 June and 14 August we will proactively engage using the following methods:

- Meetings with the Patient Public Reference Group and meetings with the Staff Reference Group.
- Offer key stakeholder groups listed in the engagement plan a virtual or in person visit.
- In person event [30 June] and an online event
- Pop up stand in Weston General Hospital, Pop up stand in Bristol Royal Infirmary
- Short online survey sent to the BNSSG Citizen's Panel, and placed on the BNSSG website
- Seek feedback from UHBW staff meetings

We hope to engage with 300-500 people during this period, though the focus is on quality and detail, not quantity.

7.How we will use what we learn

Towards the end of August an independent team will compile themes from the feedback, including a list of all suggestions to consider in our onward planning. The theme summary will be reviewed by the Patient and Staff Reference Groups and the Healthy Weston programme team. The programme will prepare a ‘you said, we did’ document listing how the suggestions was considered and what, if anything, is being done as a result.

We will use the suggestions and what we learn during this engagement period to:

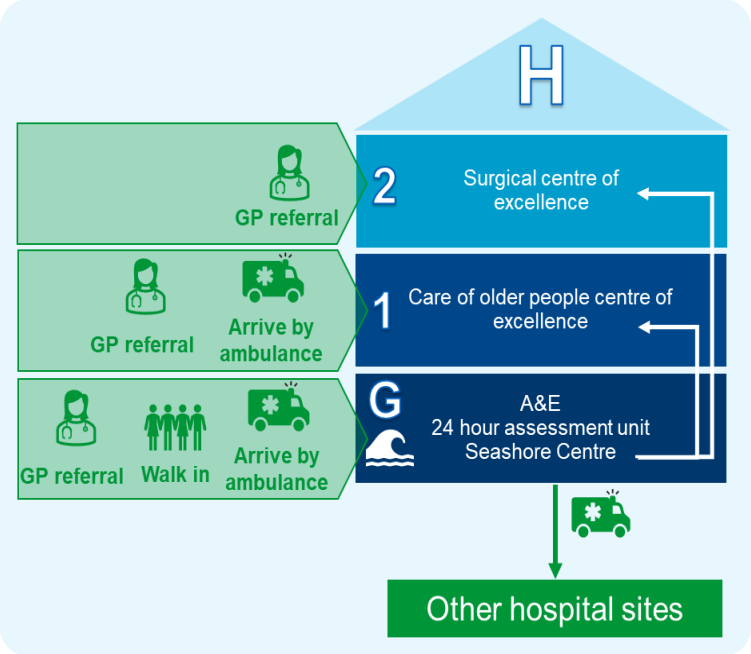
- inform and update our implementation plan
- update our impact assessments
- develop a full communications strategy to support the implementation period, including staff consultation

Appendix A: New Model of Care for Weston General Hospital

Weston General Hospital will:

- become a **centre of surgical excellence**. This means thousands more planned operations for people of all ages will be carried out
- become a **centre of excellence for older people's care**. This means it will provide more care for people who are frail, in addition to all the usual services for people of all ages
- help more people **go home within 24 hours** of an emergency. It will have units for assessing and treating patients quickly.

Weston General Hospital will **continue to provide A&E services from 8am to 10pm**, exactly the same as for the last 5 years.



All other services at Weston General Hospital will continue as now, such as outpatient appointments, maternity care, children's services, cancer care, diagnostic tests like x-rays, intensive care, emergency surgery and stroke rehabilitation. Services will continue for people of all ages.

Under the proposed new model, inpatient medical specialties are concentrated in other surrounding hospital leaving Weston to focus on developing centres of excellence. This will mean all people in an ambulance, other than those with conditions for which there are existing established pathways (e.g., major trauma), would be taken to Weston General Hospital for assessment and initial treatment. If, on assessment, they need inpatient medical care for more than 24 hours (other than people who would benefit from treatment in the new centre of excellence for older people or emergency surgery) they would be transferred to another local hospital for their care.

This option ensures that Weston General Hospital:

- treats the majority of emergency cases at Weston
- reduces the number of non-elective beds displaced to neighbouring hospitals
- gives Weston staff a wider range of patients to treat, thereby aiding recruitment and retention.

Appendix B: Engagement Plan

HEALTHY WESTON PHASE 2

Engaging to help plan implementation

Engagement plan: Commencing the 20 June

1. Scope

Healthy Weston Phase 2 is a programme of **continuous improvement** supporting Weston General Hospital to thrive at the heart of the community and deliver the care local people need most often. The planned improvements include:

- continuing to provide urgent and emergency care services for all ages 8am to 10pm, 7 days a week, as now, with those requiring specialist inpatient care being treated at the most appropriate place for their needs. Most people being transported by ambulance would be taken to Weston General Hospital for assessment and initial treatment (except where there are already other pathways, such as major trauma). If, on assessment, they need inpatient medical care for more than 24 hours they would be transferred to another local hospital for their care, apart from older people or people who need emergency surgery
- developing a 24-hour acute monitoring unit, a one-stop urgent surgical assessment clinic and a 72-hour older people's assessment unit to support rapid assessment and treatment
- creating an integrated centre of excellence for the care of older people
- developing a surgical centre of excellence providing a variety of planned operations and procedures for a catchment area of around 1 million people

Weston General Hospital would continue to provide outpatient appointments and diagnostic tests for a wide range of specialties for all ages.

If approved by governance structures towards the end of 2022, Phase 2 will begin implementing improvements from 2023.

More than 5,000 members of the public, patients and carers, staff and a wide range of other stakeholders have contributed to the Healthy Weston programme, including helping to identify priorities, developing and testing models, providing feedback and highlighting areas for further development.

Healthier Together wants to continue this strong focus on engagement as we develop how we plan to implement the proposed model, assuming rollout from January 2023.

This document sets out an eight-week **engagement period to help plan the practical implementation** of Healthy Weston Phase 2. It covers:

- what we want to achieve from engagement
- who we will engage with
- the activities we will use to engage
- how we will use the things we learn

This document does not summarise the principles of Healthy Weston Phase 2 or the process or findings of past engagement, as those are covered in other documents.

One of the key outputs from this phase of engagement will be developing a communications and engagement plan to promote and raise awareness of Healthy Weston Phase 2, leading up to and continuing during the beginning of the implementation period. Therefore that type of promotion and engagement is not covered in this document.

2. What are we trying to achieve through engagement?

The North Somerset Health Overview and Scrutiny Panel has confirmed that Healthy Weston Phase 2 is a programme of continuous improvement, not a substantial variation to services. This means that there is no legal requirement for formal public consultation prior to considering implementation.

However, engagement remains central to the Healthy Weston programme so we will continue to build on our strong focus of involving and listening to people as we finalise plans to implement Healthy Weston Phase 2.

Since we are not formally consulting and given our extensive previous engagement activities to develop and test the Healthy Weston Phase 2 model, the focus of this engagement period is on **gaining information to help strengthen implementation plans**. We have recently surveyed almost 900 people and undertaken discussion sessions which showed that the majority of people understood the need for change and were broadly supportive of the proposed model. Therefore we will not repeat that type of content or methods during this period of engagement.

This phase of engagement is about gathering insights to help tangibly **refine our implementation plans and produce solutions to issues** or areas of concern. The feedback will also help us update our impact assessments by strengthening our understanding of the perceived impacts of the planned model and what people would like to see done to mitigate any challenges.

We plan a period of active listening and engagement (commencing on the 20 June for eight weeks), followed by one month of drawing together themes and ideas that will further inform our implementation plans (by 30 September 2022).

2.1 Focus areas for this phase of engagement

Based on learning from our earlier engagement for Phase 2 and formal consultation from Phase 1 of the Healthy Weston programme, our Equality Impacts Assessment and review of our proposed approach by groups such as North Somerset Health Overview and Scrutiny Panel, South West Clinical Senate and patient and staff reference groups we have identified five themes for engagement.

Previous feedback has identified perceived challenges and barriers to implementing the Healthy Weston Phase 2 model. Our engagement focus is on what could be done to mitigate those.

The five themes that we will engage about are:

1. Some of our plans mean that people will travel to another hospital further away for their specialist care. What practical things could health services do to help if people and visitors are at a hospital further away from home? For example, support with technology to help people stay in touch with loved ones?

Here we are seeking practical strategies that we could consider with partners to address the concerns people have. As one example, our previous engagement identified access by people who want to visit those transferred to another hospital as a concern. We will engage with patients and the public, staff, voluntary groups, local authorities, the ambulance service and private transport providers to see whether there are any options around enhancing access and reducing the cost of public transport for visitors. It is not within the remit of health services to change bus routes or timetables, but through engagement we will seek suggestions to address concerns about travel and begin discussions with transport providers. During the engagement period we want to identify a list of tangible suggestions which could be given further consideration. We have used travel as an illustration but there may be many other potential impacts that people wish to engage about and discuss.

2. Most services at Weston General Hospital will continue as they are now, with services for all ages including maternity, children's services, and adults' services. Are we clear that there will be services for all ages at Weston General Hospital?

Our previous engagement, including a survey of almost 900 people in March/April 2022, found that some people felt that the Phase 2 model may over-emphasise care for older people rather than fully recognising the broad demographics and population growth in the area.

Under Healthy Weston Phase 2, Weston General Hospital will continue to provide emergency care, diagnostic care, maternity care, children's services and outpatient appointments in a number of specialities for all ages. In addition, people from a wider catchment area will be able to have planned surgery at the Hospital. Therefore people's concerns about a focus on older people may be due to limited awareness of the breadth of services that will continue to be available, or they may be based on other concerns.

During the engagement period we will explore the reasons behind these views so we understand how to address them, whether through awareness raising or through refinements to our model.

3. What could we do to encourage people to have a planned operation at Weston General Hospital? E.g. advertising shorter waiting times?

Developing a surgical centre of excellence means that people from a broader catchment area will be offered the opportunity to have surgery at Weston General Hospital. Our prior engagement suggests that there may be some resistance to this, so we want to identify the reasons why. Examples may include Hospital reputation, concerns about being further from loved ones, and concern about return travel to people's homes.

Understanding any concerns people may have and their suggestions for promoting the benefits will directly influence how we communicate this element during implementation.

4. How could we mitigate any concerns staff at the Trust running Weston General Hospital may have?

Staff have been actively engaged throughout the development process, but as we move towards implementation we want to highlight any concerns that staff may have about impacts or feasibility and any potential solutions. This also includes highlighting areas of the proposed model that staff may want more clarity about so that when we build a communication plan to support implementation, we can concentrate on those areas.

5. How should we let people know about plans for Weston General Hospital? We are keen to continue to engage and listen to people as we begin putting plans into action.

From early 2023 there will be widespread communication to raise awareness of changes amongst the public, staff and other stakeholders. We will use this period of engagement to seek views about how to communicate key messages and how to reach people that we have not yet involved. This feedback will help us develop a robust communications and engagement strategy and test which wording is helpful and which may be alienating or off-putting.

We will be open to listening to anything else that people want to discuss in addition to these fur key themes. We may also add additional focus areas as the engagement period progresses, in line with the messages we hear from stakeholders.

We have identified these key target areas to differentiate this period from general promotion and awareness raising, and to make sure that the engagement process collects meaningful feedback that will have a real impact on how we implement and communicate the model in future.

In order to engage about these issues, we will provide information about the planned Healthy Weston Phase 2 improvements to services, but the focus of this phase is not on widespread promotion and awareness raising. That will be the next phase of engagement, planned for after governance structures decide whether to proceed with implementation.

3. Who will we engage with?

Over 5,000 people have already helped to shape the Healthy Weston programme. This phase of engagement is not a wide consultation and will not seek to replicate past methods or to focus only on the same types of stakeholders.

Our priorities in who to engage with in this ‘planning for implementation’ period are:

1. those who are **interested in identifying potential solutions** to the key themes we are prioritising

2. groups that we have **engaged with less** in our previous engagement activities

3. groups that may be **disproportionately affected** by the planned Phase 2 approach, including any groups identified by our Equalities Impact Assessment as potentially negatively impacted

3.1 Stakeholder mapping

We mapped key stakeholders to identify which we will be most proactive in engaging with during this phase. Table 1 lists our priority groups. This takes into account our Equality Impact Assessment, those we have engaged with less before and tries not to duplicate those already engaged with. Those marked with asterisks are the top priority during this phase. We will be open to engaging with others, but these groups are our initial focus during this phase. Others will be involved if capacity allows and we may continue to iterate groups during the engagement.

Table 1: Key stakeholder groups to inform and engage with

	Public and patient representatives	Staff representatives	Other stakeholders
High priority to actively engage with to seek feedback about focus areas	• **Public Reference Group*** • **BNSSG Citizen's Panel*** • **Disability Access Group*** • **People First*** • NS Clarity • Alzheimer's Society • Breathe Easy • Parkinson's Group • **Alliance Living – carers*** • **Somerset carers and talking cafes*** • **NS BME Network*** • Multicultural Friendship Association • GRT community • Redeem Our Communities • NS LGBT+ Forum* • **NSC senior community link*** • **University of the 3rd Age*** • Weston College • Children's Centres • YMCA • **PPGs for Cheddar,, Burnham on Sea and rural and deprived areas*** • PPGs from Bristol	• **Staff Reference Group*** • **EDI leads*** • **Staff in affected services – Weston*** • **Staff in affected services – Bristol***	• **Transport companies*** • **Ambulance service*** • **Voluntary sector patient transport providers*** • **Care homes*** • NS IGA (Police led) • PACT (Police led)
Priority to keep informed	• **Other interested members of the public, patients and carers*** • PPG Network • NS Council inclusion team • AWP user lived experience lead	• Leaders of affected staff • Divisional leadership teams • Unions	• Members of parliament • Councillors • Town and Parish Councils • Scrutiny Panels • VANS • CANS • Healthwatch • Wellbeing Collective • Somerset CCG • Curo • Weston Hospital Radio

Note: green = disability focus, blue = faith focus, red = age focus, orange = ethnicity focus, purple = maternity/family focus, brown = sexual orientation focus, black = no specific protected characteristic focus (or mixed)

3.2 Learning from Equality Impact Assessment

Our Equality Impact Assessment identified no overall negative impacts from the Healthy Weston Phase 2 model based on protected characteristics apart from as related to disability (see Table 2). This means that this engagement period will place a particularly high priority on seeking the views of people affected by this protected characteristic. For this reason Table 1 on the previous page has prioritised a number of groups focusing on disability to engage with.

The Equality Impact Assessment also identified a need to understand whether the impact of proposed changes may be different for people depending on the ethnic group or religion/belief.

Table 2: Summary of Equality Impact Assessment of Healthy Weston Phase 2

Protected characteristic	Overall impact	Impact assessment summary	Suggested actions
Age	Positive	Approach supports the ageing population within North Somerset and high number of care homes. There may be some negative impacts such as difficult communicating changes with people with dementia Travel may prove more challenging for older people who may be more reliant on public transport and on family for transport. People who have work or school commitments Monday - Friday may have difficulty attending appointments during the hours of 8am-5pm.	Communicate with **care homes** about enhanced frailty services. Consider digital guidance and training to help people access remote appointments and use technology to avoid needing to visit in person. Review patient transport services for inter hospital transfers. Consider longer opening hours for diagnostic hubs to accommodate working population or those in education. .
Disability	Negative	People with physical impairments may face increased travel and access burdens, including both difficulty travelling and less desire to be away from home. For those with physical and mental disabilities there may be reliance on carers or family for additional assistance	Ensure that people affected by disability are **included in engagement** about impacts and consider specific adaptations to enable effective communication. Ensure that service provision includes ramps, hearing loops and other equipment to enable access. Ensure travel time analysis considers impact of changes. Consider appointments to fit in with local transport services, carer availability, being home before dark etc.
Gender reassignment	Neutral	Regardless of the service model, providers need to apply NHSE Guidance and local policy to manage male or female specific acute bed provision, balancing	No actions specific to implementing Phase 2. As a general principle education is needed to ensure staff confidence in discussing transgender issues.

		the needs of transgender patients and any other patient.	
Protected characteristic	**Overall impact**	**Impact assessment summary**	**Suggested actions**
Marriage and civil partnership	Neutral	Changes unlikely to have a differential impact on people based on their marital or civil partnership status.	Not limited to marriage and civil partnerships, but awareness is needed about challenges of travelling to visit a spouse in hospital.
Pregnancy / maternity	Neutral	Travel may be an issue, particularly for those with existing childcare needs	Travel time analysis to consider impact of changes.
Race / ethnicity	Neutral	No differential impact of changes identified based on ethnicity. However race may be associated with different levels of resource and social capital which may have impacts.	No actions specific to implementing Phase 2, , though seek to include people from **variety of ethnic groups** in engagement to check whether impacts may differ..
Religion	Neutral	No differential impact of changes identified based on ethnicity. However acknowledge that people with different religious beliefs may access healthcare in different ways.	No actions specific to implementing Phase 2, though seek to include people from **variety of religious groups** in engagement to check whether impacts may differ.
Sex	Neutral	No differential impact of changes identified based on sex.	
Sexual orientation	Neutral	No differential impact of changes identified based on sexual orientation, though need awareness of the challenges people face with regards to their sexual orientation, particularly with regards to care of the elderly	No actions specific to implementing Phase 2 As a general principal education is needed to ensure staff confidence in supporting people sensitively.

Our broader impact assessments and travel analysis recognise that those from rural areas and the most deprived parts of the region may be affected in different ways. Therefore we have included some outreach meetings with people from those areas in our stakeholder mapping.

We have built the following into this engagement plan, in line with our commitment to make engagement processes accessible:

- offering to visit community groups and sites such as care homes and gypsy sites, either virtually or in person, and having translators available if needed
- offering a public meeting in person and virtually
- specifically targeting patient and public involvement groups in rural and less advantaged / more deprived areas for meetings, in recognition that the proposed model may have different impacts for people in those areas
- having pop up / drop in sessions at Weston General Hospital so that those not associated with specific community groups have an opportunity to share their views
- offering to provide adapted materials if requested such as an easy-read leaflet for people with learning difficulties or large print for those with sight issues

At about half-way through the engagement period we will compile the number and type of people who have taken part so far to help identify any gaps in the range of people taking part. We will not compile themes in feedback at the half-way mark.

4. How will we engage and produce solutions?

Over the eight-week engagement period commencing 20 June we will proactively engage using the following methods. Table 3 sets out key milestones.

- 2 meetings with the Patient and Public **Reference Group** and 2 with the Staff Reference Group. At one of these meetings we will seek feedback on the focus areas. At the other meeting the Reference Groups will review the number and type of people engaged at the half way mark and make suggestions to address any gaps in engagement. The second meeting will also focus on developing communication and engagement plans for use during implementation

- offering each group listed in Table 1 marked as 'high priority to actively engage' a virtual or in person visit to **meet with a group of stakeholders**. We will prioritise those marked with asterisks in Table 1 first in light of the programme team's capacity. If a group meeting is not possible, we will ask the group to recruit at least one person for an informal interview

- **1 in person event and 1 online event** open to any member of the public, staff or other stakeholder. Each event will be a maximum of two hours long, with break during the sessions. We know from past engagement that two hours is a long time for an online session and have set this as a maximum, with the recognition that it may be possible and appropriate to cover the content in a shorter period. However equally, we want people to have an opportunity to say as much as they wish rather than needing to be cut off.

- at least 1 **pop up stand** / drop in session at Weston General Hospital and 1 at another hospital (specifically to seek views about Weston General Hospital as a site for planned surgical care). Each session will last at least 3 hours. This is important so that people visiting services have an opportunity to feed in suggestions so the engagement is not 'closed off' only to people engaging with existing community groups or those who have volunteered for the Citizen's Panel

- **short online survey** sent to the BNSSG Citizen's Panel, to gain feedback from a broad range of people. Questions for those in the North Somerset area will focus on identifying the impact of changes and potential mitigations. Questions for those in other areas will focus on any barriers to planned surgical care at Weston General Hospital and mitigations (see Box 1). The Healthier Together Citizens' Panel includes a sample of over 1,000 citizens from across Bristol, North Somerset and South Gloucestershire who are regularly surveyed for their opinions. About 22% reside in North Somerset

- short survey placed on **CCG website**, as well as email address and telephone number in case people would like to provide feedback. The survey will use the same questions as for the Citizen's Panel. It will not be heavily promoted as our primary goal is not to gain surface-level information, but will be used as a mechanism for those who are unable to take part in meetings or interviews or who wish to provide anonymous feedback

- seeking feedback at **staff meetings** and events. UHBW is leading the programme of staff engagement. Staff from across all areas of the Trust were asked to express an interest in being part of the UHBW staff reference group. There are 34 members. In addition to this, the Trust will seek feedback at existing meetings and run specific meetings to identify areas in need of further clarification and any staff concerns that need to be addressed in further ongoing engagement. This is not a general awareness raising period of engagement, so the

staff engagement will be targeted to the key themes identified earlier in this document (see Table 3)

Box 1: Examples of survey questions

Sharing what we are doing

1. How should we let people know about plans for Weston General Hospital? We are eager to hear new ways to share information and any groups we should contact.

2a. Most services at Weston General Hospital will continue as they are now, with services for all ages including maternity, children's services and adults services. If you have read or listened to our plans, are we clear there will be services for all ages at Weston General Hospital?

Yes
No

2b.If we could be clearer, please say how we could get this message across better.

Services

3. Do you agree or disagree with the following statements about plans for Weston General Hospital? Leave blank if you don't know or don't have an opinion.

	Agree	Disagree
The plans will improve Weston General Hospital	☐	☐
Weston General Hospital will include services for people of all ages	☐	☐
I like the plan to offer more operations at Weston General Hospital	☐	☐
I would be happy to have planned surgery at Weston General Hospital	☐	☐
I like the plan to have more care for older people at Weston General Hospital	☐	☐
I understand why some people taken to Weston in an emergency would transfer if they needed to stay in hospital longer than 24 hours	☐	☐

4. What could we do to encourage people to have a planned operation at Weston General Hospital? e.g. advertising shorter waiting times

Helping people when they are away from home

5. Some of our plans mean that people will travel to another hospital further away for their specialist care. What practical things could health services do to help if people and visitors are at a hospital further away from home? For example, support with technology to help people stay in touch with loved ones

6. If you think some groups may be more affected than others by being in a hospital away from home, please tell us who and why.

Other comments

7. If there is anything else you would like to say about plans for Weston General Hospital, please tell us here.

Note: These questions are **examples of the topic areas only**. The exact wording will be refined following pilot testing. People will receive a short summary of the planned changes before completing the survey. The survey will ask for open-ended feedback focused on suggestions for development. It will not ask the extent to which people understand the need for change or support specific service improvements as we have already surveyed a wide range of people about that during the development period. Q4 would be asked of Citizen's Panel members living outside North Somerset. In addition, we will ask demographics such as people's age group, ethnicity and gender.

Table 3: Key milestones in this engagement period

Milestone	Timeframe (2022)	Minimum target number engaged
Information online, including survey	20 June	100 page views
Print materials and adapted materials available	Week of 20 June	100 copies of leaflet distributed
Promotion via website, newsletters, social media etc	Week of 20 June and 11 July	100 viewers of social media posts
Meetings and interviews **booked** with priority groups and pop ups and events scheduled	By week of 20 June	15 outreach meetings or interviews, 2 pop ups. 2 public meetings, 10 staff meetings
Meetings with community and staff target groups	20 June to 14 August	200 people
Survey with Citizen's Panel	20 June-20 July	50 people
In person public **meeting**	30 June	10 people
Online public **meeting**	18 July	10 people
Pop up stands at Weston General Hospital and 1 other hospital	Week of 11 July and 1 August	20 people
Feedback from Patient and Public and Staff Reference Groups	Week of 27 June and 25 July	20 people
Compile number and type of people engaged with as mid-term review	Week of 18 July	-
Videos, including recordings of CEO briefing and staff briefings, available on intranet	Available from week of 20 June	100 views
Content in staff newsletters, intranet, screensaver, briefing for leaders and similar to advertise engagement sessions	20 June	-
Online staff briefing, open to any staff member	29 June, 19 July, 3 August	50 people
Professional development forum	13 July	10 people
Active engagement period ends	14 August	-
Compilation of **themes** and practical actions suggested	By 30 September	-
Updating impact assessments and implementation plan to incorporate suggestions	October	-
Developing full **communications** and engagement plan and materials ready for implementation	October	-

Note: UHBW has a rolling programme of staff engagement that continues after this period. UHBW has over 13,000 staff. Staff engagement opportunities will be open to all, however this phase is not about general awareness raising. The engagement questions for all staff engagement activities will focus on the a) extent to which staff understand the proposed changes and any areas that need to be clarified and b) any concerns staff have and how to mitigate them.

We will create short communications materials to support this engagement period, but as this is not a formal consultation and our focus is not on raising awareness broadly about implementation at this stage, these will be short and 'light touch'. The collateral will include:

- website text
- short leaflet summarising key points only, not a lot of background or detail (to be made available in accessible formats if requested by a member of the public or staff)
- brief PowerPoint slides for use at meetings
- frequently asked questions document
- social media copy
- online survey with dedicated link for use by Citizen's Panel, those who take part in meetings and anyone interested

We do not plan widespread media communications during this phase as this is not an awareness raising and promotional engagement period, but rather an engagement phase to develop solutions and refinements. We will release social media posts and place text on our website and newsletters. We have scheduled a press release in June and July to give a general update that meetings are underway and to let people know how they can be involved.

We have not set a definitive target number of people to engage as our focus in this phase is on quality and detail, not quantity. We hope to engage with 300-500 people during this period, though some of those may focus on information provision rather than gaining detailed feedback. We have not set a target for the number of people with various protected characteristics engaging. However, we would like to engage with at least 20 people affected by disability and at least 20 people from minority ethnic groups in this phase, in line with our impacts assessment.

5. How will we use what we learn?

We will collate feedback during the engagement period using:

- standardised templates to capture feedback from meetings, interviews and pop up sessions
- a short survey form for use with the Citizen's Panel and on our website
- an Excel spreadsheet to keep track of feedback received by email or telephone

Using standardised templates will provide consistency in how we capture views and suggestions, given that the feedback we are prioritising will be largely qualitative and diverse.

In September we will compile themes from the feedback, including a list of all suggestions to consider in our onward planning. We will work with an independent team to compile the feedback. They will provide a report by 30 September 2022..

The theme summary will be reviewed by the Patient and Staff Reference Groups and the Healthy Weston programme team. The programme will prepare a 'you said, we did' document listing how the suggestions was considered and what, if anything, is being done as a result.

In October/November 2022, we will use the suggestions and what we learn during this engagement period to:

- inform and update our implementation plan
- update our impact assessments

- develop a full communications strategy to support the implementation period, including staff consultation

Health Overview Policy and Scrutiny Panel
Work programme June 2022

(to be updated following each Panel meeting)

The Panel will consider issues of significant public concern, areas of poor performance, and areas where Members think the Council could provide better value for money. This is a "live" document and will evolve as priorities or circumstances change.

SECTION ONE – ACTIVE & SCHEDULED projects identified in the overarching Strategic Work Plan

Topic	Reason for scrutiny	Method of scrutiny and reporting process	Timeline	Progress	Lead
Children's Mental Health Services	To understand the gaps in provision of Children's Mental Health Services and whether North Somerset received parity of funding in comparison with neighbours in Bristol and South Gloucestershire. The driver for this work is concerns raised by Councillors and officers about a perceived lack of funding parity together with concerns raised by Members of the public about difficulties in accessing CAHMS services	Joint working group – Reporting back to parent Panels (CYPS and HOSP) in order to reach and agree conclusions and consider next steps	To provide interim update report to CYPS on 30th June 2021 To report findings to CYPS and HOSP at the next available opportunity to agree next steps	WG mtg: 15/04/21; 18/05/21; 01/12/21; Findings reported to CYPS 16/06/22 with update from Chair at HOSP 23/06/22 (under work plan)	Chair
Healthy Weston Phase 2	Statutory: to consider proposed service changes; determine potential "Substantial Variation" in service; and consider options for further engagement/consultation if appropriate	Preliminary briefings followed by substantial variation determination at full Panel on 20/04/22	Preliminary Briefing 25/03/22 Report to full Panel on 20/04/22. Consideration of public engagement plans at 23/06/22 panel	See S.4 below for progress	
UHBW Merger Integration	To monitor progress on the ongoing structural integration of the former UHW and WAH Trusts	Working Group established	Ongoing – regular periodic meetings. Last Mtg 21/04/22	WG mtgs: 10/12/21 and 22/02/2022. Further meetings planned in July and finally in November 2022	Chair

(cont…)

SECTION TWO – proposed projects (listed in priority order). These must be agreed at Panel and will be referred for discussion at Chairs and Vice Chairs – for inclusion within the overarching Scrutiny Work Plan:-

Topic	Reason for scrutiny	Proposed method of scrutiny & reporting process	Timeline	Lead
Long Covid (LC)	To consider: • scale of LC in N.Somerset • Is LC being identified effectively? • Are people accessing appropriate services they need, in a timely manner? • What further support could the Council and health system put in place to support sufferers and their families	Possible Inquiry Day in October	TBA	TBA

SECTION THREE – planned briefings, workshops, and informal Panel meetings. Outcomes may, with Chairman's agreement, generate Panel agenda items (for inclusion in S4 below) or, with Panel agreement, escalation to S2 above:-

Topic	Reason for Scrutiny engagement	Date	Outcome	Progress	Contact
Health and Wellbeing Strategy HOSP-led all Member briefing	To brief Members on the development of the strategy vision and public consultation process	06/04/21	Progress reports to future HOSP meetings	Update on implementation at April 2022 HOSP meeting	
~~**Track and Trace**~~ ~~All Member Briefing~~	~~Reference from full Council~~	~~07/07/21~~	Members' engagement	Completed	
Integrated Care System (ICS) **HOSP-led All Councillor Briefing**	Update on implementation of ICS and implications of the Government white paper/legislation.	22/10/21	Second briefing to be arranged spring 2022	Next meeting TBA	
~~**Minors Programme and AWP Patient reconfiguration**~~	~~Sirona and AWP briefed Members on plans to reduce the numbers of patients dealt with at ED (Minors Programme): and the relocation of Mental Heath Services from Southmead to Callington Road~~	~~22/02/22~~	Members' engagement	Completed	
Quality Accounts 2022 (QAs)	HOSP is a statutory consultee. QAs can provide Members with opportunities to engage with providers on current service performance and priorities going forwards	TBA	To respond to QAs as appropriate	In progress	

(cont…)

SECTION FOUR - agenda reports to the Panel meetings as agreed by the Chairman. This section provides for the forward planning of agendas for the coming year and a record of recent panel meeting activity. Item outcomes may include proposing further work such as additional briefings or potential projects for inclusion on the STRATEGIC WORK PLAN (S2 above).

Item	Purpose	Outcome
HOSP: 20th April 2022		
Healthy Weston 2	To determine whether proposals constitute a Substantial Variation (SV) and to consider any further engagement	The Panel concluded that option 2 proposals did not constitute a SV thereby not requiring formal public consultation but noted and welcomed the CCGs intention to engage with the Public on these proposals (and the commitment to share engagement outcomes with the Panel)
Health & Wellbeing Strategy 2021-24 (HWS) implementation	Panel engagement/scrutiny – to review progress on implementing the HWS	Panel sponsored an all-Member briefing on 13/06/22 to provide an overview and hear feedback on the development and delivery of the HWS and process underway to refresh the action plan
HOSP: 23rd June 2022		
Annual NSC Directorate Statements and partner plans/priorities for 2022-23	To consider the aims and priorities of our principal health partners and the Adult Services and Public Health directorates, bearing these in mind when considering its work plan for the year ahead	
Dental Services in North Somerset	To review service provision and performance	
Eating Disorders	To review service provision and performance	
Healthy Weston Engagement	To review/feedback on plans to engage the public on HW proposals	
HOSP: 13th October 2022		

SECTION 5 - Recommendations - Response from Executive Member

Area for investigation/ Recommendations	When were the recommendations to the Executive agreed?	**Expect answer by** (first panel meeting after recommendations were submitted)

SECTION 6 - Progress and follow-up on implementing Panel recommendations

Panel Recommendation	Date of Response	Actions – implementation progress

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