

# Public Document Pack

**Contact:** Leo Taylor  
**Direct Dial:** 01934 634621  
**E-mail:** leo.taylor@n-somerset.gov.uk  
**Date:** Friday, 21 October 2022

Dear Sir or Madam

**The Health Overview and Scrutiny Panel – Thursday, 13 October 2022, 2.00 pm –  
New Council Chamber - Town Hall**

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

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 (Chair), Caroline Cherry (Vice-Chair), Mark Aplin, 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. **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.

### 2. **Apologies for absence and notification of substitutes**

### 3. **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.

### 4. **Minutes** (Pages 5 - 10)

Minutes of the Panel meeting held on 23 June 2022 – to approve as a correct record.

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

### 6. **ICB Performance Report of Primary care and Ambulance services** (Pages 11 - 24)

### 7. **Winter Pressures** (Pages 25 - 30)

### 8. **Healthy Weston Phase 2 outputs from public engagement** (Pages 31 - 88)

### 9. **Adult Mental Health Needs Assessment and Mental Health Strategy development** (Pages 89 - 110)

### 10. **HOSP Work Plan October 22** (Pages 111 - 114)

## 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**

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## Minutes

of the Meeting of

## The Health Overview and Scrutiny Panel

Thursday, 23 June 2022

New Council Chamber - Town Hall

Meeting Commenced: 2.30 pm

Meeting Concluded: 4.30 pm

### Councillors:

Ciaran Cronnelly (Chairman)  
Hugh Gregor  
Sandra Hearne  
Ian Parker  
Roz Willis

**Also in attendance:** Georgie Bigg (co-opted Member)

**Apologies:** Councillors: Caroline Cherry (Vice-Chairman) Mark Aplin, Andy Cole, Karin Haverson, Ruth Jacobs, Huw James and Timothy Snaden.

**Health colleagues in attendance:** Colin Bradbury (BNSSG Clinical Commissioning Group); Andrew Hollowood and Ian Barrington (Bristol Hospitals Bristol and Weston NHS Trust); Dr Lou Farbus and Lisa Chivers (NHS England); Dr Geoff Woodin, Clinical Director for CAMHS.

**Officers in attendance:** Matt Lenny (Public Health), Jo Purser (Adult Social Services), Leo Taylor (Corporate Services).

### HEA Election of the Vice-Chairman for the 2022-23 Municipal Year

1

**Resolved:** that Councillor Caroline Cherry be elected Vice-Chairman for the 2022-23 Municipal Year.

### HEA Declaration of Disclosable Pecuniary Interest (Standing Order 37)

2

None.

### HEA Minutes

3

**Resolved:** that the minutes of the meeting held on 20<sup>th</sup> April 2022 be approved as a correct record.

### HEA Annual NSC directorate statements and health partner plans for 2022-23

Members noted that due to a combination of the impact of the rail strike today and sickness, officers due to update Members on NHS England Commissioning Operational Plan had been unable to attend. The corresponding report would therefore be taken as read.

The Director of Public Health and the Assistant Director Adult Services presented their respective Directorate's Annual Directorate Statements for 2022/23. This set out the Directorates' strategic and specific commitments for the year ahead.

Officers responded to Members' comments and queries as follows:

(1) *Covid-19 testing* – The Director of Public Health (DPH) acknowledged that there were challenges around the changes to national testing policy but emphasised that there was ongoing monitoring. They were seeing more infections but at a lower level of risk. He urged the everyone to continue to engage positively in addressing what was a preventable harm.

(2) *What can realistically be done about inequalities in North Somerset? South Ward was still the most deprived neighbourhood in the district* – The DPH acknowledged the challenges but emphasised the need for working with the community to find place-led solutions that would make a difference, referencing as an example progress around breastfeeding. The Area Director (BNSSG CCG) spoke about wider developments in Health and Social care, referring to the new Integrated Care System (ICS) with focus. through partnership, on the wider determinants of health, supporting social and economic development and improved access to services supporting health and wellbeing.

(3) *The private sector housing market and social housing need: the extent to which the Joint Health and Wellbeing Strategy (JHWBS) was addressing this? – Members proposed some joint work with the with the Adult Services and Housing Scrutiny Panel (ASH) to consider and seek to address supply and tenancy concerns* – In response, the Director of Public Health referred to a key element of the Council's Housing Strategy: an audit (stock condition) survey of private sector housing supply was being undertaken and an assessment of associated health impacts would be considered as a function of the JHWBS.

**Concluded:**

(1) that the reports referred to above be noted and taken into account in the development of the Panel's work plan going forward.

(2) that a HOSP-led briefing on health impacts, following the completion of the housing stock conditions survey be provided.

**HEA 5 Dental Services in North Somerset**

5

The item opened with a presentation by the Chairman of Healthwatch setting out qualitative feedback from users of dental services in North Somerset over 2021/22. This included concerns raised about de-registration from dental practices, difficulties accessing appointments, cost of treatment and pressure to go private. She said the dedicated helpline was welcome, but it was important that this was adequately signposted and that the correct information was in place.

This was followed by a presentation from the Head of Stakeholder Engagement (NHS England South West – the commissioner of dental services in the region).

Taking into account Healthwatch's local feedback and referring to the attached NHS England report, the Head of Stakeholder Engagement responded as follows:

- in the process of restoring of face-to-face treatment (following Covid-19 lockdowns), Dental Care Hubs were established to better respond to people needing urgent care and unregistered patients;
- urgent care was being prioritised (with no need for registration) and there was no reason that anyone should have to wait 5 weeks for treatment;
- it was not the first time that reports of pressure to go private had been heard and anyone encountering this was urged to report this to NHS England; and
- she referred Members to the range of initiatives set out in the Dental Reform Program (detailed in the report)

She responded to Members' specific comments and queries as follows:

(1) *The initiatives (particularly the dedicated helpline) were welcome but how were they signposted* – When a patient calls 111 they need to select the dental helpline. Failure to do so would see them directed to a different pathway and this seemed to be where problems could occur.

(2) *The lack a visiting community dentist (particularly in respect of the service used by some care homes)* – The HSE was concerned to hear that there appeared to be some gaps in the provision of this service and she speculated that this may be about delays in the restoration of services following lockdown. She agreed to look into this.

In drawing discussions to a close the Chairman commented that that significant numbers of people in the district were struggling to get appointments and nothing he had heard in the item had given him assurance that this was being adequately addressed.

#### **Concluded:**

- (1) that the presentation and report be received; and
- (2) that the Panel review the district's dental health service provision in early Autumn to consider progress.

## **HEA 6 Overview of Eating Disorders**

The Clinical Director/regional director for CAHMS presented the report setting out an overview of eating disorder service for people across all ages.

He said that we were doing comparatively well in BNSSG with just three patients waiting for treatment. Moving away from centralised commissioning, a new care model was being introduced, delivered via a provider collaborative programme. This was successfully addressing inefficiencies in the centralised model, reinvesting resource in community settings where people were treated as close to home as possible

In response to queries and concerns raised by Members in respect of referrals to CAHMS in the district, he clarified the referral criteria (based on the clinical evidence base) was a 1-week urgent turnaround where there were immediate

physical risks for patients and the longer 4-week turnaround for non-urgent cases - referring by way of context to a 90% increase in referrals since the onset of Covid-19.

In response to concerns about inpatient waiting lists, he outlined the available number of beds in the wider area (none available in-district for specialist eating disorders) but emphasised that there was just one patient in North Somerset waiting for a bed. Responding to a query on the reason for the lack of any Paediatric Intensive Care Unites (PICUs), he said these were not fit for purpose in respect of the current working pathways. They would be commissioning something different in the South West.

**Concluded:** that the report be received.

## **HEA 7** **BNSSG Healthy Weston Phase 2**

The Area Director North Somerset (BNSSG CCG) and Managing Director and Site Medical Director (University Hospital's Bristol and Weston – Weston Division) presented the report updating Members on 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. Members noted that the proposed public engagement would start on 25<sup>th</sup> June and were asked to feed back on the 5 key engagement themes set out in section 4 of the report, thereby helping to inform plans for implementation.

In responding to get the messaging out about the engagement, Members suggested Town and Parish noticeboards, websites and newsletters; supermarket and public transport noticeboards.

Concern was raised that there was a public perception that anyone requiring longer than 24 hours care was transferred to Hospitals in Bristol or Taunton. In response the NHS representatives emphasised this was a recognition that this misconception needed to be addressed very clearly – the focus needed to be on improvement. It was also acknowledged that the dedicated transport service (where passengers were transferred but minimising out-of-district lengths of stay) was also a key message that needed further traction with the public.

There were also concerns about recruitment challenges, potentially undermining potential at the hospital. Key to addressing this was confronting perceptions of uncertainty about the hospital's future and the new ways of working - fundamentally what Healthy Weston was about.

**Concluded:** that the report be received and Members' comments be forwarded to relevant officers in the form of the minutes.

## **HEA 8** **The Panel's Work Plan**

The Chairman reviewed the current work plan and it was agreed that the following topics would be added to the list of proposed items/work streams:

- Housing impacts on health: possible joint work with the Adult Services

Policy and Scrutiny Panel

- Panel Inquiry Day: work to commence on scoping the project with the aim of planning the Inquiry Day in the Autumn
- Integrated Care Board/Integrated Care Partnerships briefing
- Health and Wellbeing Action Plan/Needs Assessment update
- Dentistry Services update
- Eating Disorders update
- Primary Care Recruitment

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

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Chairman

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# Item 1: ICB performance report of primary care and ambulance services

North Somerset Health Overview & Scrutiny Panel  
13<sup>th</sup> October 2022

# Primary Care



# Context

- Primary Care activity exceeded pre-pandemic levels in July 2020
- New models of care have continued following the learning from Covid19
- The Covid vaccination programme continues to be a priority alongside day to day business
- Multiple programmes of work are underway to move care into the community requiring general practice support

# Current GP Access Position

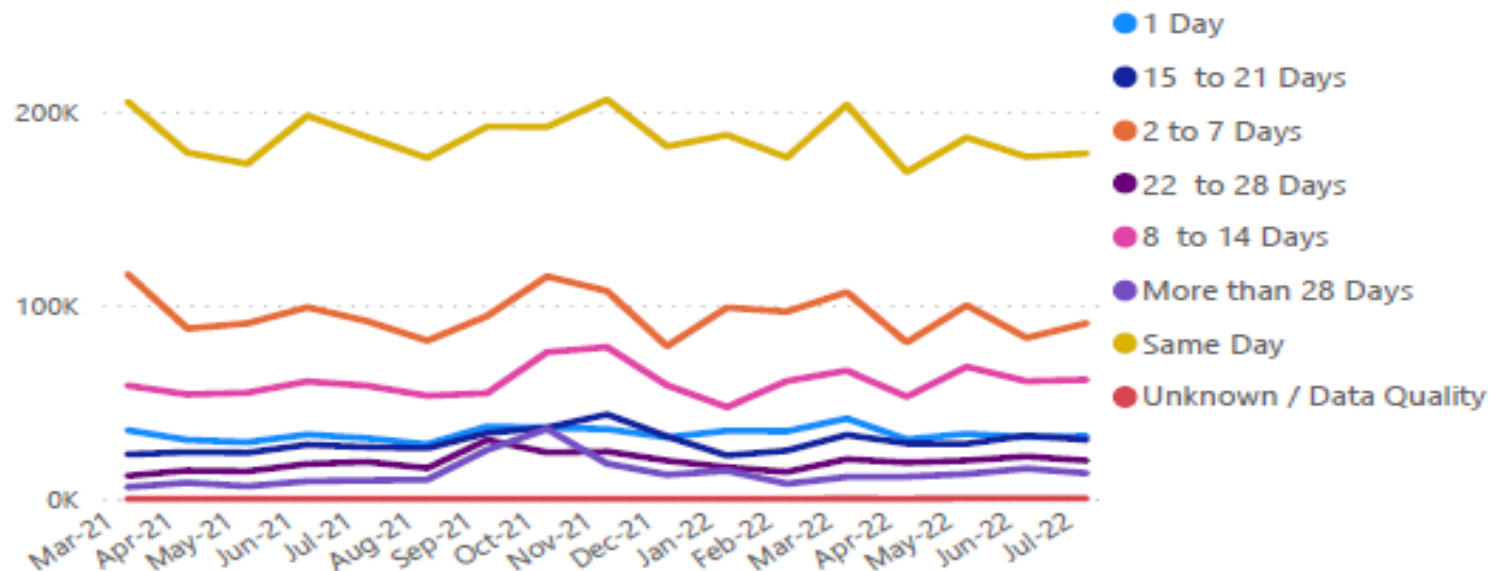
## Key Messages:

- Face to face continues to increase (54%)
- Online Consultations stabilising at around 12% in line with increased face to face and telephone consultations (stabilising at around 34%) as preferred methods. Video continues to be an option but whilst helpful during Covid is the least preferred method now
- The largest proportion of activity remains same day (55%)
- Pre-planned long term condition management and patient choice account for some longer duration times
- More than 5.5m appointments were carried out in GP practices in BNSSG during 2021, with a forecasted 7.3m for 2022/23

	Face-to-Face	Home Visit	Online Consultation	Telephone	Unknown
Sep-21	48.72%	0.79%	13.00%	35.77%	1.72%
Oct-21	53.63%	0.81%	11.79%	31.83%	1.95%
Nov-21	51.39%	0.87%	12.16%	33.82%	1.75%
Dec-21	49.54%	1.04%	11.38%	36.30%	1.74%
Jan-22	47.61%	0.96%	12.86%	36.71%	1.86%
Feb-22	48.45%	0.93%	12.63%	36.09%	1.90%
Mar-22	49.59%	1.01%	12.23%	35.40%	1.76%
Apr-22	50.48%	1.10%	12.00%	34.46%	1.96%
May-22	52.37%	1.05%	12.22%	32.47%	1.90%
Jun-22	53.08%	1.07%	12.11%	31.91%	1.83%
Jul-22	53.86%	1.03%	11.97%	31.32%	1.82%

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## GP appointments time between booking and Appointment



# GP Patient Survey 2022 results

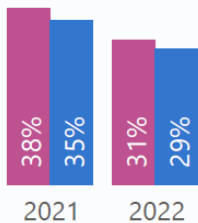
- Results across our area are above the national average for people's overall experience (75% good compared to 72% national), the helpfulness of receptionists (85% compared to 82%), the satisfaction of appointment offered (74% compared to 72%) and for confidence and trust in the healthcare professional (95% yes compared to 93% nationally)
- We also recognise there are some areas for improvement and we have highlighted some of the access work we are doing



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## About the survey

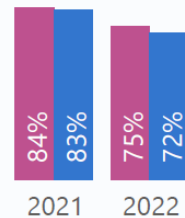
Response rate



Responses received

2021	2022
10115	8622

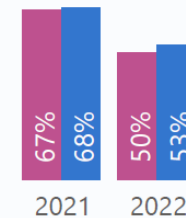
## Overall experience of GP practice



👍 The majority of patients had a good overall experience of their GP practice

👎 9% decrease from 2021

## Access



👎 Less than half of patients find it easy to get through to their practice by phone. 17% decrease from 2021 and lower than the national average

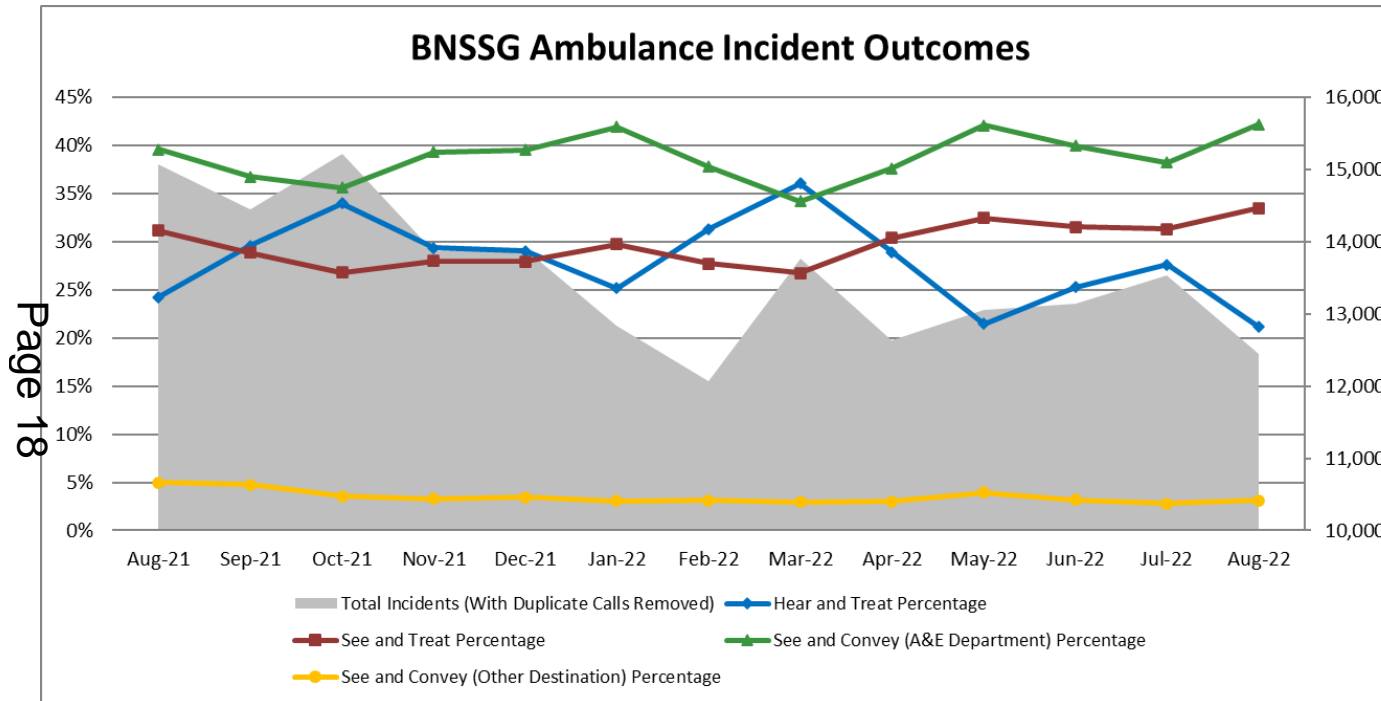
This year's survey was conducted from 10 Jan to 11 Apr 2022. This was after a rise in Covid-19 cases in Dec 2021 but as restrictions were being eased. The 2021 survey took place during the third Covid-19 lockdown. This wider context should be taken into account when looking at results over time

# Looking Ahead

- Flu and covid vaccination campaign from September for over 50s in addition to other specific cohorts (clinical at risk, carers, health and care workers, household contacts of people with immunosuppression)
- Working with our PCNs to develop backlog recovery approaches
- National commitment to release some PCN funding to support access over winter
- Continued focus on growing the workforce and supporting retention
- Public messaging

# Ambulance Performance

# SWASFT Incident Outcomes – BNSSG ICB – August

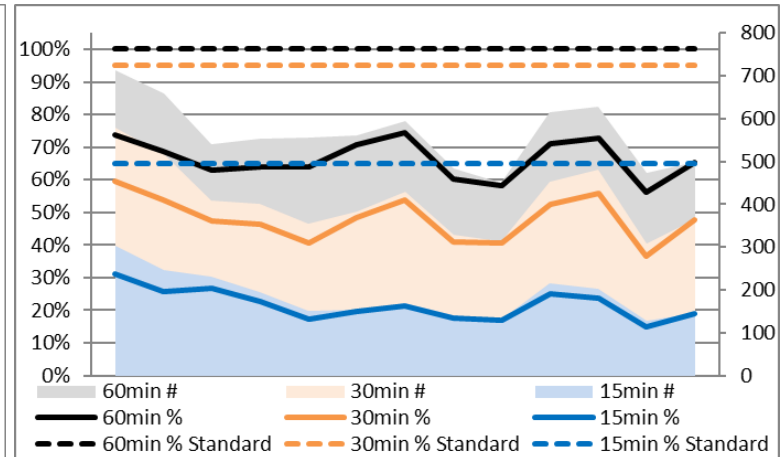
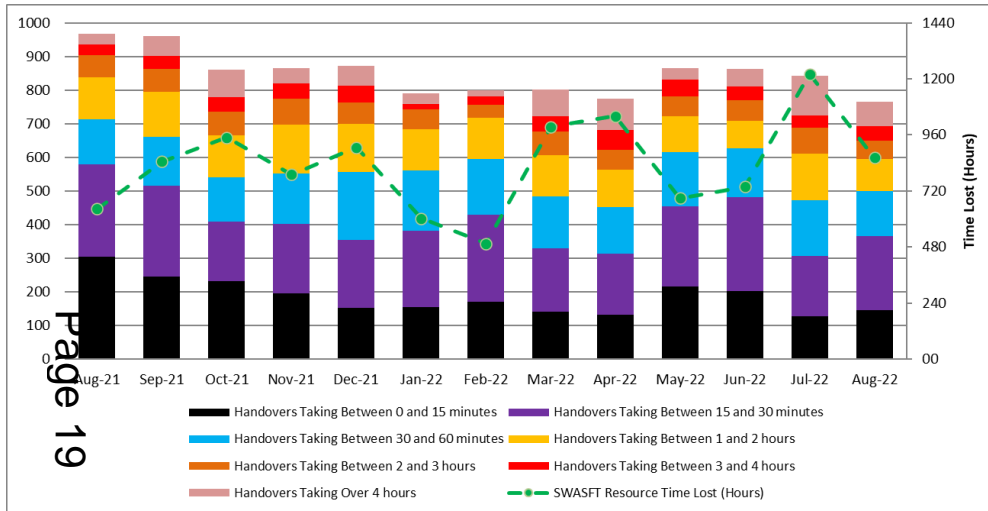


## Ambulance Incident Outcomes – July to August

- Hear and Treat percentage decreased from 27.6% to 21.2%. This is better than the same period in 19/20 (12.2%).
- See and Treat percentage increased from 31.3% to 31.5%. This is worse than the same period in 19/20 (32.3%).
- See and Convey (A&E Department) percentage increased from 38.2% to 42.2%. This is better than the same period in 19/20 (49.2%).
- See and Convey (Other Destination) percentage increased from 2.8% to 3.1%. This is better than the same period in 19/20 (6.2%).

*Data source: M032 - SWASFT A&E Monthly Commissioners Report*

# Ambulance Handovers WGH – August



## Ambulance handovers & Time lost – July to August

- Total number of handovers over 15 minutes improved from 716 to 620. This is worse than the same period in 19/20 (328).
- Total number of handovers improved from 843 to 766. This is better than the same period in 19/20 (1,019).
- The total time lost improved from 1,220 hours to 863 hours. This is worse than the same period in 19/20 (58 hours).
- The longest individual handover in July was 10h42m19s.

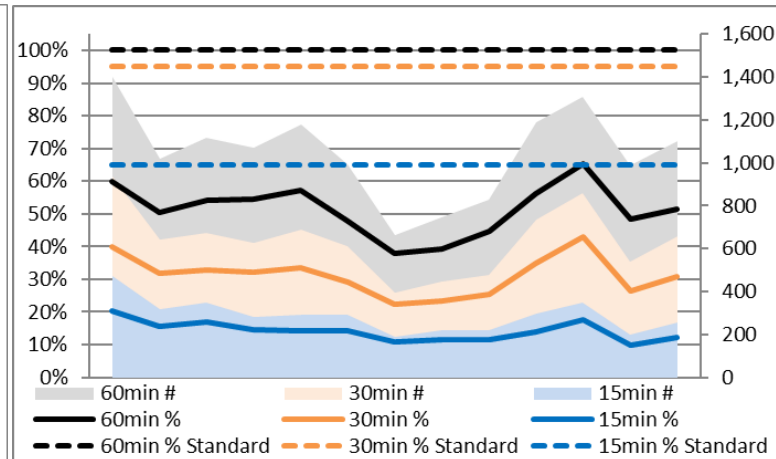
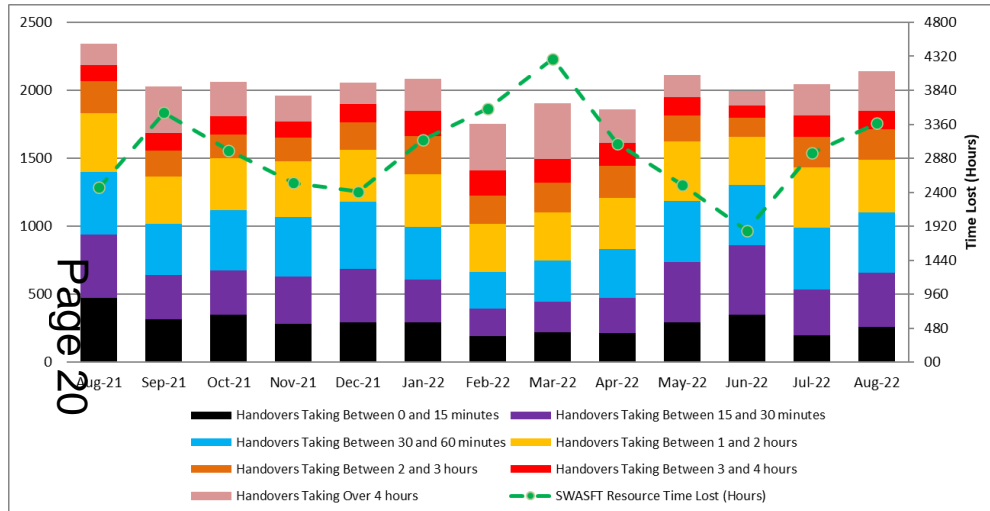
## Ambulance handover Standards – July to August

- % within 15 minutes improved from 15.1% to 19.1% but failed the 65% standard.
- % within 30 minutes improved from 36.1% to 47.7% but failed the 95% standard.
- % within 60 minutes improved from 56.1% to 65.3% but failed the 100% standard.
- Performance against all 3 standards was worse than the same period in 19/20.

Data source: M032 - SWASFT A&E Monthly Commissioners Report

# Ambulance Handovers

## BRI – August



### Ambulance handovers & Time lost – July to August

- Total number of handovers over 15 minutes worsened from 1,845 to 1,883. This is worse than the same period in 19/20 (544).
- Total number of handovers worsened from 2,043 to 2,241. This is better than the same period in 19/20 (2,251).
- The total time lost worsened from 2,952 hours to 3,372 hours. This is worse than the same period in 19/20 (68 hours).
- The longest individual handover in July was 16h52m18s.

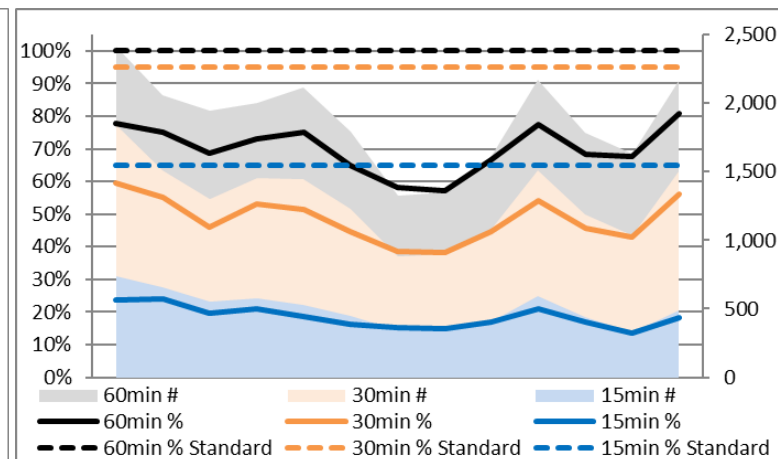
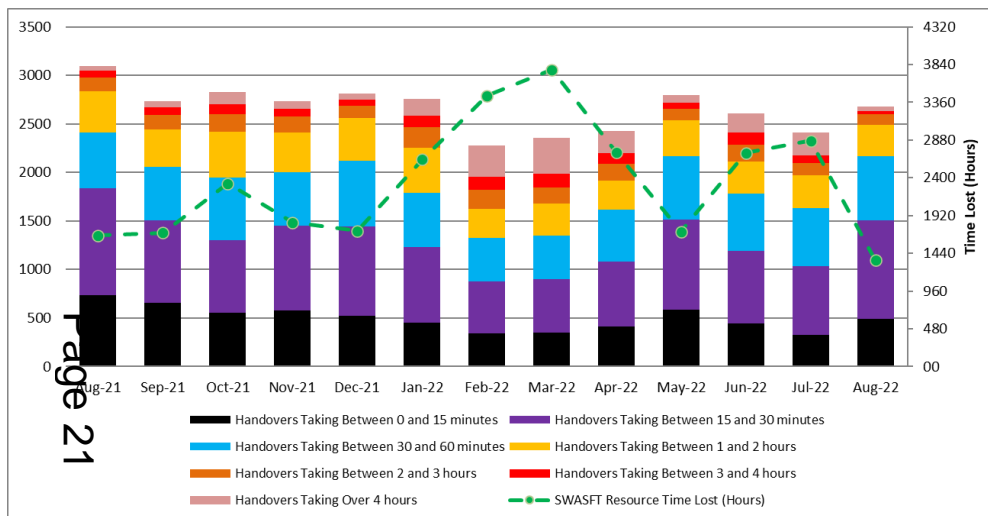
### Ambulance handover Standards – July to August

- % within 15 minutes improved from 9.7% to 12.1% but failed the 65% standard.
- % within 30 minutes improved from 26.3% to 30.8% but failed the 95% standard.
- % within 60 minutes improved from 48.3% to 51.4% but failed the 100% standard.
- Performance against all 3 standards was worse than the same period in 19/20.

Data source: M032 - SWASFT A&E Monthly Commissioners Report



# Ambulance Handovers NBT – August



## Ambulance handovers & Time lost – July to August

- Total number of handovers over 15 minutes worsened from 2,078 to 2,190. This is worse than the same period in 19/20 (814).
- Total number of handovers worsened from 2,407 to 2,678. This is similar to the same period in 19/20 (2,676).
- The total time lost improved from 2,872 hours to 1,349 hours. This is worse than the same period in 19/20 (105 hours).
- The longest individual handover in August was 8h19m38s.

## Ambulance handover Standards – July to August

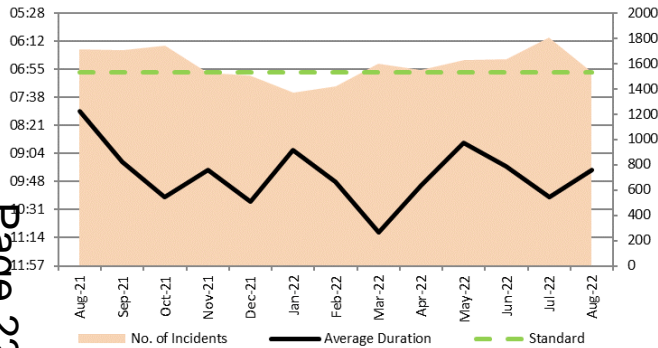
- % within 15 minutes improved from 13.6% to 18.2% but failed the 65% standard.
- % within 30 minutes improved from 42.9% to 56.2% but failed the 95% standard.
- % within 60 minutes improved from 67.8% to 68.9% but failed the 100% standard.
- Performance against all 3 standards was worse than the same period in 19/20.

Data source: M032 - SWASFT A&E Monthly Commissioners Report

# SWASFT Response Times – August

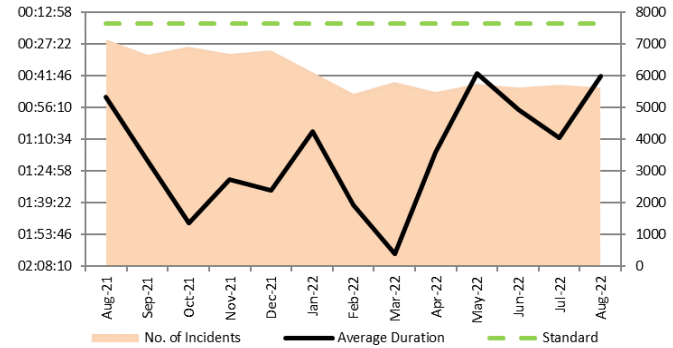
## Category 1 Average Duration (min:sec)

BNSSG average response time improved to 9m30s. The 7 min standard was last achieved in May 2021. This is worse than the same period in 19/20 (6m12s).



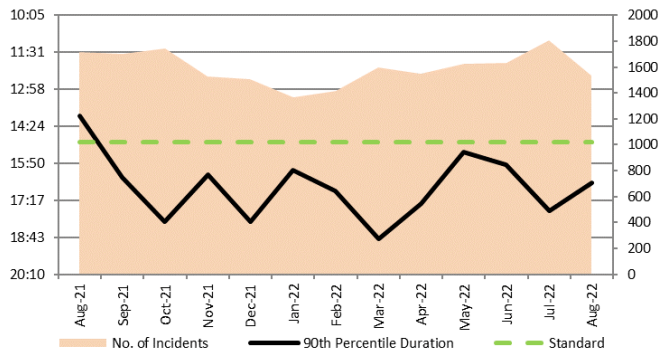
## Category 2 Average Duration (hr:min:sec)

BNSSG average response time improved to 42m00s. The 18 min standard was last achieved in July 2020. This is worse than the same period in 19/20 (24m24s).



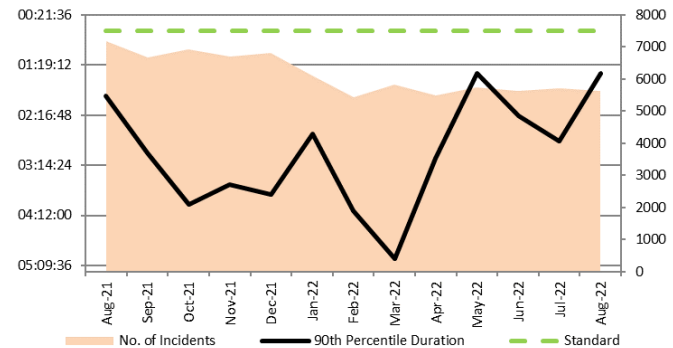
## Category 1 90th Percentile Duration (min:sec)

BNSSG performance improved with 90% responded to in 16m36s. The 15 min standard was last achieved in August 2021. This is worse than the same period in 19/20 (10m18s).



## Category 2 90th Percentile Duration (hr:min:sec)

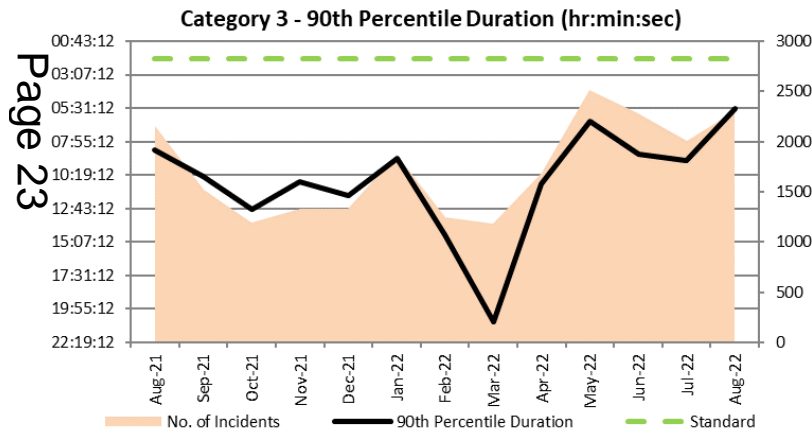
BNSSG performance improved with 90% responded to in 1h29m18s. The 40 min standard was last achieved in August 2020. This is worse than the same period in 19/20 (50m48s).



# SWASFT Response Times – August

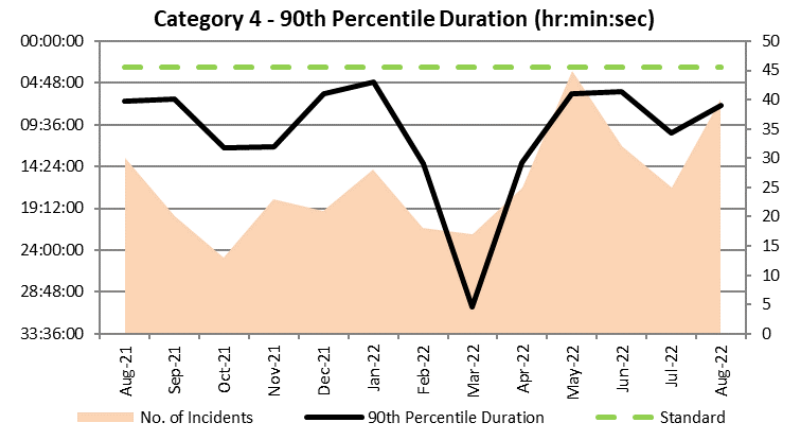
## Category 3 90<sup>th</sup> Percentile Duration (hr:min:sec)

BNSSG performance improve in August with 90% responded to in 5h32m06s. The 2 hour standard has not been achieved since July 2020. This is worse than the same period in 19/20 (2h38m18s).



## Category 4 90<sup>th</sup> Percentile Duration (hr:min:sec)

BNSSG performance improved in August with 90% responded to in 7h20m18s. The 3 hour standard has not been achieved since June 2020. This is worse than the same period in 19/20 (2h38m24s).



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# Item 2: Winter Pressures

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North Somerset Health Overview & Scrutiny Panel  
13<sup>th</sup> October 2022

Colin Bradbury  
Director of Strategy, Partnerships & Performance

Agenda Item 7

# Context

- NHS England have released to the Integrated Care Board an additional £14.2 M of revenue and budget 4.539M of capital to deliver capacity increases over winter. This is in line with our July 22 planning submission
- Avon and Wiltshire Mental Health Partnership have identified additional schemes which will support urgent care flow and will have an indirect benefit to general and acute bed and bed equivalent
- The Winter Assurance Framework and its supporting metrics will be monitored weekly at ICS level to support delivery of the actions

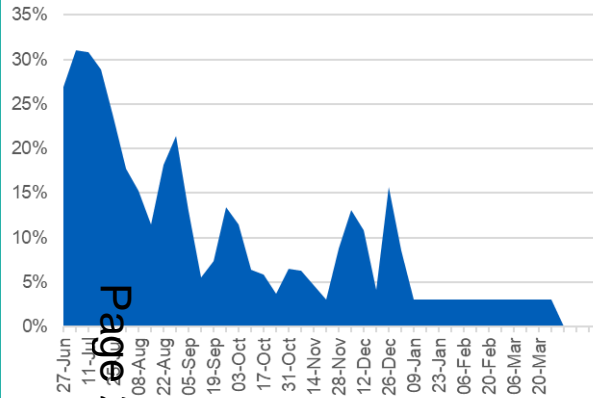
# National priorities

- 1) 111 call abandonment.
- 2) Mean 999 call answering times.
- 3) Category 2 ambulance response times.
- 4) Average hours lost to ambulance handover delays per day.
- 5) Adult general and acute type 1 bed occupancy (adjusted for void beds).
- 6) Percentage of beds occupied by patients who no longer meet the criteria to reside.

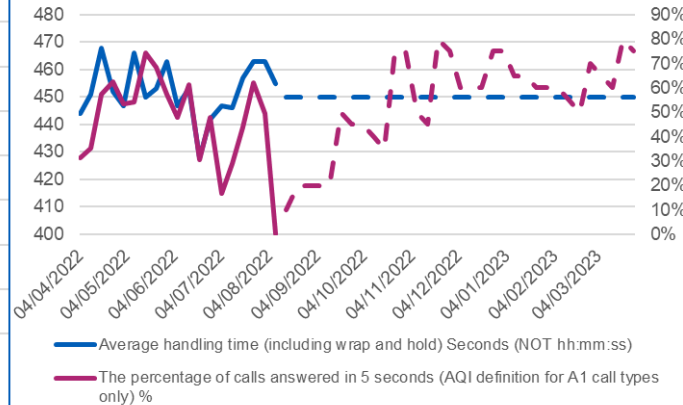
# Forecasts for the 'winter six' metrics

NCTR trajectory in development

BNSSG 111 - Projected Abandoned %



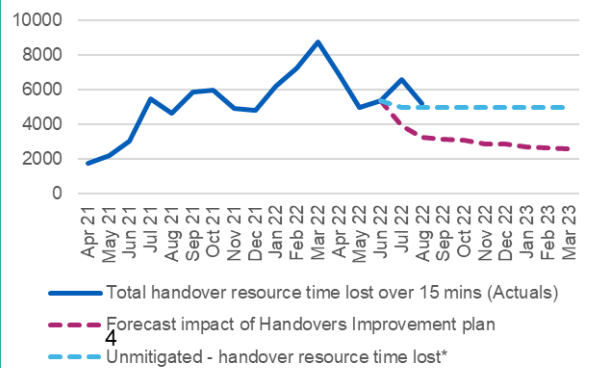
SW-wide mean 999 total call handling time



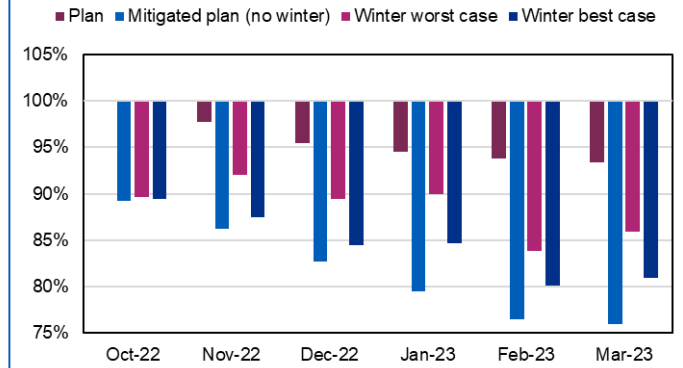
BNSSG Category 2 ambulance response times

Reporting Area - BNSSG	C2	
	Mean	90th
Q2	0:36:03	1:17:58
Q3	0:26:06	0:53:50
Q4	0:23:44	0:48:13

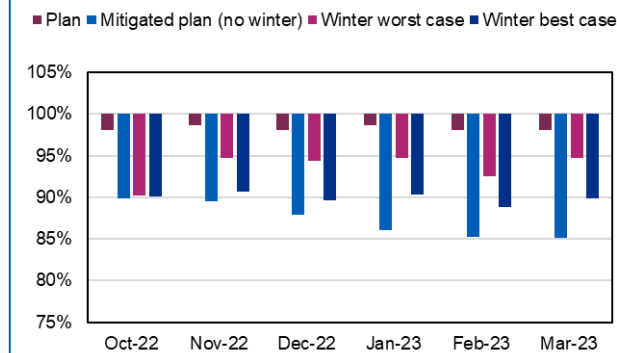
BNSSG ambulance handover delays forecast



NBT - G&A bed occupancy forecast



UHBW - G&A bed occupancy forecast





# Initial Content of the winter plan

Ref.	Content	Key contributing plan	Responsible group	Programme Director
<b>Winter performance trajectories and associated plans</b>				
P1	111 call abandonment.	Sevenside/ PPG RAP	Sevenside ICQPM	Deb Lowndes
P2	Mean 999 call answering times.	SWAST EOC plan	SWAST AJCC	Jess Cunningham
P3	Category 2 ambulance response times.	<i>As P4 below</i>	<i>As P4 below</i>	<i>As P4 below</i>
P4	Average hours lost to ambulance handover delays per day	BNSSG Handovers Improvement Plan	BNSSG Handovers Improvement Group	Greg Penlington
P5	Adult general and acute type 1 bed occupancy (adjusted for void beds).	100 day challenge plan	Enabling Discharge	Lucy Parsons & Rob Presland
P6	Percentage of beds occupied by patients who no longer meet the criteria to reside.	D2A Business Case	D2A Board	Rosanna James
<b>Winter schemes - within operational plan: to include beds delivered and financial tracking</b>				
B1	D2A community beds (142)		<i>As P6 above</i>	<i>As P6 above</i>
B2	Virtual wards		HT@H Planning Group	Rebecca Dunn
B3	Acute flow initiatives		<i>As P5 above</i>	<i>As P5 above</i>
B4	UW - SDEC expansion		TBD by respective DCOO	Lucy Parsons
B5	NS1 additional ward L6		TBD by respective DCOO	Rob Presland
B6	NS1 SDEC expansion		TBD by respective DCOO	Rob Presland
B7	Integrated MH Emergency Service		MH WSOG	Sarah Branton
B8	D2A business case delivery (132)		<i>As P6 above</i>	<i>As P6 above</i>
B9	Stroke programme delivery		Stroke Programme Board	Rebecca Dunn
<b>Wider winter schemes</b>				
S1	OPEL 4+ action card incl. IPC		Winter Delivery Group	Greg Penlington
S2	CYP winter plan		CYP Urgent Care Group	Laura Westaway
S3	Primary care winter plan		GPCB Urgent Care Network	Jim Hodgson
S4	MH winter plan incl CAMHS		MH WSOG	Sarah Branton
S5	Immunisations plan		TBC	Debbie Campbell
S6	Adult social care plans		Commissioning Arrangements	Julie Kell
S7	Elective Recovery Plan		Elective Recovery Operational Group	Caroline Dawe
S8	Winter comms plan		Strategic Communications Group	Dom Moody
S9	Flu plan		BNSSG Flu Planning Group	Debbie Campbell
S10	System UEC transformation plans		UECC Steering Group	Kate Lavington
S11	Community pharmacy		ICB Meds Op Team	Debbie Campbell

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## Health Overview and Scrutiny Panel October 2022

**Report of:** BNSSG Healthy Weston Phase 2

**Title:** Themes from an 8-week public engagement exercise on the new model of care for Weston General Hospital set out within the Healthy Weston 2 programme.

**Ward:** N/A

**Officer Presenting Report:** Colin Bradbury, Andy Hollowood

**Contact Email Address:** [Helen.edelstyn@nhs.net](mailto:Helen.edelstyn@nhs.net);

### Recommendations

The committee is asked to:

1. Note the outputs from the 8 week public engagement exercise on the new model of care for Weston General Hospital

### 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 continued this strong focus on engagement as we delivered an 8-week period of public engagement between June and August to help plan the practical implementation of Healthy Weston Phase 2.

The feedback and insight from this engagement period, is set out within this report, and will further inform and strengthen 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 the outputs from public engagement between 20 June and 14 August 22.

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 achieved through public engagement

Given our extensive previous engagement activities to develop and test the Healthy Weston Phase 2 model, the focus of this engagement period was on **gaining information to further inform our implementation plans**. To achieve this, we undertook 8 weeks of active listening and engagement, followed by one month of drawing together themes and ideas that will further inform implementation plans.

Between 20 June and 14 August 2022, we asked members of the public, staff, people who might be particularly affected and those that had not been involved before to help us plan practical next steps. We promoted opportunities to get involved by:

- **advertising** using newspaper articles, webpages, social media, pop-up stands at hospitals, videos, existing meetings, and the staff intranet and newsletters
- **directly inviting** community groups and partner organisations, members of the Healthier Together Citizen's Panel, hospital staff and people on our mailing lists
- **working with others**, such as placing leaflets, posters and website links in health and social care organisations, and attending existing meetings of community groups and staff

In total, we heard from 890 people during this engagement period. This was more than our target of up to 500 people, and they were from a range of different areas, age groups and roles:

- three quarters were members of the public, community groups or other groups and one quarter were NHS staff
- two thirds lived in Weston, Worle and villages or other parts of North Somerset. The rest were mainly from Bristol and South Gloucestershire
- two thirds were women. About 1 in 10 were from minority ethnic groups. One third were aged under 50 years, one third 50 to 65 years and one third older than 65. One quarter had a disability or long-term health issue.

#### 4. People and stakeholders we engaged with

Our aim in this 'planning for implementation' period was to engage with:

- 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 **affected** by the planned Phase 2 approach, including any groups identified by our Equalities Impact Assessment as potentially negatively impacted

The feedback received reflects these focus areas and many of the groups identified in our stakeholder list, including feedback from transport companies, disability access groups [NS People First, Deaf community], Patient Public Groups, multicultural groups, a men's health group, BNSSG Citizen's Panel and staff groups. Whilst the team emailed all groups on the stakeholder list and followed this up with a telephone call offering the group someone to visit or host an online meeting to listen to feedback about the Healthy Weston 2 plans this wasn't always taken up by the group.

Further detail on the stakeholder's we engaged with is set out in the HW2 Engagement Themes report in appendix B.

#### 5. 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, five themes were agreed for engagement.

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?

## 6. Key themes from what we heard

An independent team has compiled the themes from the engagement, including the things from the feedback that we need to consider in our onward planning. The theme summary from the independent team is set out in appendix B. The following paragraphs set out the headlines from the independent report.

Overall, the people we engaged with were positive about the plans for Weston General Hospital:

- The survey asked people whether they agreed or disagreed that ‘the plans will improve Weston General Hospital. Of the survey responses, 73% agreed that the plans will improve Weston General Hospital.
- In meetings and pop-up stands people were also positive about the overall vision for developing Weston General Hospital
- 84% of survey responses liked the idea of having more care for older people at Weston General Hospital
- 88% of survey responses liked the plan to offer more planned operations at Weston General Hospital, and 75% said that they would be happy to have planned surgery at Weston General Hospital
- NHS staff provided similar feedback as members of the public. NHS staff were just as likely as members of the public to think that the plans would improve Weston General Hospital

*‘Always good to know that planned improvements are underway. The overriding story coming through is the increasing backlog of demand for medical procedures. A positive newsfeed on how Weston General Hospital is proactively working to combat this would help promote its plans’ [Bristol resident, via Citizen’s Panel]*

The responses also suggested things that we could do to strengthen the approach and work in a joined-up way. Suggestions included:

- focusing more on transport and parking, such as liaising with transport providers to increase direct public transport links between hospitals
- the need to proactively promote and build the reputation of Weston General Hospital
- undertaking detailed work on staff morale, retention and wellbeing to make sure that the plans could be implemented and sustained, and also provide a staff transport service between hospital sites
- more integrated planning. Some responses said that the plans rely on integrated work with social care, transport, and other services to help people leave hospital quickly.

Survey responses sometimes stated that the opening hours of the A&E department should be extended, however we were not seeking feedback about this during this engagement period as no change to A&E is planned as part of Healthy Weston phase 2 programme of work.

Other responses were worried whether we would have the money and workforce to implement the plans.

*'There might be some upset surrounding the plans so there needs to be a campaign to highlight the benefits as much as possible and build up the reputation' [North Somerset resident resident, via Citizen's Panel]*

Further detail on the themes from the engagement with is set out in the HW2 Engagement Themes report in appendix B.

## 7. How we will use what we learn

The theme summary will be reviewed by the Patient and Staff Reference Groups and the Healthy Weston programme team. We will then use the suggestions and what we learnt during this engagement period to:

- inform and update our implementation plan
- update our impact assessments
- develop a communications strategy to support the implementation period, including staff consultation
- continue to engage with the public, patients, staff and other key stakeholders

The programme will prepare a 'you said, we did' document listing how the suggestions were considered and what, if anything, is being done as a result

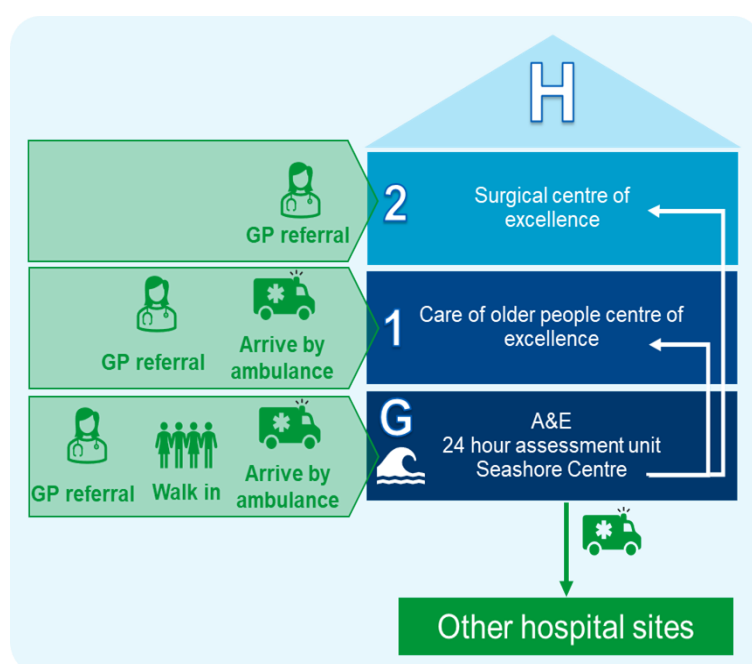
## Appendix A: New Model of Care for Weston General Hospital

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 quickly** after 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.

Other services at Weston General Hospital will continue to be provided and improved the same 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, 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 longer (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: HW2 engagement themes summary

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# Turning plans for Weston General Hospital into reality

**What we heard between June and August 2022**



# Key messages

## What we did

Healthier Together is a partnership of organisations improving health and social care across Bristol, North Somerset and South Gloucestershire.

Our 'Healthy Weston Phase 2' programme is developing Weston General Hospital into a thriving hospital at the heart of the community. On top of routine ongoing service development, our Phase 2 plans focus particularly on three areas:

- becoming a centre of surgical excellence so thousands more planned operations for adults of all ages can be carried out at Weston General Hospital
- becoming a centre of excellence for older people's care so the Hospital provides more specialised care for older people, in addition to services for people of all ages
- helping more people go home from hospital quickly after an accident or emergency

Senior doctors, nurses and other health and care professionals are leading the planning. More than 5,000 members of the public, patients, carers, staff, community organisations and others have helped to shape the plans over the past five years.

Between 20 June and 14 August 2022 we asked members of the public, staff, people who might be particularly affected and those who had not been involved before to help us plan practical next steps. We promoted opportunities to get involved by:

- **advertising** using newspaper articles, webpages, social media, pop-up stands at hospitals, videos, existing meetings, and the staff intranet and newsletters
- **directly inviting** community groups and partner organisations, members of the Healthier Together Citizens' Panel, hospital staff and people on our mailing lists
- **working with others**, such as placing leaflets, posters and website links in health and care organisations, and attending existing meetings of community groups and staff

**We heard from 890 people.** They were from different areas, age groups and roles:

- three quarters were members of the public, community groups or other groups (75%) and one quarter were NHS staff (25%)
- two thirds lived in Weston, Worle and villages (44%) or other parts of North Somerset (19%). The rest were mainly from Bristol (17%) and South Gloucestershire (11%)
- two thirds were women (69%). About 1 in 10 were from minority ethnic groups (9%). One third were aged under 50 years (30%), one third 50 to 65 years (36%) and one third older than 65 (34%). One quarter had a disability or long-term health issue (27%)

In total, there were 657 'responses', such as survey forms and meeting notes. 96% were from individual people. 4% of responses were notes from meetings, which included multiple people.



# What we heard

## Overall impression of the plans

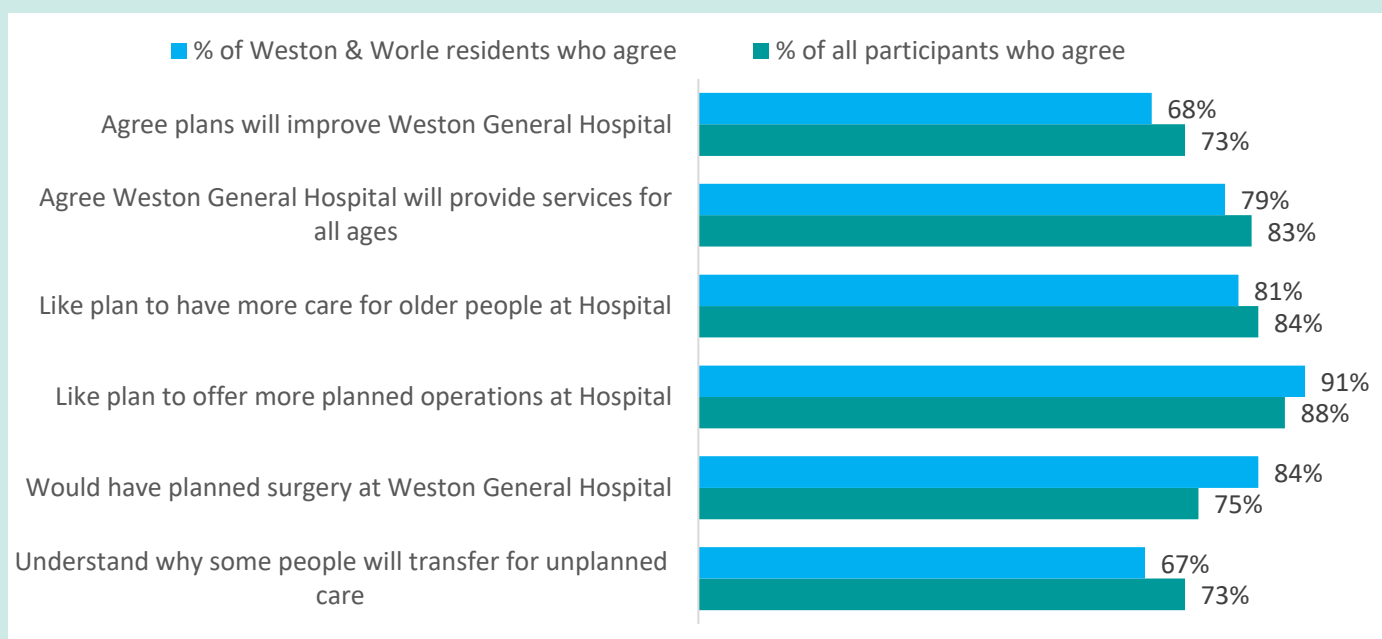
People providing feedback were usually positive about plans for Weston General Hospital overall:

- Of 376 people responding to a survey question, **three quarters thought the plans would improve Weston General Hospital (73%)**.
- Two thirds of people living in Weston, Worle and surrounding villages thought the plans would improve the Hospital (68%). Even more people from other parts of North Somerset (87%), Bristol (83%) and South Gloucestershire (90%) thought this.
- People were equally positive no matter what their age, gender or ethnicity; whether or not they had a long-term condition or disability and whether they were NHS staff or members of the public.

The main area of concern with the plans was that some patients, loved ones and staff would need to travel to another hospital. People were concerned about the impact of travel on people’s wellbeing and quality of life, the environment, costs for families, and the availability of ambulances and patient transport. They said that we should consider the impact on loved ones and visitors, in addition to patients themselves. They suggested that the NHS should work with local authorities, transport companies and voluntary and community groups to identify solutions.

People said that it would be important to have enough time, staff and funding to put the plans into action. They also wanted us to focus on joined up care to prevent hospital admission and support care after discharge.

Figure 1: Overall feedback about Healthy Weston Phase 2 plans



Note: proportions are based on the number of responses that commented on a specific topic. The numbers ranged from 397 to 527. Most were survey responses. ‘All responses’ also include Weston, Worle and surrounding villages.

## Sharing information about the plans

At meetings and in surveys and emails, people said that it was important to raise awareness in the community about what was planned and why. The most common ways that people thought we should communicate about next steps were:

- **general promotion** and media campaigns using local tv, radio and newspapers (45% of responses that commented about this), social media campaigns (44%) and placing leaflets and posters in local venues (29%)
- **direct communication** such as posting leaflets to every letterbox (18%) and emailing and texting everyone that the health service holds contact details for (15%)
- **working through others**, such as placing items in the newsletters of local authorities, retirement villages and community groups (11%) and communicating with health and care staff so they can share messages with patients (6%)

Most people said that we were describing the plans clearly. The main things that people suggested that we could provide additional or clearer information about were:

- more clarity about **which services** will be available at Weston General Hospital and who they will be for, such as whether maternity and children's services will be provided (32% of the 129 responses that suggested extra information)
- the **quality and safety** of care provided at Weston General Hospital, including good news stories to counteract past negative press (21%)
- more **specifics** about the plans, such as defining what we consider 'older' or 'frail' people (7%), what a centre of excellence is (5%), and more details about how patient transport will work (5%)

## Supporting people of all ages

One of our plans is for Weston General Hospital to become a centre of excellence in caring for older, frail people who are less likely to bounce back after being unwell. This is in addition to continuing to provide a range of services for people of all ages.

When we talked about this in the past, some people thought that this meant that Weston General Hospital would focus mainly on older people and not care for the whole population. Healthier Together has changed the way that we describe the plans to make it clearer that Weston General Hospital will continue to support all ages.

- In the 396 surveys and meetings that commented about this, **8 out of 10 of responses understood that Weston General Hospital will continue to provide care for people of all ages** (83%).
- 8 out of 10 said they were pleased with plans for additional support for frail and older people at Weston General Hospital (84%).
- 8 out of 10 responses from Weston, Worle and surrounding villages liked the idea of offering more care for older people, though this was less than the proportion from other areas. This is probably because some people from Weston, Worle and surrounding villages were concerned that care would mainly be for older people, not available for all ages.



## Planned surgery

Healthier Together wants to increase the number and type of planned operations at Weston General Hospital and give people from a wider area the chance to have their surgery here.

- In 527 surveys and meetings that commented about this, **9 out of 10 were positive about offering more planned surgery at Weston General Hospital (88%)**.
- **Three quarters of people surveyed said they would be happy to have planned surgery at Weston General Hospital (75%)**. People living in Weston, Worle and surrounding villages (84%) and other parts of North Somerset (85%) were more positive about this than people living in Bristol (49%) or South Gloucestershire (64%).



People thought that we could do practical things to encourage people to choose Weston General Hospital for planned surgery, including:

- a widespread **promotional campaign** to build up awareness of the quality and safety of the Hospital and enhance its reputation (48% of those who commented about this)
- publicising **shorter waiting times** for planned operations (41%)

The main things that people thought would get in the way of people choosing to have planned surgery at Weston General Hospital were:

- the **time and distance travelling** to and from the hospital for patients, especially following surgery (60% of responses that commented on this)
- **lack of confidence** in Weston General Hospital's reputation based on press reports and/or poor past experience (34%)
- difficulty, cost and inconvenience of **travel for loved ones** who want to visit (28%)

## Specialist care after an emergency

We plan that Weston General Hospital will help people get home quicker after accidents, emergencies or other unplanned care, with special units for assessing and treating people promptly. People experiencing stroke, serious heart attack and major trauma already go straight to another hospital with specialist services. Ambulances will take everyone else to Weston General Hospital to be assessed and get immediate care, as usual.

Older people who are frail and need to be admitted will stay at Weston General Hospital, the same as now. Adults of any age who need emergency surgery will have their operation at Weston General Hospital. They will stay for as long as they need to recover, exactly like now. A dedicated patient transport team will take anyone else who needs a longer stay in hospital to a neighbouring hospital providing the specialist care they need.

413 people commented about this. **Three quarters understood why we want to do this (73%)**. 6 out of 10 people living in Weston, Worle and surrounding villages said they understood the reasons for this plan compared to over 8 out of 10 people from other areas.

In surveys and meetings, people said we could support people who are transferred by:

- providing a free or subsidised **shuttle between hospital sites** that visitors and patients can use (38% of responses that commented) and direct **public transport routes** (13%)
- giving people **access to technology** to contact loved ones when in hospital and help to use it if needed (35%)
- providing access to laundry services, newspapers and **toiletries** if people have no visitors to bring things. This may include having volunteers or the League of Friends visiting wards to provide books, papers and conversation (10%)

### Feedback from NHS staff

221 NHS staff provided feedback by email, survey or taking part in meetings at Weston General Hospital and Bristol Royal Infirmary. NHS staff were just as likely as members of the public to be positive about the plans overall, like the plans to offer more planned surgery and care for frail and older people at Weston General Hospital and understand the reasons why we are considering changes to unplanned specialist medical care.

People did not give much feedback about parts of the plan that they thought would particularly impact on NHS staff. Some suggested that it was important to communicate clearly and quickly with staff about how the plans might affect them, clarify arrangements for working across hospitals and recognise the need to build up staff morale.

### Next steps

The key things that we learnt from this period of engagement were:

- There was **a lot of positivity** about the plans for Weston General Hospital. People think we are on the right track to redevelop and sustain a thriving local hospital. There is more we could do to communicate clearly as one quarter of responses were not clear about some of the plans. People wanted to be involved and wanted us to **extend how we communicate**.
- People's main concerns were about how to put the plans into practice, including ways to help people with travel, make sure care stayed joined up, address staff shortages and get funding. People were particularly concerned about the physical, emotional and financial impact of **additional travel** for those transferred to another hospital for unplanned care and their loved ones. They thought that older people, children and those reliant on public transport may be particularly affected. People proposed having a free shuttle service between hospitals and campaigning for improved public transport.
- People want us to consider the **impacts for loved ones** and carers in detail.
- There is work to do to **build up the reputation** of and trust in Weston General Hospital amongst the public and staff. People suggested that an extensive promotional campaign might showcase the Hospital facilities and teams.

Healthier Together will use people's ideas when refining plans and communicating next steps.



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## Acknowledgements

Healthier Together would like to thank everyone who shared their ideas about how to help Weston General Hospital keep developing. Healthier Together is continuing to refine the plans based on what we heard from people during this engagement period and ongoing work led by senior doctors, nurses and other professionals.

This summary of themes in people's feedback was prepared for us by an independent organisation, outside the NHS, called The Evidence Centre. **The report uses the term 'we' to mean the Healthier Together Integrated Care System** because it summarises what we did and what we heard.

We have used the wording and format of the report exactly as provided by the independent team because it is based on the words of the people and groups who took part. The report summarises people's opinions, not 'facts'. The opinions expressed in this report do not necessarily reflect the views of Healthier Together or any other organisation.



# 1. What we did



## What is this document about?

Healthier Together is a partnership of organisations in Bristol, North Somerset and South Gloucestershire. We are tackling the issues that matter most in health and social care and finding ways to continue providing safe, high-quality care for generations to come.

Our Healthy Weston programme is developing Weston General Hospital into a thriving hospital delivering the care that local people need most often. Senior doctors, nurses and other health and care professionals have led the plans for a long-term future for Weston General Hospital. The plans have been informed by meetings, conversations, interviews and surveys with members of the public, patients and their loved ones, staff, community organisations and many other groups.

Healthier Together is refining the plans, ready to start making them a reality from 2023 if the organisations responsible decide to proceed. Between 20 June and 14 August 2022 we engaged with members of the public, patients, hospital staff and community organisations to get more ideas about how to communicate the plans widely and other practical next steps.

This document summarises themes from people's feedback. An independent team from outside the NHS drew together the themes for us.



# What are we planning?

Box 1 summarises the 'Healthy Weston Phase 2' plans for Weston General Hospital. This is the text Healthier Together used on our [website](#) and in a [leaflet](#) during this engagement period.

## Box 1: Healthy Weston 2 plans

"On top of routine, ongoing service development at the Hospital, there is a particular focus on three areas. The Hospital will:

- become a centre of surgical excellence. This means thousands more planned operations for adults of all ages will be carried out at Weston General Hospital
- become a centre of excellence for older people's care. This means the hospital will provide more specialised care for older people, as well as a wide range of services for people of all ages
- help more people go home quickly after going to hospital in an emergency. The hospital will have a dedicated unit for assessing and treating people quickly

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

Other services at Weston General Hospital will continue to be provided and improved the same as now for people of all ages. This includes outpatient appointments, maternity care, children's services, cancer care, tests and x-rays, intensive care, emergency surgery and stroke rehabilitation."





# What did we want to learn?

More than 5,000 members of the public, patients and carers, staff and members of community groups and other organisations have provided feedback that shaped the Healthy Weston programme over the past five years.

Healthier Together wanted to continue involving and listening to people as we finalise the plans for the next phase and start to put them into action. We facilitated an 8-week engagement period to help strengthen what we do next.<sup>1</sup>

We focused on getting practical suggestions about next steps. We did not aim to get feedback about specific proposals, promote the plans to large numbers of people or be 'representative' of everyone in local communities. The Healthy Weston programme has already done those things in previous stages of developing the plans.

We particularly wanted to listen to:

- anyone interested in sharing practical ways to address issues that people had already told us needed more work
- people and groups that we had not heard a lot from before
- groups that may be most affected by the plans, such as vulnerable older people, those with disabilities and loved ones of people admitted to hospital including carers and parents



The key questions that Healthier Together wanted to address during this engagement period were:

1. What is the best way of **sharing information** about the next steps for Weston General Hospital?
2. Do people understand that services will remain available for people of all ages at Weston General Hospital? Are people happy with or concerned about developing more **services for frail and older people** at the Hospital?
3. Are people happy with or concerned about the possibility of having more **planned surgery** available at Weston General Hospital? What could we do to encourage people from a wide area to see the Hospital as a positive place to have planned surgery?
4. What could we do to help reduce any negative impacts for people who **transfer to another hospital** for ongoing care after an accident or emergency?
5. Do **Hospital Trust staff** have any specific concerns and any suggestions to address those concerns?

<sup>1</sup> The North Somerset Health Overview and Scrutiny Panel decided that there is no legal requirement to formally consult the public before deciding whether to proceed with the plans for Weston General Hospital because the proposed changes are not a substantial variation to services.

# How did we engage with people?

## How did we promote opportunities to take part?

We shared information with more than 30,000 people during the engagement period. We advertised opportunities to get involved using these approaches:

### Advertising

- sharing **122 messages on social media** to up to 10,000 people per time, with 2,361 engagements with the material (includes Hospital trust social media). Healthwatch also shared social media messages, reaching about 1,100 people
- contributing to **11 newspaper articles**, press releases and radio shows
- distributing over **1,000 leaflets** and posters, including via partners
- including articles in newsletters and online alerts sent to **14,000 staff** of Bristol and Weston University Hospitals Trust, which runs Weston General Hospital. 245 staff viewed Healthy Weston articles online

### Online information

- providing information on our website and the websites of partner organisations, including a leaflet with a summary of our plans, a simplified 'easy read' version, videos (**4 videos** viewed a total of 2,156 times), frequently asked questions and other information. **1,371 people** visited this section of the Healthier Together website during the engagement period and 598 people downloaded our leaflet
- providing a survey for the public and staff on our website

### Meetings

- hosting **2 pop-up stands** at hospitals in Weston and Bristol where we talked to people, gave out copies of our leaflet and encouraged people to complete the online survey
- hosting or attending **30 face-to-face and online meetings** and drop in sessions for the public, staff and community groups. At some of these meetings we provided information about our plans and encouraged people to provide feedback using our survey. At other meetings we asked for feedback and used small group discussions to hear people's ideas. If people provided feedback we counted the meeting as a 'response'

### Directly contacting people

- emailing **89 organisations** such as parish councils and telephoning 17 community groups and other stakeholders to set up meetings
- working with **Healthwatch** to contact Patient and Public Involvement Groups and voluntary and community sector groups
- emailing information and a survey to members of the **Healthier Together Citizens' Panel**, which is a group of local people who volunteered to provide ongoing feedback to help shape health and social care. The Panel has been selected to have characteristics representative of those living across our area. This Panel is regularly asked for feedback about different topics. We sent one survey to members of the panel who lived in North Somerset asking about all our plans. We sent another survey to people who lived in Bristol or South Gloucestershire, asking mainly about having more planned surgery available at Weston General Hospital and how to communicate about our plans

## How could people take part?

We invited people to provide feedback in any of these ways:

- at meetings we organised for members of the public and staff
- at meetings we attended with an organisation or community group
- in writing, by email or post
- by completing a survey online or on paper
- by telephoning us
- by posting a comment on our social media



## How did we look at the themes?

Members of the Healthier Together team listened to and read all the feedback to help us refine the plans. We discussed the feedback in our teams and with hospital staff and patient and public reference groups that are helping to develop the plans.

In addition, an independent organisation outside the NHS read all the feedback and drew out the main themes.

The independent team gave every comment that people made a numerical code. This meant they could count how often people made each point. The independent team calculated percentages to help compare between different topics.<sup>2</sup> They also compared whether different types of people thought the same or not.<sup>3</sup>

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2 Throughout this report, we sometimes provide the percentage of 'responses', not people. A response is one set of meeting notes, one survey or one letter/email. This means one response does not necessarily equal one person because multiple people took part in meetings. We used this approach because it was not possible to say how many people at a meeting supported a particular comment.

3 In this report, whenever we say there was a 'difference' between what various groups said, this means there is a statistically significant difference at the 95% level of confidence ( $p < 0.05$ ). This means that the independent team used statistical tests to check whether we can be confident that the difference is real rather than something that might have happened by chance.

# Who shared their ideas?

## How many people took part?

In total, we heard from **890 people** during this engagement period.<sup>4</sup> This was more than our target of at least 370 people.

## How did people take part?

People took part by:

- attending online or in-person meetings or providing comments at a pop-up stand (260 people, 29% of people taking part)
- filling in a survey online or on paper (614 people, 69%)
- writing a letter, emailing or telephoning (16 people, 2%)

Figure 2: Proportion of people using various feedback methods (n = 890)

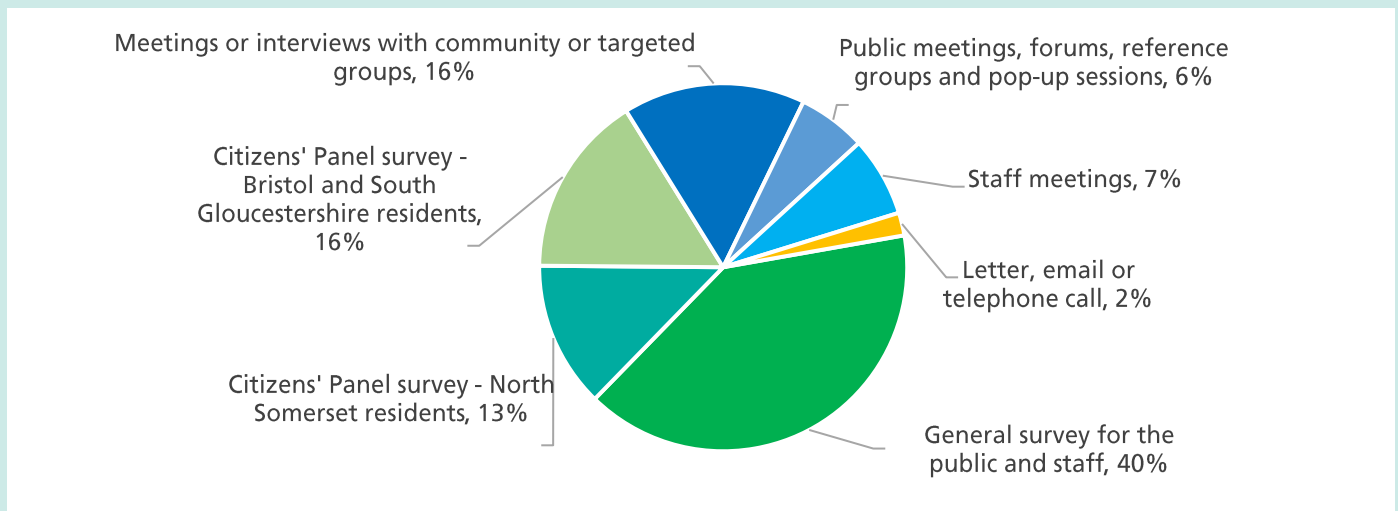


Table 1: Number of people who took part in various ways

Feedback method	Number of responses (% of responses)	Total number of people represented (% of people)
Online survey	349 (53%)	349 (39%)
Hard copy survey	8 (1%)	8 (1%)
Citizens' Panel survey	257 (39%)	257 (29%)
Notes from meetings or interviews with community or targeted groups	10 (2%)	139 (16%)
Notes from public meetings, forums and reference groups	4 (1%)	46 (5%)
Comments from pop-up sessions	9 (1%)	9 (1%)
Notes from staff meetings	5 (1%)	66 (7%)
Letter, email or telephone call	15 (2%)	16 (2%)
<b>Total</b>	<b>657</b>	<b>890</b>

<sup>4</sup> People could contribute in more than one way such as attending a meeting and filling in a survey. This means the 'number of people' counts people who took part multiple times more than once.



## Who took part?

Table 2 shows the characteristics of people who provided feedback using a survey, email or letter, where known. A range of people shared their ideas, but the majority were White women aged 50 or older living in the Weston area or other parts of North Somerset:

- 7 out of 10 individual responses were from people **aged 50 or older** (70%)
- 7 out of 10 were **women** (69%)
- 4 out of 10 were people living in **Weston, Worle** and surrounding villages (44%)
- 9 out of 10 were from **White British people** (91%) and 1 out of 10 from minority ethnic groups. In addition, we also attended outreach meetings with representatives from minority ethnic groups
- One quarter were people **working in the NHS** (25%). We did not ask whether people were unpaid carers but we offered to meet with carers groups
- One quarter were people with a **long-term condition or disability** (27%). Our Equality Impact Assessment identified this as a group we should particularly seek feedback from

Table 2: Demographic characteristics of people providing feedback, where known

Characteristics	Number	Proportion
<b>Geographic area</b> (n = 621)		
Weston, Worle and surrounding villages	286	44%
Other parts of North Somerset	125	19%
Bristol	113	17%
South Gloucestershire	71	11%
Somerset	20	3%
Other	6	1%
<b>Age</b> (n = 596)		
Under 30 years	37	6%
30 to 49 years	143	24%
50 to 64 years	217	36%
65+ years	199	34%
<b>Gender</b> (n = 588)		
Female	405	69%
Male	179	30%
Other / prefer to self-describe	4	1%
<b>Ethnicity</b> (n = 592)		
Asian or Asian British	10	2%
Black or Black British	9	2%
White British	541	91%
Other White	16	3%
Other / prefer to self-describe	16	3%
<b>Participant type</b> (n = 622)		
Member of the public	451	74%
Someone who works in the NHS	155	25%
Responding on behalf of organisation or community group	6	1%
<b>Other characteristics</b> (n = 638 total individual responses)		
Long-term physical or mental health condition or disability	175	27%
Parent of a child aged under 18 years	91	14%
Self or partner pregnant	3	<1%
Member of the LGBTQ+ community	24	4%

Note: 'n' is the number of responses that provided information about a specific characteristic. Percentages are calculated from this number. The numbers do not include most of the 260 people attending meetings or taking part in pop-up discussions, as we did not usually know their characteristics.



## 2. What we heard

### What did people think of the plans overall?

#### What did we want to learn?

We wanted to give people an opportunity to say what they thought of the vision for Weston General Hospital overall. This was not a formal public consultation, but we wanted to get a sense of whether people feel the plans are moving in the right direction. We have already asked people what they think of specific plans in earlier phases of engagement.

#### How many people provided feedback about this?

376 people answered a survey question about whether they thought the plans would improve Weston General Hospital (57% of all responses). People also discussed their overall impression of the plans in meetings, pop-up sessions and emails.

#### Did people think the plans were worthwhile?

The people we engaged with were positive overall about the plans for Weston General Hospital.

- The survey asked people whether they agreed or disagreed that “the plans will improve Weston General Hospital.” Of the 376 responses, **73% agreed and 27% disagreed**. In meetings and pop-up stand discussions people were also positive about the overall vision for developing Weston General Hospital. Some felt that the plans would improve capacity at the Hospital and help to sustain it. Some commented that they would like to see the plans in place as soon as possible.
- People were positive about the plans no matter what their age, gender or ethnicity, whether or not they had a long-term condition or disability and whether they were a member of the public or NHS staff.
- There was a difference in people’s views depending where they lived. Two thirds of people living in Weston, Worle and surrounding villages thought the plans would improve the Hospital (68%) compared with over 8 out of 10 from other areas (Figure 4).

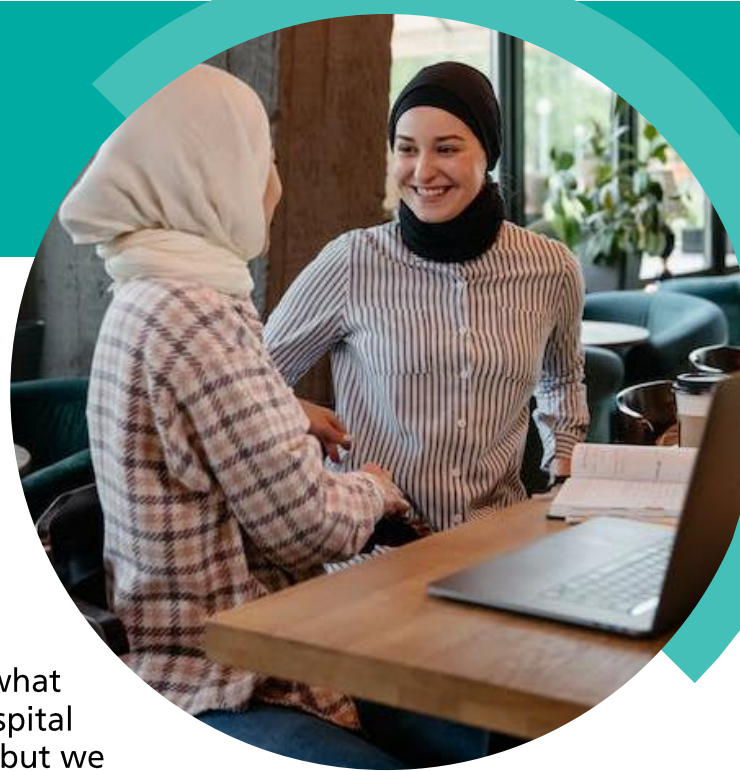


Figure 3: Plans will improve Weston General Hospital

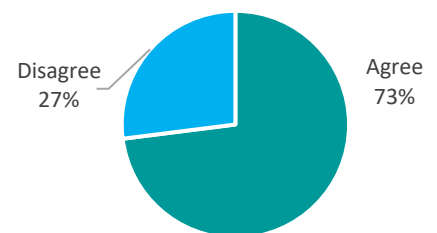
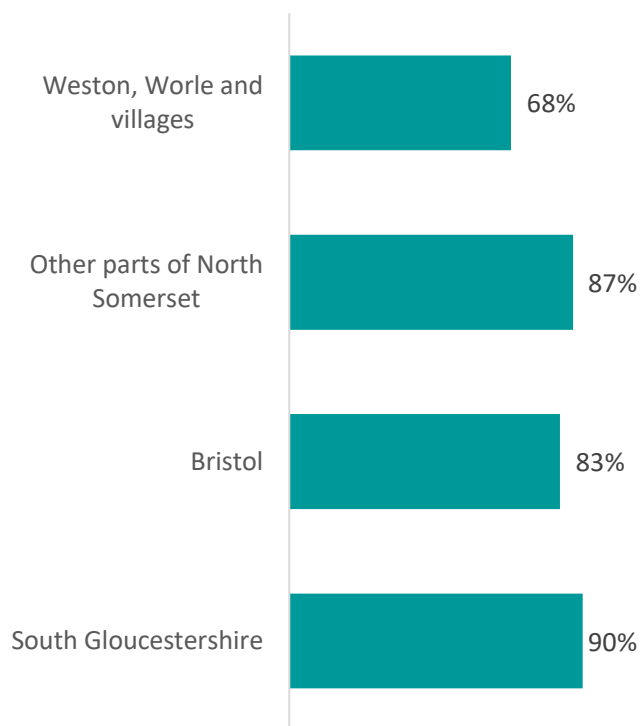


Figure 4: % who thought plans would improve Weston General Hospital



Note: There were too few responses from Somerset and other areas to compare.

*"If these proposals were put in place, this would be brilliant. How much confidence is there that it will all come to pass? Is there funding? The service proposals sound good for older people (such as the participants in this group). Like the idea of the same day emergency service with no waiting around for investigations and possibility of returning home with support if needed on the same day."*  
(Community group meeting)

*"I really like the sound of it. It sounds like you're really thinking about the people that live in Weston and what they actually need, rather than what the Hospital wants to show off. That's the bit that makes the difference."*  
(NHS staff, via pop-in session)

*"I really am hopeful that Weston General Hospital gets at least some of its identity back. Staff have felt quite disconnected and that seems to be quite prevalent at the moment. [There is] hope for the future of Weston General Hospital. It would be lovely to see staff more settled and confident in their own hospital."*  
(NHS staff, via email)

*"Always good to know that planned improvements are underway. The overriding story coming through is the increasing backlog of demand for medical procedures. A positive newsfeed on how Weston General Hospital is proactively working to combat this would help to promote its plans."*  
(Bristol resident, via Citizens' Panel)

*"I feel it's about time that we are using all hospitals to benefit people who need procedures with waiting times. I have only heard negative things about Weston Hospital. It's great to hear something positive."*  
(South Gloucestershire resident, via Citizens' Panel)





### Areas to consider further

One quarter of all responses (24%) raised concerns about the overall scope of the plans, saying that they would like to continue all services largely as is at Weston General Hospital or expand services to better meet the needs of the growing population.

These responses sometimes stated that the opening hours of the A&E Department should be extended. In Phase 2 of the Heathy Weston programme we are not proposing any changes to the A&E Department opening hours that have been in place for the past five years. Healthier Together was not seeking feedback about this during this engagement period as the NHS has already made decisions about this.

Other reasons that responses did not think that the plans would have a positive impact on the Hospital focused on whether the plans would be feasible to implement and the perceived potential negative impact of specific elements of the plans. We describe these in the sections on the following pages.

*“For those without their own means of transport a difficult journey by public transport. For those with their own vehicles this will result in additional journeys, many of which will involve using polluting vehicles, so from an environmental perspective this is a deeply flawed policy. This at a time when we’re being called upon to make fewer car journeys by North Somerset Council.” (Weston and Worle area resident, via email)*

*“There are some worries about the plans. Is there a plan to reinstate A&E overnight? How much more expensive is locum cover than standard salaries for medical and nursing staff?” (Community group meeting)*

*“The problem is with people not getting care packages and the waiting list for domiciliary care in particular. It is no good putting in these services without addressing the issues in social care. Need to work together with Local Authorities for this to happen and have better funding at a national level.” (Community group meeting)*



Whether or not they were positive about the plans overall, most responses suggested things that we could do to strengthen the approach and work in a joined up way. Suggestions included:

- focusing more on **transport and parking**, such as liaising with transport providers to campaign for direct public transport links between hospitals (26% of the 657 responses mentioned this)
- the need to proactively promote and build the **reputation** of Weston General Hospital (20%)
- undertaking detailed work on **staff morale**, retention and wellbeing to make sure that the plans could be implemented and sustained, and also providing a staff transport service between hospital sites (10%)
- more **integrated planning**. Some responses said that the plans rely on integrated work with social care, transport and other services to help people leave hospital quickly. They worried that these ways of working were not in place, would take time to embed and were not resourced as part of the plans. Some responses said that the plans did not go far enough to make sure Weston General Hospital could be sustained. They wanted to see more preventive, population health and follow on care elements built into the longer-term plan. They said this might include increasing rehabilitation and outpatient care at Weston General Hospital in order to reduce admissions; strengthening access to primary care; and making sure that there was good follow on care at home after discharge (10%)

Responses suggested the same concerns or suggestions for further work whether or not they were positive about the plans overall.

*“The current public perceptions of Weston General Hospital do not seem very positive. Lots of wide ranging, positive public information would be very helpful. Seeing it as an integral and important part of the local health authority provision would also be a positive move.” (Weston and Worle area resident, via email)*

*“There might be some upset surrounding the plans so there needs to be a campaign to highlight the benefits as much as possible and build up the reputation. Facebook groups and community groups could be used to hold events outlining the plans as well as council run events. Maybe avoid news services that always seem to put a negative spin on everything. The community needs to be on board with the changes so reassurance about the services that will be lost must be a priority.” (North Somerset resident, via Citizens’ Panel)*



# What did people say about communicating?

## What did we want to learn?

We wanted to understand the best ways of sharing information about what is happening at Weston General Hospital and who we should engage with. We plan to put Healthy Weston Phase 2 into action in stages for many years and want to make sure that we keep members of the public, staff, community groups and others involved and up to date.

## How many people provided feedback about this?

511 responses (representing 619 people) provided feedback about this.

## What did people say about ways to share information?

Responses were positive about continuing to communicate and engage with the public and staff (19%). One in ten responses (10%) said, without prompting, that they had not heard of the Healthy Weston Phase 2 plans before. This included staff at Weston General Hospital and others working in the NHS as well as members of the public. This does not mean everyone else had heard of the programme.

In our survey, we asked "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." People made comments about potential ways to communicate about plans in meetings and emails as well. 511 responses commented on this.

A small number of responses suggested people that we should particularly target to engage with further. Suggested groups were:

- older people and community groups supporting them, such as Age Concern
- people with mental health issues
- those living in deprived areas and families with limited income
- people in other areas such as those living in Somerset who use Musgrove Park Hospital in Taunton
- people with specific health issues and needs such as those with visual or hearing impairments and other disabilities
- minority ethnic groups
- groups supporting maternity care

10 or fewer responses mentioned each group.

*"In addition to the groups you have already contacted, you should contact those with mental health problems and groups which support these individuals, people in Somerset such as pop up events in Taunton Hospital."* (Patient group meeting)





Common suggestions for sharing information were a widespread promotional campaign and directly sending material to all residents and patients:

### General promotion

- local tv, newspaper and radio **campaigns** e.g. Weston Mercury (45% of the 511 responses that provided feedback about communication)
- **social media and websites** such as community Facebook groups and the Next Door app (44%)
- placing leaflets, posters or other information on lampposts, billboards, bus stops, train and bus slide shows and **in public venues** like libraries, children's centres, supermarkets, GP clinics, pharmacies, hospitals. This could include a website address and email and telephone number for further information (29%)
- keeping Healthier Together's **Healthy Weston webpages** up to date and including relevant information and links to these pages on the council and hospital websites (6%)

### Direct communication

- **posting leaflets** through all (North Somerset) letterboxes, and perhaps considering doing this as a newsletter once or twice per year to keep people up to date (18%)
- **emailing and texting** everyone that health services hold an email address or mobile phone number for with a website address or summary information. This includes the Hospital Trust membership (15%)
- **visiting** community groups, older people's groups, care homes, neighbourhood watch groups and other targeted groups (7%)
- online and in person **meetings** and drop in sessions, hosted at hospitals and general practices, for example (7%)
- inserting a leaflet into **letters already being** sent to patients by GPs, hospitals, those receiving repeat prescriptions and those on waiting lists (5%)
- placing information on the **staff intranet** at health and care organisations (2%)

### Working through others

- placing an item in the **newsletters and briefings of other organisations** such as local authorities, retirement villages and care homes, schools, clubs for older people and groups such as the Women's Institute, (11%)
- meetings and emails for **NHS and care staff** such as GP staff, hospital staff, care homes and schools so they have clear messages to promote to patients and the public. This might include asking all GPs and other referrers to mention Weston General Hospital as an option when referring people for surgery or potential surgical investigations (6%)

*"I assume that many service users are probably of retirement age or working from home and therefore probably watch tv or listen to radio, so news items using these forms of communication would be useful. Leaflets/notes placed in repeat prescription packages would be useful too as they might make things clearer/ easier to understand."* (Weston and Worle area resident, via email)

*"A brief quarterly newsletter outlining progress towards goals and any new information for patients. Make it 2 sides of A4 and include a couple of pictures. This could be sent to most patients via email, and to others by post. I think this would be the only way to reach all patients. To reduce postage, newsletters could be left in doctors' surgeries, day care centres, libraries, and passed to any clubs which cater for specific medical or chronic ailments."* (South Gloucestershire resident, via survey)

*"This is a good news story and should be shared by every possible means to get the message across to the maximum numbers of households. It would be best if this was done as a campaign or a project so that it gathers its own momentum first and then reminders issued periodically. Hopefully this will give a sense of direction to the Weston Healthcare professionals and aid recruitment of the right specialists too."* (Weston resident, via Citizens' Panel)



*"Have a display at the Hospital entrance and in all waiting areas and the restaurant. Use the Weston Mercury and North Somerset Times. Use the village agents, billboards, library displays, GP surgeries, scout groups, sports centres, council offices, supermarket display areas, Job Centres, bus display areas. Health and care staff could also drop off leaflets at the homes."* (North Somerset resident, via Citizens' Panel)

*"You could go to places where lots of people go like doctors' surgeries. You could advertise on the screens that they have there. Use North Somerset Life as that goes to every household in North Somerset. You would get more people to engage if you were more honest about the downside of the proposals."* (Public meeting)

*"What we have learned (at public meeting) is clear: loads of aspects will stay the same. The perception in Weston is that things would change, but the change is minimal. People need to hear how things are improving. Use any positive case studies. Counsellors are really good for explaining messages. Make it clear that changes won't affect A&E."* (Public meeting)

*"Local tv, stands in shopping centre/pier, good graphics, easy to read posters. Make people feel proud and well informed about their hospital. Invite people to join and contribute to online communities like Facebook, Twitter and Instagram and # appeal."* (South Gloucestershire resident, via Citizens' Panel)



## What did people want more information about?

Most responses that commented about communication thought that Healthier Together was describing the plans for Weston General Hospital in a clear way. 129 responses suggested extra information they would like or ways we could help people understand better. Suggestions included:

### Information about care for all ages

- stating whether or not **maternity and children's services** will be available at Weston General Hospital, including services for younger people with long term conditions and disabilities (32% of the 129 responses that suggested additional information)
- continuing to emphasise that **most services will stay as they** are and explicitly saying that services are used by all ages (10%)
- defining **what is meant by older people / frail older people** and whether these people will all stay at Weston for the duration of their admission, no matter how long they need to stay (7%)
- saying if/**why** plans for transferring to another hospital are based on age rather than level of fitness (e.g. frail younger people) (3%)

### Information about planned surgery

- defining what a **centre of excellence** is, how the Hospital will become such a centre and what the benefits of this are (this applies to both older people's care and planned surgery) (5%)
- stating **why** Healthier Together wants to increase planned surgery at Weston General Hospital e.g. lack of capacity at other hospitals (5%)
- emphasising that people have a **choice** for their place of surgery and how they can exercise that choice if it is not offered to them by their GP or other referrers (3%)
- providing more information about where **funding** is coming from and when since we have said that improvements to surgery depend on funding (3%)
- being clear that adults of **all ages** (16+ years) will be able to have planned surgery at Weston General Hospital and stating which operations will be available (3%)

### Information about care after an accident or emergency

- providing more details about **patient transport**, such as whether this will include monitoring people's condition whilst travelling and whether there are enough ambulances or other vehicles (5%)
- stating **which hospitals** people will be transferred to if they need ongoing care (3%)
- explaining **how** the plans will help people to go home quicker and get emergency care on same day without recruiting more staff (1%)

### Other elements

- showing that Weston General Hospital is **safe and good quality**, especially given past negative press. This may include patient stories about experience of care (21%)
- stating whether outpatient services such as for people with **cancer** will be available for all specialities at Weston General Hospital or will mostly be in Bristol (7%)
- providing more details about the practicalities such as difficulties with **staff** recruitment, how staff from the Bristol Royal Infirmary may need to travel to work in Weston and how the management structure will work, such as whether services provided in Weston will be managed from Bristol (6%)
- including **videos** and photos showing the Hospital and maps of where it is (4%)
- **repeating** messages frequently, as it takes time to build awareness (4%)



*“Be more explicit about the consequences of not changing without being too alarmist. Explain what it might mean, stop being so mealy mouthed about patients being transferred. If your health is jeopardised surely you will need to be treated where your outcomes will be the best.” (North Somerset resident, via Citizens’ Panel)*

*“Explain how you will attract staff. Are the clinicians contractually obliged and expected to be based either in Bristol or Weston as the demand for services requires? Are there plans to create Weston as more of a teaching hospital?” (North Somerset resident, via Citizens’ Panel)*

*“It doesn't explain what building work is envisaged at Weston but plainly some will be needed. Is this something that will be explained in more detail in Phase 3? Is some of the Diagnostic Centres money potentially available via Government going to be part of the funding for the upgrade? None of this will happen without the money so it might be good to understand how long the upgrade stage is likely to take and starting from when.” (Weston and Worle area resident, via Citizens’ Panel)*

*“The model suggests only 40 extra beds are needed (19 BRI, 9 NBT, 12 Taunton) across all medical specialities. From my perspective this is a long way off. Does the recent divert experience suggest we can accommodate elsewhere the >>40 that it will be as well as those diverted over the last 2 weeks?” (NHS staff, by email)*

*“People want to know how Weston General Hospital is spending its money and how it is getting better. They aren't being told of the benefits of Healthy Weston Phase 1. They have the image of a hospital that is dying. That has changed. This needs to be made clear.” (Public meeting)*

*“Today was clear but people who have not been here aren't clear... I have heard that A&E is going to close all together. You need to leaflet through people's doors to help change people's minds.” (Public meeting)*

*“When you consider the amount of traffic on the M5 in the summer months a journey to Bristol or Taunton becomes even more of a hassle. So some people will be transferred elsewhere even though there is the resource to carry out the treatment in Weston? It must be available as the criteria is not the condition (as with stroke, heart attack etc). If you can treat an 80 year old in Weston why not a 40 year old with the same condition? What about borderline cases – will it depend on bed availability in Weston (or the receiving hospital)?” (Weston and Worle area resident, by email)*

*“What does a dedicated patient transport team mean in practice? For some patients I'd imagine an ambulance would be required to monitor their condition. This will mean ambulances that could be used for emergency work being unavailable for some time – especially with the reported delays in admissions at many hospitals. What is the anticipated cost of these dedicated vehicles, surely the money could be better spent on improving services at Weston?” (Weston and Worle area resident, by email)*



# What did people say about care for all ages?



## What did we want to learn?

We wanted to know whether people are clear that services will remain available for people of all ages at Weston General Hospital. We also wanted to understand whether people are pleased or concerned about the plans for providing more specialised care for older / frail people at the Hospital.

## How many people provided feedback?

388 responses (451 people) provided feedback about this.

## Did people think messages were clear?

In previous periods of engagement some people expressed concern that the plans might mean that Weston General Hospital would mainly cater for older people. Since then our team has revised the way it describes planned changes, emphasising that most services for people of all ages will be available exactly as they are now. There will be some extra services for people older than 75 years.

- A survey question asked “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”. People also commented on this in meetings and emails. Of the 388 responses, 81% thought that the plans were clear about services for all ages and 19% thought the plans were not clear about this (Figure 5).
- Another survey question asked whether people agreed or disagreed that “Weston General Hospital will include services for people of all ages.” 83% of the 396 responses agreed and 17% disagreed (Figure 6).
- Women and men, NHS staff and members of the public, people from all different ethnic groups and those with and without long-term conditions or disabilities all had a similar level of understanding of the plan to continue offering care for all ages.

Figure 5: Plans are clear about services for all ages

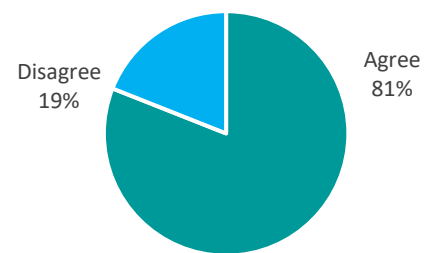
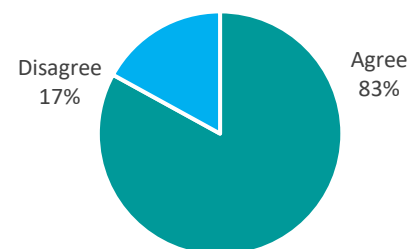


Figure 6: Hospital will include services for all ages



- There was a difference depending on people’s age and where they lived. People older than 65 years were most likely to say they were clear about care being available for all ages. About one in five people under 65 did not realise this (Figure 7).
- Responses from Weston, Worle and surrounding villages were less likely than others to realise that the Hospital will continue to provide care for all ages. 1 in 5 people from Weston were not clear about this compared to about 1 in 10 from other areas (Figure 8).

Figure 7: % of age groups who thought Hospital will include services for all ages

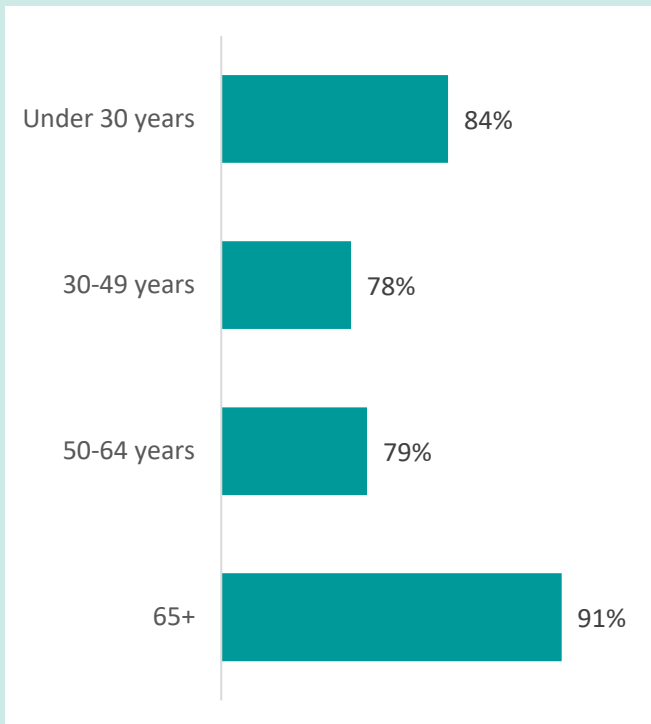
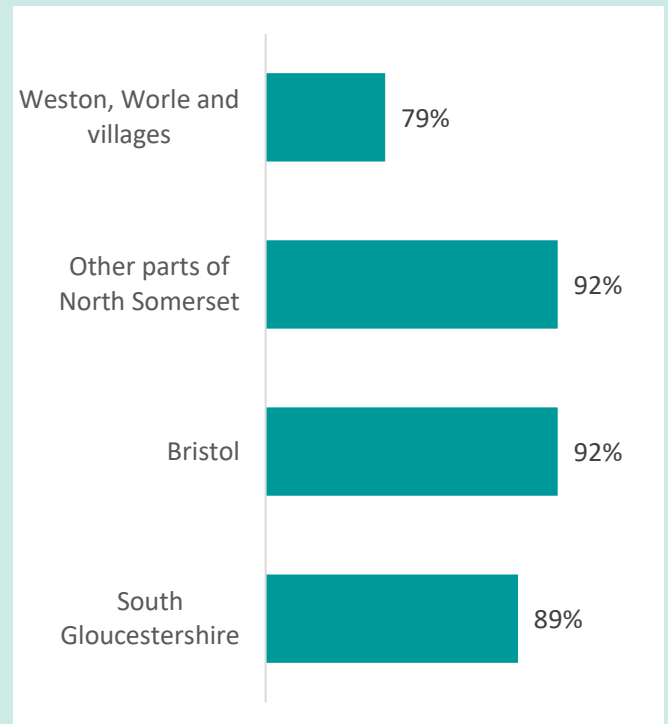


Figure 8: % from areas who thought Hospital will include services for all ages



Note: There were too few responses from Somerset and other areas to compare.

We described the things that people wanted more clarity about in terms of care for all ages in a previous section. The most common queries were about whether or not maternity and children’s services will be available at Weston General Hospital, including services for young people with long-term conditions and disabilities.

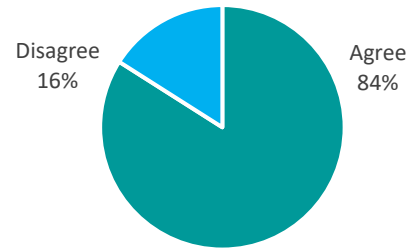
We used the term ‘centre of excellence’ in our Healthy Weston Phase 2 plans to describe becoming known for providing the very best care for frail and older people, including adding teams with lots of experience in this. Some responses suggested that the term ‘centre of excellence’ was unclear. This term might inadvertently also give the impression that the whole hospital will focus on older people’s care.

*“Need to be promoting a whole hospital. Need to use simple language. Centre of excellence language not clear / not suited to all demographics: needs a definition. Show as continuation of general hospital but with improvements. Less about age groups, more about serving the community. Staff didn’t know what was going on before.”*  
(Public meeting)

## Did people support providing more care for older people?

Another survey question asked whether people “like the plan to have more care for older people at Weston General Hospital.” **84% of the 396 responses agreed** and 16% disagreed.

Figure 9: Like plan to have more care for older people



- Women and men, NHS staff and members of the public, people from all different ethnic groups and those with and without long-term conditions or disabilities all had a similar level of understanding of the plan to continue offering care for all ages.
- There was a difference depending on people’s age and where they lived. People older than 65 years were most likely to say they liked the plan to have more care for older people at Weston General Hospital. Those younger than 65 still mainly supported this approach, though in lesser numbers (Figure 10).
- 8 out of 10 responses from Weston, Worle and surrounding villages liked the idea of offering more care for older people, though this was less than the proportion from other areas (Figure 11). This may be linked to the lower proportion from Weston and Worle realising that most care would continue to be available for people of all ages at the Hospital, as described on the previous pages.

Figure 10: % of age groups who liked the plan to provide more care for older people

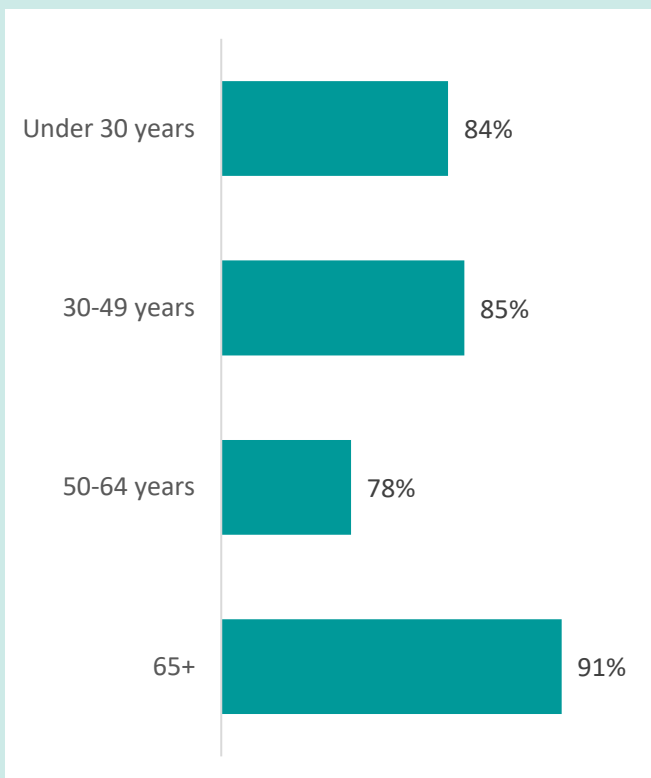
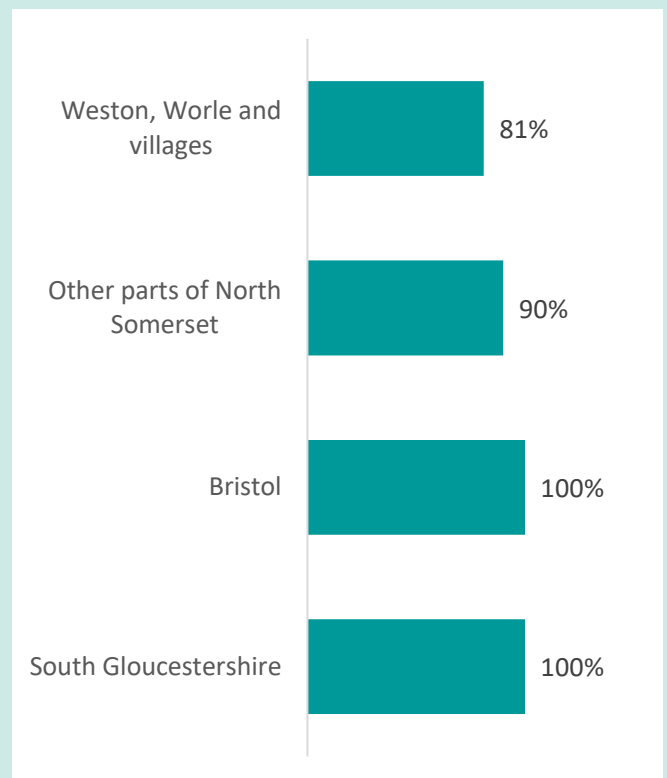


Figure 11: % from areas who like the plan to provide more care for older people



Note: There were too few responses from Somerset and other areas to compare.



# What did people say about planned surgery?

## What did we want to learn?

We wanted to know whether people were pleased or concerned about having more planned surgery available at Weston General Hospital. We also wanted to understand what would encourage or discourage people from choosing to have planned surgery at the Hospital.

## How many people provided feedback?

527 responses (representing 527 people) provided feedback.

## Did people support providing more planned surgery?

A survey question asked whether people "like the plan to offer more planned operations at Weston General Hospital". **88% of the 527 responses agreed** and 12% disagreed.

- Women and men, people from different age and ethnic groups, NHS staff and members of the public, and those with and without long-term conditions or disabilities were all similarly positive about offering more planned operations at Weston General Hospital.
- There was a difference depending on where people lived. Those living in Bristol generally supported this plan, but were less likely to do so than those from other areas (Figure 13).



Figure 12: Like plan to have more planned operations

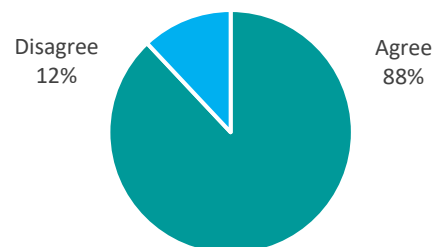


Figure 13: % from areas who like the plan to provide more planned surgery at Weston

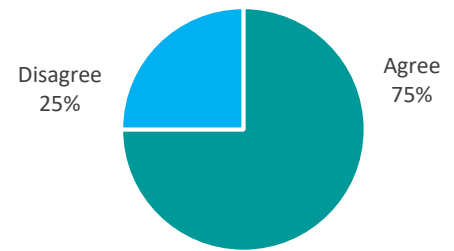


Note: There were too few responses from Somerset and other areas to compare.

## Would people have planned surgery at Weston General Hospital?

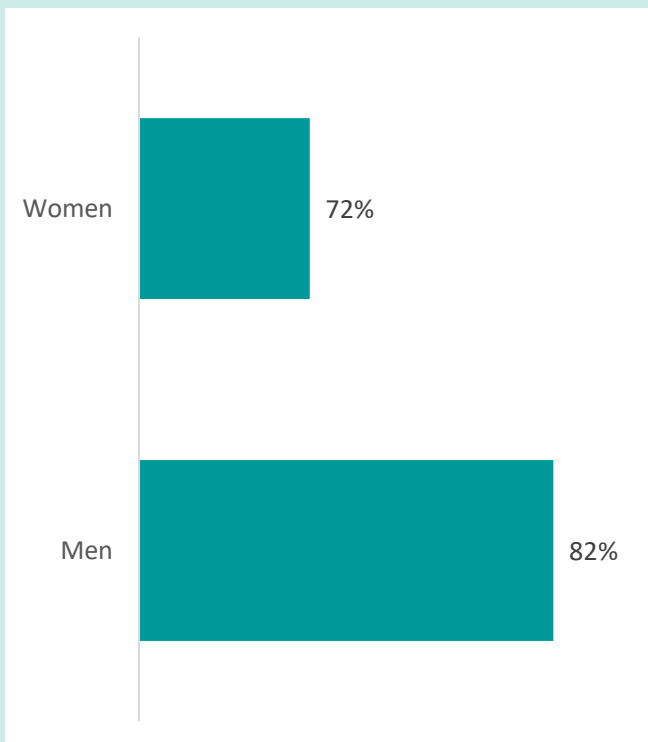
Another survey question asked whether people would be “happy to have planned surgery at Weston General Hospital”. **75% of the 527 responses agreed** and 25% disagreed.

Figure 14: Would have planned surgery at Weston



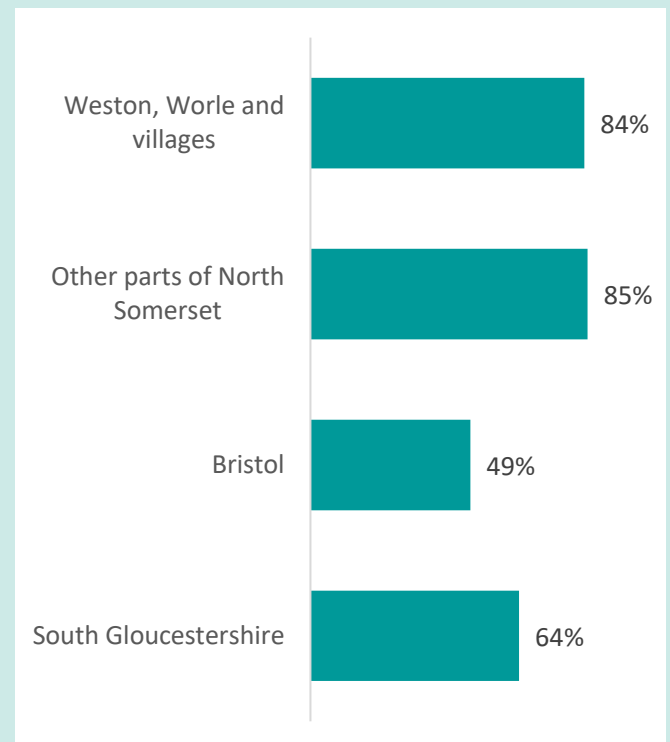
- People from different age and ethnic groups, NHS staff and members of the public, and those with and without long-term conditions or disabilities were all equally likely to say that they would be happy to have planned surgery at Weston General Hospital.
- The preferences of men and women differed. Women were less likely to say that they would be happy to have planned surgery at Weston General Hospital (Figure 15). This trend remained after accounting for where people lived and their other demographic characteristics. Nothing in people’s comments explained why women were less likely to be happy with this as men and women both provided similar reasons for liking or not liking the plan.
- The views of people living in different areas varied. Those in the Weston and Worle area and people living in other parts of North Somerset were more likely to say they would be happy to have planned surgery at Weston General Hospital, largely due to being closer to home. Less than half of people living in Bristol said they would choose to have surgery at Weston General Hospital (Figure 16).

Figure 15: % of women and men who would have planned surgery at Weston



Note: There were too few responses from people who self-identified to compare.

Figure 16: % from areas who would have planned surgery at Weston



Note: There were too few responses from Somerset and other areas to compare.

To understand what might attract people living further away to choose planned surgery at Weston General Hospital, we asked members of our **Citizens' Panel living in Bristol and South Gloucestershire** why they "would or would not be happy to have a planned operation at Weston General Hospital?" There were 123 responses.

Those who said they would be happy to have planned surgery at Weston General Hospital said that this was because they:

- would be able to **have surgery more quickly** compared to the waiting lists at other hospitals (24% of 123 responses that made one or more comments)
- felt **able to travel** because they were physically able, had a vehicle and were close enough (8%)
- would have more **choice** (7%)
- were **familiar** and happy enough with the hospital's ability to provide minor procedures, such as having visited or had appointments there before (6%)
- wanted to help **reduce pressure** on other hospitals and reduce waiting lists elsewhere for others (4%)
- had **friends or family** in the area who could visit to provide support (2%)
- thought that **parking** was better (2%)

Barriers for people living outside the immediate area having a planned operation at Weston General Hospital included:

- logistical difficulties in the **time and distance travelling** to and from hospital, especially as some people cannot travel easily after surgery (60%)
- **lack of confidence** in Weston General Hospital's reputation based on press reports and/or poor past experience of self or loved ones (34%)
- difficulty, cost and inconvenience of **travel for loved ones** who want to visit (28%)
- there are other hospital options closer to home that people would prefer (15%)
- **lack of continuity** if follow on care is needed and concerns about safety if people need to transfer for care following complications (9%)
- not knowing anything about the hospital or where it is (2%)

*"I use public transport in and around Bristol, but getting to Weston from central Bristol would be difficult. If this was for surgery as well, being able to go back home would be a worry. In addition, Weston's reputation leaves an awful lot to be desired. Patients would need to know that emergency care would be available if anything went wrong."* (Bristol resident, via Citizens' Panel)

We asked everyone who answered a survey or who took part in a meeting “What could we do to encourage people to have a planned operation at Weston General Hospital? e.g. advertising shorter waiting times”. 413 responses made one or more comments about this. Things that people said would encourage them to have planned surgery at Weston General Hospital were:

### Confidence and continuity

- building up the **reputation** and awareness of the Hospital. People suggested a promotional campaign to emphasise that Weston General Hospital has good quality experienced staff, equipment that can be trusted and a nice environment. Many perceived that the Hospital has a poor reputation. They suggested publishing data about the waiting times and outcomes of surgery compared with other hospitals. They also suggested including photos so people can see how the Hospital looks (48% of responses that commented about this)
- promoting **safety and continuity of care**, such as reassuring that people would not be transferred elsewhere in the event of postoperative complications and emphasising that people could have outpatient appointments with their Weston surgeon before and afterwards close to their own home (12%)
- giving people the name of the **staff** who will do operations so they check their experience and emphasising that these staff might be the same as working in other locations (11%)

### Timing

- emphasising **shorter waiting times** and how this will help to clear NHS backlogs. This may include regularly publishing up to date waiting times and comparing with other options (41%)
- saying that people will have **more choice** and flexibility over their surgery date and that cancellations will be kept to a minimum (4%)
- emphasising that people may be able to **return home quicker** (2%)

### Transport

- having a **shuttle** to and from hospital / between hospitals for patients and visitors (e.g. a shuttle that runs two to four times a day) (7%)
- free and readily available **parking** (7%)
- better **public transport** i.e. direct routes, more frequent and cheaper services (5%)
- giving people information about how to get to the hospital (maps and travel times) (2%)

### Other factors

- emphasising that people have a **choice** about where to have surgery (7%)
- **getting GPs on board** so they think the Hospital provides good care and make referrals (5%)
- emphasising that there will be **good access for visitors**, such free or cheap parking, longer visiting hours and access to technology and apps such as FaceTime and WhatsApp so people can keep in touch with loved ones (4%)



*"I think shorter waiting times would be a compelling reason for many! Also clarifying that the standard of care and related services (e.g. physio, scanners, other medical services and aftercare) would be as good. I say this as friends in Weston just had a baby and said that maternity services were very limited. It casts doubt on whether the other facilities are as far reaching as in bigger Bristol hospitals. Provide free parking - especially if people are having to spend petrol on driving to Weston - it's a serious consideration with petrol prices like they are currently. If some sort of public transport discount could be offered that might encourage some people."* (Bristol resident, via Citizens' Panel)



*In my experience working in a hospital, most people would far rather wait a long time than travel for care. Is there any evidence this model would work, enabling capacity at Weston to be fully used without creating big disparities with the Bristol site? A small proportion of patients will travel but most would rather wait to have even urgent procedures locally. The hospital would also need to improve its reputation if you want people outside of Weston to travel there. It would need to be able to demonstrate how it offers safe, modern care of the same standard as the Bristol hospitals. Putting on bespoke public transport from Bristol - some sort of shuttle bus for patients - might help as getting to Weston on public transport is not as easy as it could be, especially if you've starved for an operation/are going home after undergoing surgery. Free car parking is always popular and would probably be a big enough incentive for some."* (NHS staff, via survey)

*"You need to rebuild reputation and give the public confidence in the quality of surgeons and care that they will receive. You should publish quality and outcomes data and let people know the quality of care that they will be getting. GP recommendation is key here and the first question I would ask my GP is would you send your friends or family there... You need to be more open and transparent about the downsides of the proposals."* (Public meeting)

*"Provide information that gives confidence in the hospital staffing as well as reassurance on what would need to happen if things escalated. Can Weston cope with problems in surgery where additional equipment/specialist staff might be required? A possible transfer if something were to go wrong might put people off."* (Weston resident, via survey)

*"Need travel / transport for families to visit if they are elderly and have no car."* (Weston and Worle area resident, via easy read survey)

*"Stress the advantages of going to Weston e.g. shorter waiting lists and specialist staff. Also ensure that you have schemes in place to counteract the disadvantages e.g. If coming from a distance 1) could the operation time be later in the morning so the patients don't have to get up at a ridiculously early hour to travel and 2) offer free parking. Hold more public engagement events in the areas that you hope to attract people from NOT just in Weston."* (South Gloucestershire resident, via Citizens' Panel)

# What did people say about transferring to another hospital?

## What did we want to learn?

We plan that Weston General Hospital will help people get home quicker after accidents, emergencies or other unplanned care, with special units for assessing and treating people promptly. Older people who are frail and need inpatient care will stay at Weston General Hospital, the same as now. Adults of any age who need emergency surgery will have their operation at Weston General Hospital. They will stay for as long as they need to recover, exactly like now. A dedicated patient transport team will take anyone else who needs a longer stay in hospital to a neighbouring hospital providing the specialist care they need. We wanted to know what the biggest impacts might be for those transferring to another hospital, how we might support them and who might be most affected.

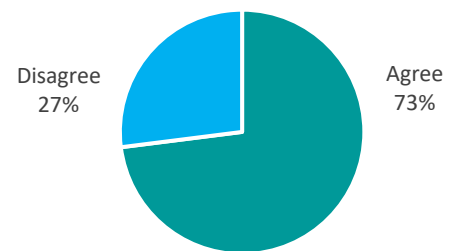
## How many people provided feedback?

414 responses (representing 414 people) provided feedback about this.

Figure 17: Understand why some people will transfer

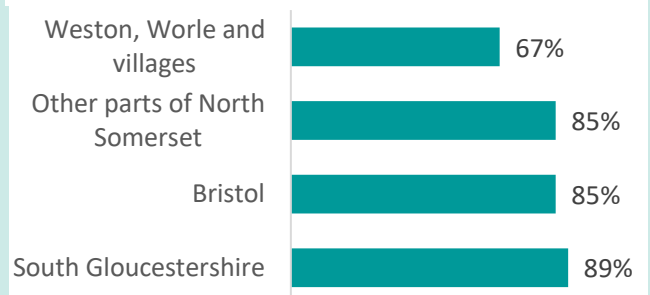
## Did people understand the reasons?

Our survey asked people whether they understood “why some people taken to Weston in an emergency would transfer if they needed to stay in hospital longer than 24 hours.” Out of 413 responses, 73% understood and 27% did not. This does not mean people supported the plan, just that they understood the reasons we propose this.



- Men and women, people of different age and ethnic groups, people with and without a long-term condition or disability and NHS staff and members of the public all had similar feedback.
- 6 out of 10 people living in Weston, Worle and surrounding villages said they understood the reasons for this plan compared to over 8 out of 10 people from other areas (Figure 18).

Figure 18: % who understood why some people may transfer



People who said they did not understand the plan, regardless of where they were from, often said that they disagreed with the rationale or did not understand the criteria to decide who would transfer.

*“I do not agree with moving people to hospitals further away based on age. It is discriminatory and is not based on fitness and will disadvantage the poorer and most vulnerable. Lots of young people live in Weston. It is also not very environmentally friendly, for a Trust that has committed to green policies to be encouraging large numbers of people to travel between Bristol and Weston all the time.” (Bristol resident, via survey)*

## How did people think we could support those affected?

Our survey asked "Some of our plans mean that people will travel to another hospital for their care, like people who choose to come to Weston for surgery or people transferred to another hospital. What practical things could health services do to help if people and visitors are at a hospital away from home?" 336 responses provided one or more comments about this.

Common suggestions about practical support were:

### Transport

- free or subsidised **shuttle between hospital sites** that visitors and patients can use (38% of responses that provided one or more comments about this)
- direct **public transport routes** rather than needing to take multiple buses; lower fares; and providing patients and families with information about public transport (13%)
- hospitals helping people get home after discharge. This may include working with **volunteer groups** to provide lifts (8%)
- assisting with transport **costs for visitors** in hardship, through an application system (8%)
- free or cheaper **parking** (13%)

### Communication

- giving people **access to technology** to contact loved ones if they need it e.g. loan service for video call equipment for those who do not have tablets or mobile devices with them and IT support for family members e.g. a telephone number to call to help people set up video calls at home (35%)
- improving **Wi-Fi access** and technical support to help people use it (13%)
- better **communication** between wards and family so people know how their loved one is (6%)
- providing a **direct dial number** to the ward and cordless telephones that can be taken to patients who do not have mobile phones with them (5%)
- explaining the reason for the transfer and **providing information** such as the potential length of stay and what will happen when transferring; parking, public transport at other hospital (2%)
- making sure **extra support** is available for those who need it e.g. translators, sign language (1%)

### Facilities

- providing access to laundry services, newspapers and **toiletries** if people have no visitors to bring things. This may include having **volunteers** / League of Friends visiting wards to provide books, papers and conversation (10%)
- longer **visiting hours** since people may have to travel a long way to visit (5%)
- support for loved ones such as signposting to subsidised or **inexpensive accommodation** where relatives can stay, providing family rooms/meeting area for visitors to see patients outside wards and **catering** facilities for visitors who have travelled (6%)

During the engagement period members of the Healthier Together team met with transport providers to consider next steps. For example, at one meeting we discussed an additional bus stop at Weston General Hospital. We talked about planning routes to fit with times that the public and staff may need to access the hospital.



*“Regarding families having difficulty visiting patients who have been transferred out of area, could there be a hub within the hospital for remote access? Perhaps a room with pods and laptops (secured to tables/desks) with basic access to Teams or similar platform. It may need to be staffed. Sessions could be booked with someone liaising with the wards for suitable times.” (Staff member, via email)*

*“Arrange transport, have more flexible visiting hours, wifi for technology, provide free TV for patients who do not have access to modern technology. League of Friends to do rounds of wards as they used to with library books and magazines/papers, snacks/drinks/toiletries for patients to purchase if not able to get to shop in hospital or family are not able to get in to visit due to distance.” (Bristol resident, via survey)*

*“People need organised transport and it would be good if attention was paid to giving patients access to communications. For instance, when my mother was recently in hospital she became too confused to be able to use her own mobile phone so the only way to talk to her was by phoning the ward phone and the nurse taking the phone into the ward. The staff were too busy to do this.” (North Somerset resident, via Citizens’ Panel)*

*“Volunteer drivers. Community transport schemes. A dedicated shuttle bus. If transported somewhere, patients would need to be assisted in transporting back. Care homes have transport available so there could be collaboration here. Provide greener ways of transport, electric car charging points, more bicycle spots.” (Public meeting)*

*“Travelling to Southmead from Weston by public transport is particularly difficult for both patients and visitors. The trip into the bus station and out to Southmead can easily take over 3 hours each way. Taxi fares are out of the reach of the majority. Friends and family are not always available, particularly for those who have moved into the area and do not have a strong support network. The idea of a dedicated hospital bus service is an excellent one. For example, the X1 bus between Weston and Bristol bus station could easily be re-routed though the Long Ashton park and ride which has frequent bus links directly to Southmead, potentially cutting a travel by bus time by 50% while adding little time to the journey into Bristol. Confidence in the new proposals will for many hinge on the availability of transport. The proposals make it clear that a dedicated transport service will be available to take patients from Weston to remote hospitals. It does not make clear whether these patients would have transport to return home if discharge was from the remote hospital.” (Weston and Worle area resident, via email)*

*“Living in a retirement development we are aware of the worries many older people have concerning admission to hospital. There is a real fear amongst frail, elderly people that they will be treated and then expected to make their own way home. There is also much worry that if an extended admission is required their family and friends will be unable to visit because of transport difficulties. Not everyone drives or is confident to drive into a new area. It would be helpful if there was some clarity about transfer back home after an emergency admission to a remote hospital.” (Weston and Worle area resident, via email)*



## Who might be most affected?

We asked "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." 268 responses provided one or more comments about this.

Groups that people thought might be **particularly affected** if transferred were:

- elderly people (62% of 268 responses that commented)
- people with a physical disability, learning disability or mental ill health (30%)
- children and young people who need their families for support (23%)
- people who do not drive or have access to a vehicle (23%)
- people with less income / high deprivation (16%)
- people with dependents / children (11%)
- family members / carers / visitors (9%)
- single people, including single parents (6%)
- people who do not have access to or struggle to use technology (5%)
- people who do not speak English well (2%)
- staff who need to work across hospital sites (2%)

People thought that planned changes might affect these groups more because they may have less support available to them or be more in need of support, including for their mental wellbeing and for practical reasons.

*"Older people get lonely a lot quicker, sometimes get overwhelmed and may want company 24/7. Any young child would be sad and possibly uncomfortable with going away from family as it could be overwhelming and scary for them. Teenagers can get quite emotional and overwhelmed. Will want contact and support most of the time."*  
(Weston and Worle area resident, via Citizens' Panel)

*"One of the highest levels of deprivation outside of London is in North Somerset. People within this demographic won't have access to a car to travel and will face financial difficulties with visiting loved ones or even getting home when discharged. Public transport routes from Bristol are not simple or convenient or affordable for many people."*  
(Weston and Worle area resident, via survey)

*"People with poor mental health may be affected; people who struggle to use computers / video chat or don't have access to devices; people who are unprepared for admission (when I was in hospital elsewhere charity provided hospital goodie bags with toiletries, puzzle/activity books and snacks)."*  
(Weston and Worle area resident, via survey)



# What did NHS staff say?

## What did we want to learn?

We wanted to understand whether NHS staff had any specific concerns about the plans. We also wanted ideas about ways to address those concerns.

## How many people provided feedback about this?

160 responses (representing 221 people) were from NHS staff. This included emails, responses to our survey from people who said they worked in the NHS<sup>5</sup> and meetings facilitated by University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), which runs Weston General Hospital.

## What did staff think?

In our survey, NHS staff provided similar feedback as members of the public. NHS staff were just as likely as members of the public to think the plans would improve Weston General Hospital, support plans to increase planned surgery and care for frail people and say that they understood the reasons why some people may transfer to another hospital for unplanned care.

Amongst staff that raised concerns, the themes were similar to comments in other responses:

- concern about the availability of **infrastructure** to put the plans into action, such as patient transport and the impact on the ambulance service
- concern about the impact of more (patient, staff and visitor) travel on the **environment**
- concern about whether other hospitals would have the **capacity** to cope with patients transferring, and worry that it was an unrealistic aim to change the number of unplanned care beds from 247 to 164 at Weston General Hospital
- concern about the **criteria** for transferring people to another hospital after an emergency. Some felt that decisions might be made largely based on people's age and they thought this may be discriminatory
- being realistic about the **time** it would take to implement plans and improve ways of working at the Hospital. They wanted to see clear and realistic timelines when planning next steps
- recognising that some of the plans are dependent on additional **funding**, which may not be available

<sup>5</sup> These may not all have been people working at the Trust running Weston General Hospital.





We asked whether the plans may have any specific impacts for the workforce or whether there was anything we should consider from a workforce perspective during five meetings with staff from hospitals in Weston and Bristol run by University Hospitals Bristol and Weston NHS Foundation Trust. We also drew out any comments about this in surveys.

Very few responses considered potential impacts for the workforce. Those that did said that we should:

- consider the implications of the plans for specific departments or staff groups such as haematology and oncology, fracture liaison and orthogeriatric support, palliative care, paediatrics, endoscopy, and medical students (7 responses)
- clearly communicate with staff quickly about what the impacts will be for them (2 responses)
- consider the impact of travel on staff that may be asked to work across hospitals in both Weston and Bristol (2 responses)
- consider how to cover interdependencies in medical care, such as how to make sure there were enough appropriate staff to address any complications during inpatient treatment (2 responses)
- be clear about management structures when changing services and the extent to which services at Weston General Hospital will have autonomy (2 responses)

In meetings and emails staff suggested that the following groups should be involved workforce planning to help put the plans into action:

- attending existing meetings of teams across Bristol and Weston, particularly staff who work across both sites and emergency care (4 responses)
- departments such as haematology and oncology (2 responses), staff delivering care for older people (1 response), palliative care (2 responses), therapy (1 response)
- clinical coding (1 response)
- patient representatives, including people with learning disability and autism (1 response)



### 3. What happens next

Healthier Together is continuing to refine the plans for Weston General Hospital.

Towards the end of 2022, Bristol, North Somerset and South Gloucestershire Integrated Care Board will consider the plans. The Integrated Care Board is the organisation that is legally responsible for planning next steps.

If approved, we will begin putting the plans into action from 2023.

We will use people's feedback from this engagement period to shape a communications plan with key messages and approaches to let a wide range of people know what is happening. We will also think about how we can work with partners and explore whether it would be feasible and valuable to include some of the suggestions.







## Turning Healthy Weston plans into reality

Themes from public engagement  
June – August 2022

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# Background

Between 20 June and 14 August, an eight week period of public engagement was delivered to inform practical next steps, and to gather ideas around how to let people know what is happening

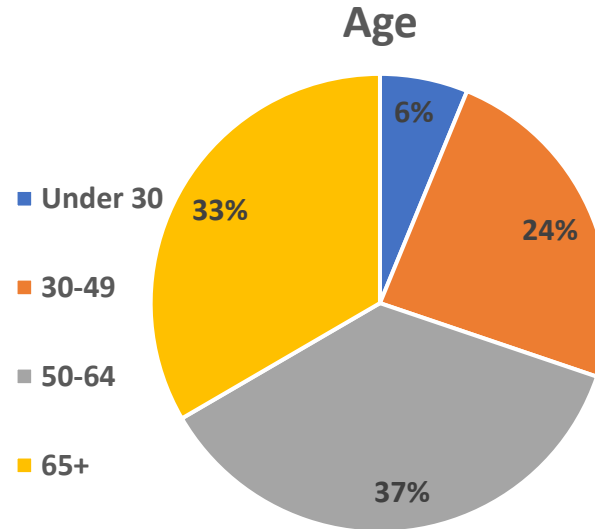
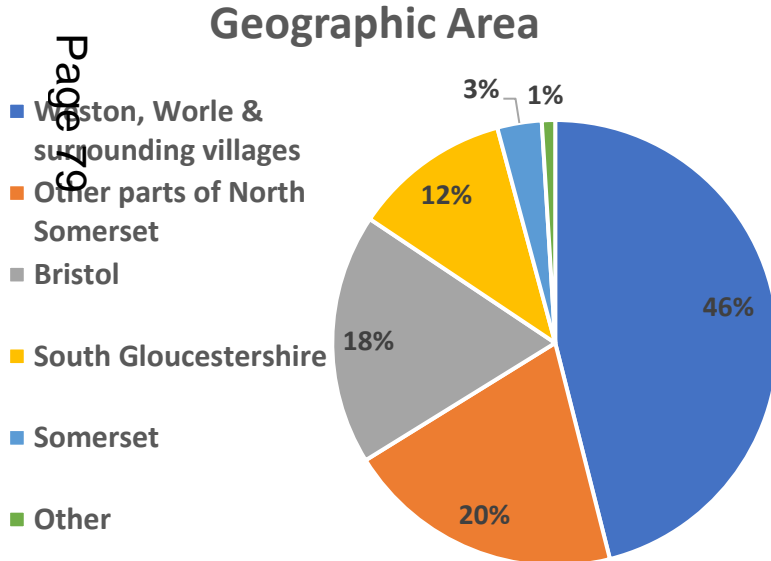
We particularly wanted to listen to:

- Anyone interested in sharing practical ways to address issues previously identified
- People and groups we have heard less from during previous engagement
- Groups that may be more affected by the plans

An independent organisation has provided analysis and reporting to summarise themes from the engagement

# Who we heard from

Total response rate: 657 responses representing 890 people



25% NHS employees

10% from ethnic minority groups

14% parent of child under 18

69% female

27% have a disability or long term condition

4% member of the LGBTQ+ community

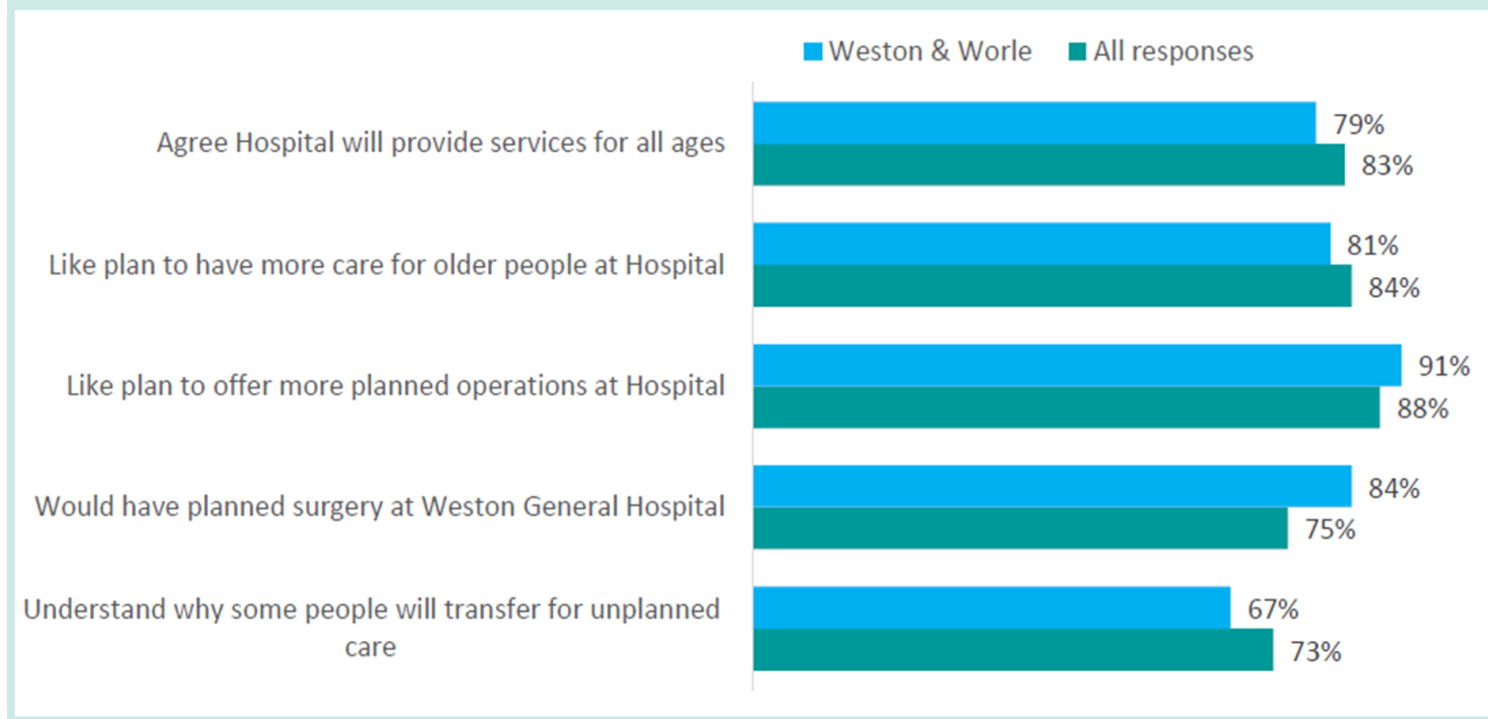
# Key findings – overall impression

**73%** of those who responded thought the plans would improve Weston General Hospital

**64%** liked the plan to have more care for older people

**88%** liked the plan to offer more planned operations

Figure 1: Overall feedback about Healthy Weston programme Phase 2 plans

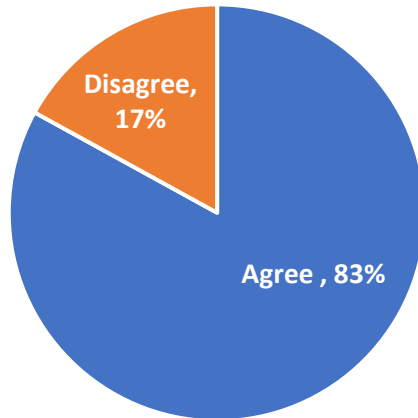


However, there was concern that some patients will **travel** to another hospital for their care

# What we heard about care for all ages

- We wanted to know whether people are clear that services will remain available for people of all ages at Weston General Hospital

## Hospital will include services for all ages



*'I really like the sound of it. It sounds like you're really thinking about the people that live in Weston and what they actually need, rather than what the hospital wants to show off. That's the bit that makes the difference' [NHS Staff, via pop-in session]*

- 8 out of 10 said that they were pleased with plans for additional support for frail and older people

# What we heard about specialist care in a neighbouring hospital

- **73%** of people understood our plans for specialist care after an emergency

Suggestions about how we could support people who are transferred included:

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- providing a **free or subsidised shuttle** between hospital sites
- **free/cheaper parking** and **direct public transport routes**
- providing people with **access to technology** to contact loved ones and support to use
- providing access to **laundry services** and items such as **books** and **toiletries** if people have no visitors to bring things

# What we heard about planned surgery

- **88%** were positive about offering more planned surgery at Weston General Hospital
- Overall **75%** said they would be happy to have planned surgery at the hospital [varied by area]
  - May be able to have surgery more quickly
  - Would have more choice
  - Were familiar with the hospital
  - Reduce pressure on other hospitals
  - Parking
- People thought we could do practical things to encourage people to choose WGH for planned surgery such as a **promotional campaign** and **publicising shorter waiting time**
- The main barrier for people not choosing WGH for their planned care is the **time and distance travelling to and from the hospital** and **lack of confidence** in the hospitals reputation

*'I think shorter waiting times would be compelling for many! Also clarifying the standard of care and related services (e.g. physio) would be as good. Provide free parking - especially if people are having to spend money on petrol traveling to Weston' [Bristol resident via Citizens' Panel]*

# Sharing information about the plans

People said that it is important to raise awareness in the community about what is planned and why and to help dispel some of the myths

- General promotion and media campaigns using local tv, radio and newspaper
- Direct communication such as posting leaflets
- Working through others, such as placing news items in newsletters

*'There might be some upset surrounding the plans so there needs to be a campaign to highlight the benefits as much as possible' [North Somerset resident via Citizens' Panel]*



# What we heard from NHS staff

- NHS staff were just as likely as members of the public to be positive about the plans overall, including the plans to offer more planned surgery and care for frail and older people at Weston General
- Some suggested that it was important to **communicate clearly and quickly** with staff about how the plans might affect them; **clarify arrangements** for working across hospitals and to **build staff moral**

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A number of teams/departments within UHBW, and in particular, those working on site at Weston General Hospital, got in touch to ensure all interdependent services are being considered in workforce planning

While the 8-week engagement period has ended, staff engagement continues and will be ongoing throughout the programme to ensure that staff are fully informed and have opportunities to continue to contribute to the plans

# Whilst there was a lot of positivity there were some concerns too

- That some patients will **travel** to another hospital for their specialist care
- That there is work to do to **build up the reputation** of and trust in Weston General Hospital

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Whether there will be the funding and workforce available to put the plans into practice

Whether the system will be able to work together to provide joined up care

Whilst not a specific engagement topic one quarter of respondents wanted A&E hours to be extended

# Next steps

- Reflecting the themes from the engagement in our implementation plans including:
  - Working with local authorities and transport providers to strengthen local transport links
  - Improving our communications to promote quality of care and services
  - More joint working with local partners to strengthen care pathways across organisations
  - Working with system partners to identify funding and to develop a workforce plan that is deliverable
- Continuing to engage and test our plans through patient and public representation on the Programme Group and other engagement routes

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*'If these proposals are put in place, this would be brilliant. How much confidence is there that it will all come to pass? Is there funding? The service proposals sound good for older people. Like the idea of the same day emergency service with no waiting around for investigations and the possibility of returning home with support if needed the same day'*  
[Community group meeting]

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## **North Somerset Council**

### **REPORT TO THE HEALTH OVERVIEW AND SCRUTINY PANEL**

**DATE OF MEETING: 13 OCTOBER 2022**

**SUBJECT OF REPORT: ADULT MENTAL HEALTH NEEDS ASSESSMENT AND MENTAL HEALTH STRATEGY DEVELOPMENT**

**TOWN OR PARISH: ALL**

**OFFICER/MEMBER PRESENTING: GEORGIE MACARTHUR, CONSULTANT IN PUBLIC HEALTH**

**KEY DECISION: NO**

**REASON: FOR INFORMATION AND DISCUSSION**

### **RECOMMENDATIONS**

Members of the Health Overview and Scrutiny Panel are asked to review the findings and recommendations of the Adults Mental Health Needs Assessment and to provide feedback about their implications in relation to development of North Somerset's forthcoming Mental Health Strategy.

#### **1. SUMMARY OF REPORT**

The Adults Mental Health Needs Assessment focuses on mental health need for the population aged over 18, with a specific scope regarding common mental health disorders, severe mental illness (schizophrenia, bipolar disorder and other psychoses) and suicide. Consideration is given to risk factors for mental ill-health, prevalence of mental health conditions, health service use and morbidity and mortality (incorporating links between mental health and physical health). Twenty recommendations are made on the basis of the data and feedback analysed, all of which are being considered during development of the Mental Health Strategy and, using evidence and guidance, collaboratively translated into relevant actions that will effectively address the needs identified.

The Health Overview and Scrutiny Panel are invited to review the data and recommendations and to provide feedback to be considered during development of the Mental Health Strategy and Action Plan.

#### **2. DETAILS**

The North Somerset Mental Health Strategy will focus on all stages of the lifecourse from the early years through to older age and it is anticipated that it will have a five-year timeline of 2023-2028. Development of the strategy is being informed by a combination of:

- Adult-focused and children and young people-focused needs assessments

- The findings of consultation and engagement with North Somerset residents, people with lived experience, and a range of partners and stakeholders
- Review of evidence and best practice for the actions and interventions that will deliver the greatest benefit for improving mental health outcomes and reducing inequalities.

Consultation and engagement activity is underway.

The needs assessment focuses on the prevalence of common mental health disorders, severe mental illness, and suicide, as well as risk factors for mental ill-health and associated morbidity and mortality, with the aim of highlighting areas of unmet need and recommending areas for action to address those needs. The quantitative data analysed incorporated local, regional and national datasets, while qualitative input was obtained from previously held consultations, including those conducted to support development of the joint North Somerset Health and Wellbeing Strategy and the Community Mental Health Framework, as well as Healthwatch.

Key findings (with data presented for 2019/20 unless otherwise indicated), include the following:

- The prevalence of diagnosed depression in adults was 13.7%, equivalent to 24,600 people, which is higher than the South West and England average, and a rising trend is evident.
- The prevalence of self-reported anxiety symptoms consistent with high anxiety in North Somerset was 22%, which is similar to the South West and England averages (21 and 22%, respectively). The prevalence was relatively consistent to 2019/20.
- The prevalence of severe mental illness in people of all ages was 0.78%, equivalent to 1,749 people, which is slightly lower than the South West and England averages (0.87% and 0.93%, respectively).
- The rate of emergency admissions for self-harm are higher than for the South West and England with a rising trend over recent years.
- The rate of suicide is 10/100,000 population, which is similar to the South West and England average, and the rate has been similar over recent years. The rate of suicide is approximately three-fold higher among males compared to females.
- Rates of hospital admissions due to alcohol-related conditions are higher than the South West and England averages.

In relation to inequalities, the needs assessment demonstrates that:

- For many outcomes, geographical inequalities were evident, with the prevalence of mental illness, and risk factors for mental ill-health, being higher in Weston-super-Mare, compared to other areas of North Somerset.
- Residents with a diagnosed mental health condition were more likely to smoke, use substances and have physical co-morbidities compared to the general population.

Consultation and engagement highlighted the importance of:

- Prevention and early intervention.
- Locally available, accessible support and the value of co-developed activities and peer support.
- Interventions that follow a trauma-responsive approach.

- Services that are fully joined-up, visible and that allow for signposting between services.
- Addressing stigma and unconscious bias across services.
- Support that is family-focused, addressing the relationship between parental and child mental wellbeing, where appropriate.
- Working life that protects from stress and anxiety.
- The need to address the risk of digital exclusion.

Recommendations in the needs assessment address the above points and are being mapped against overarching themes and emerging objectives in the strategy's developing action plan, using evidence to guide the development of interventions to those that deliver the greatest benefit. It is anticipated that overarching themes may map to those in North Somerset's joint Health and Wellbeing Strategy 2021-2024, including (i) Prevention, (ii) Early Intervention and (iii) Supported and Living Well, including a focus on the lifecourse and action to address health inequalities.

### **3. FINANCIAL IMPLICATIONS**

The Health and Wellbeing Board approved allocation of joint funding from the local authority public health grant and Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) to support implementation of the mental health strategy, totalling £100K for actions relating to adults and older adults and £100K for actions relating to children and young people. During development of the strategy, a targeted prioritisation and funding process will be developed to allocate funding to priority interventions.

### **4. LEGAL POWERS AND IMPLICATIONS**

Development of the strategy is overseen by the Mental Health Strategy Board, and approval of the strategy will be sought from the North Somerset Health and Wellbeing Board.

### **5. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS**

Climate change and environmental implications will be considered during development of the action plan.

### **6. RISK MANAGEMENT**

Risks will be discussed and mitigated in partnership with the Mental Health Strategy Board and identified to the Health and Wellbeing Board, as appropriate, for discussion and resolution.

### **7. EQUALITY IMPLICATIONS**

Development of the action plan will incorporate consideration of how to most effectively address inequalities in lived experience and outcomes relating to mental health and wellbeing. A proportionate universalism approach may be most appropriate to ensure universal action, but weighted to where, and among whom, need is greatest.

### **8. CORPORATE IMPLICATIONS**

Attention will be given to ensuring that the Mental Health Strategy and action plan reflects North Somerset Council's vision of being open, fair and green, through inclusion of consultation and engagement and a central focus on reducing health inequalities. The Mental Health Strategy will also link with a range of North Somerset strategies and care will



be taken to ensure that the strategy reflects and/or dovetails with existing strategy and action via the Council and the wider system.

**AUTHOR**

Dr Georgie MacArthur, Consultant in Public Health

**APPENDICES**

Appendix 1: Summary powerpoint presentation

**BACKGROUND PAPERS**

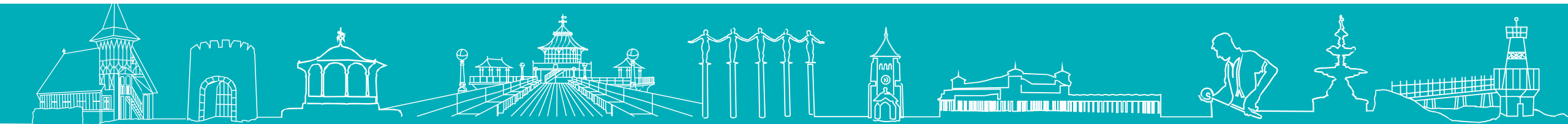
None

# Adult Mental Health & Wellbeing

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**A Needs Assessment for the North Somerset Population aged over 18 years**

**Lewis Peake, StR Public Health; Georgie MacArthur, Consultant in Public Health**



# Development of the MHNA

- Quantitative data from range of national, regional and local data sets
- Patient-public involvement via secondary use of data
- Engagement with the North Somerset Mental Health Strategy Board

# Scope

- Adults only - common mental health disorders, severe mental illness and suicide
- Much of the data available represents mental health and wellbeing in 2019/20
- Considers measures of need across the life cycle including risk factors, use of services, morbidity and mortality
- Prepared prior to cost-of-living crisis

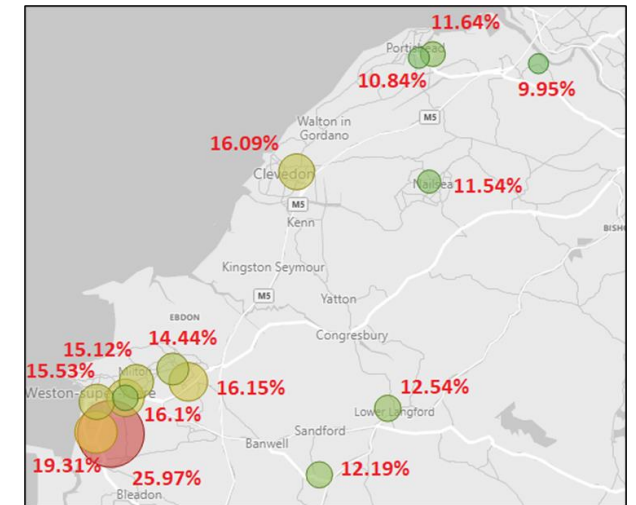
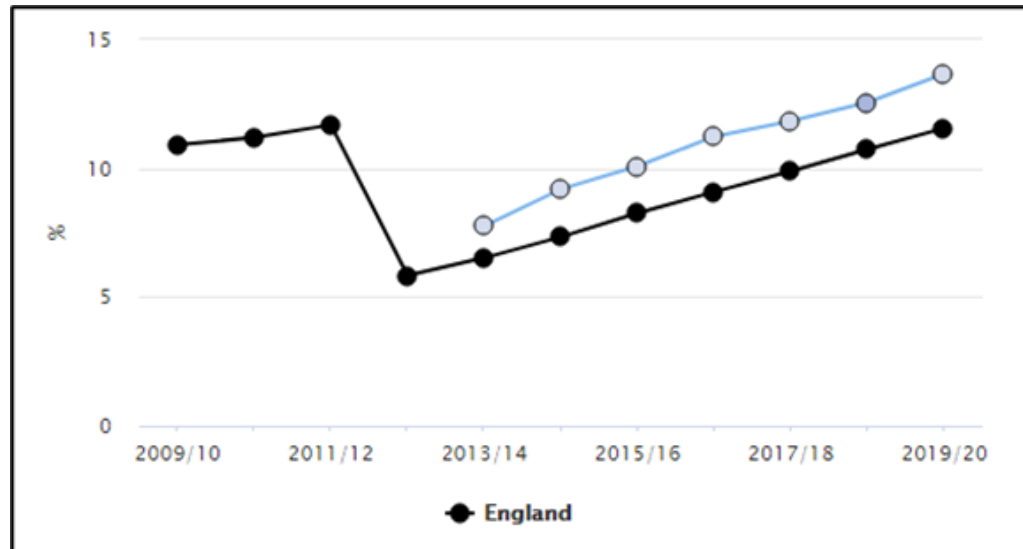
# Mental health needs

Summary of key quantitative data

# 1. Diagnosed depression

- Prevalence in North Somerset: 14% (SW 12%; England 12%)
- ~24,600 people

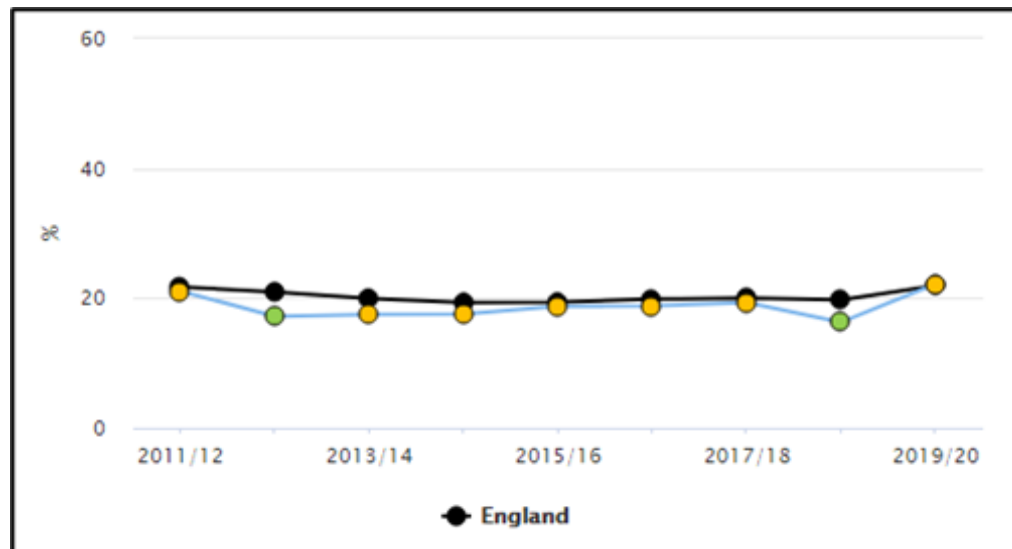
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## 2. Self-reported anxiety symptoms

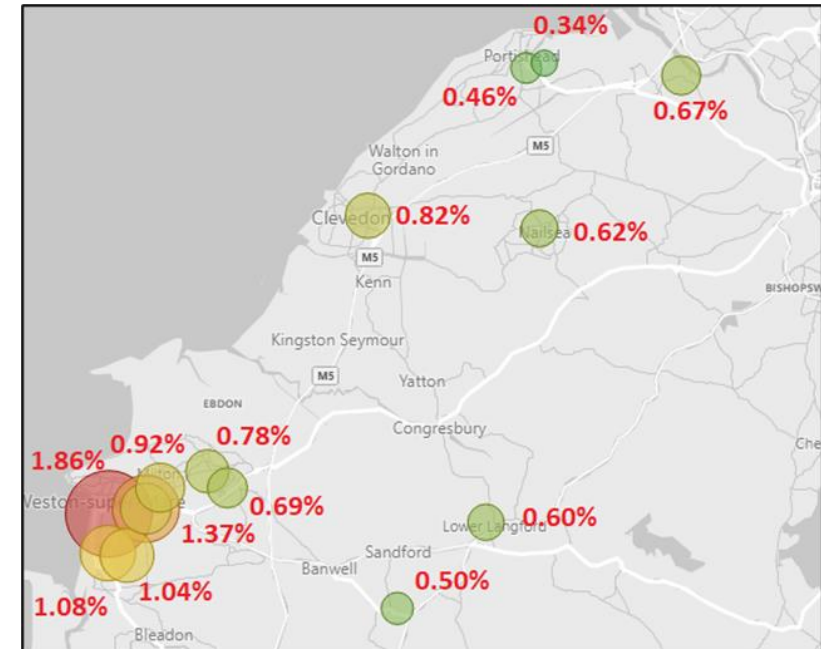
- Prevalence of high anxiety in North Somerset: 22% (SW 21%; England 22%)



## 5. Severe mental illness

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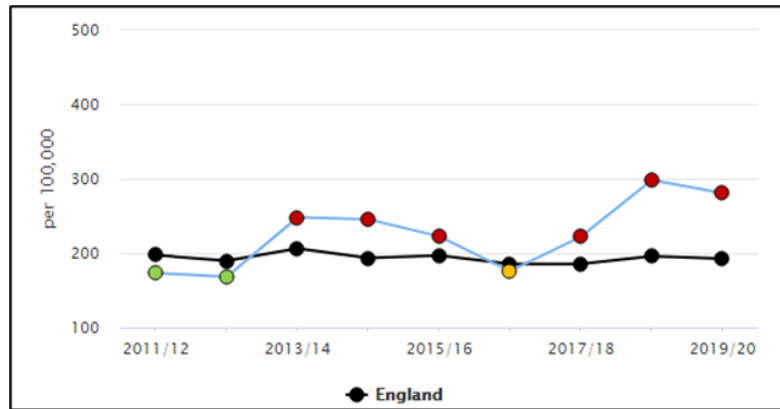
- Prevalence in North Somerset: 0.78%
- South West: 0.87%
- England: 0.93%



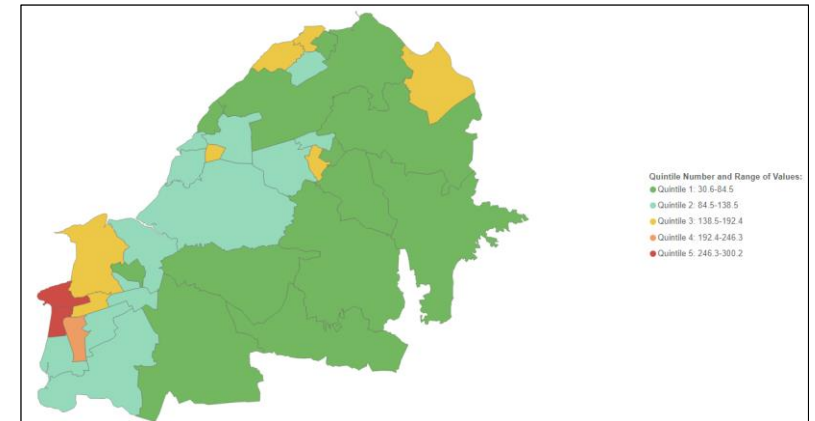
# 3. Self-harm

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## Emergency hospital admissions (rate) – all ages

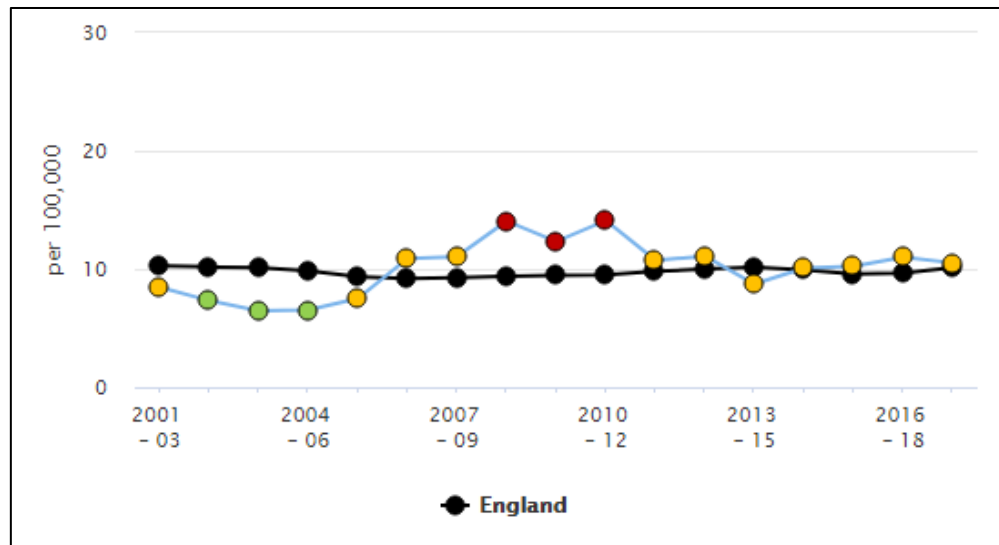


Emergency hospital admission for self-harm, standardised admissions ratio, by ward (2015-19) [12]



## 4. Suicide

Suicide rate (all persons)



- North Somerset (rate): 10.5/100,000
- South West: 11.3/100,000
- England: 10.1/100,000
  
- Rate of suicide 3-fold higher among males higher vs females

# Physical health

Proportion of adults with a long-term mental health condition who smoke (2019-20)

North Somerset	South West Region	England
24.9% (17.8% - 32.0%)	24.3%	25.8%

Mortality rate in adults with severe mental illness (aged 18-75 years) as excess risk (2016-8)

North Somerset	South West Region	England
454.0% (394.0% - 521.0%)	417.6%	365.2%

# Wider determinants/ risk factors

Including:

- Poverty
- Deprivation
- Fuel poverty
- Unemployment/ insecure employment
- Housing and homelessness
- Social isolation
- Domestic violence and abuse
- Crime
- Alcohol use
- Drug use
- Overweight/ obesity

# The population voice

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Lower-level, accessible,  
community-based support  
(including peer support)

Work life that protects from  
anxiety and stress

Addressing stigma  
and unconscious  
bias

Addressing  
digital exclusion

Trauma-responsive services and  
interventions

Family-focused support

Focus on prevention & early  
intervention

Joined-up &  
visible services

Mental health support for people  
using alcohol and/or drugs



# Recommendations

## 1. Strategic direction and system

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Focus on prevention, using proportionate universalism and addressing wider determinants of health, consolidating holistic support and targeted work to address inequalities

- Incorporate involvement of people with lived experience
- Consider evolving evidence about impact of COVID-19
- Delivery of trauma-responsive services across the system
- Understanding the prevalence of adversity and trauma in the population

## 2. Commissioners and providers

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Greater focus on physical and mental health

Holistic support, including community services and addressing determinants of mental ill-health e.g. social isolation, housing, finances

- Action to address admissions for self-harm (including audit of practice)
- Review of social prescribing (underway)

### 3. In response to consultation and feedback

- To address mental health need among those dependent on alcohol and/or drugs
- Provision of accessible, locally available services, including drop-in (underway)
- Consistent framework for assessment of impact around stigma, wellbeing, holistic support
- Common branding and ready signposting between services
- Family focus in mental health services
- Action in the workplace
- Transitions between CYP and adult services

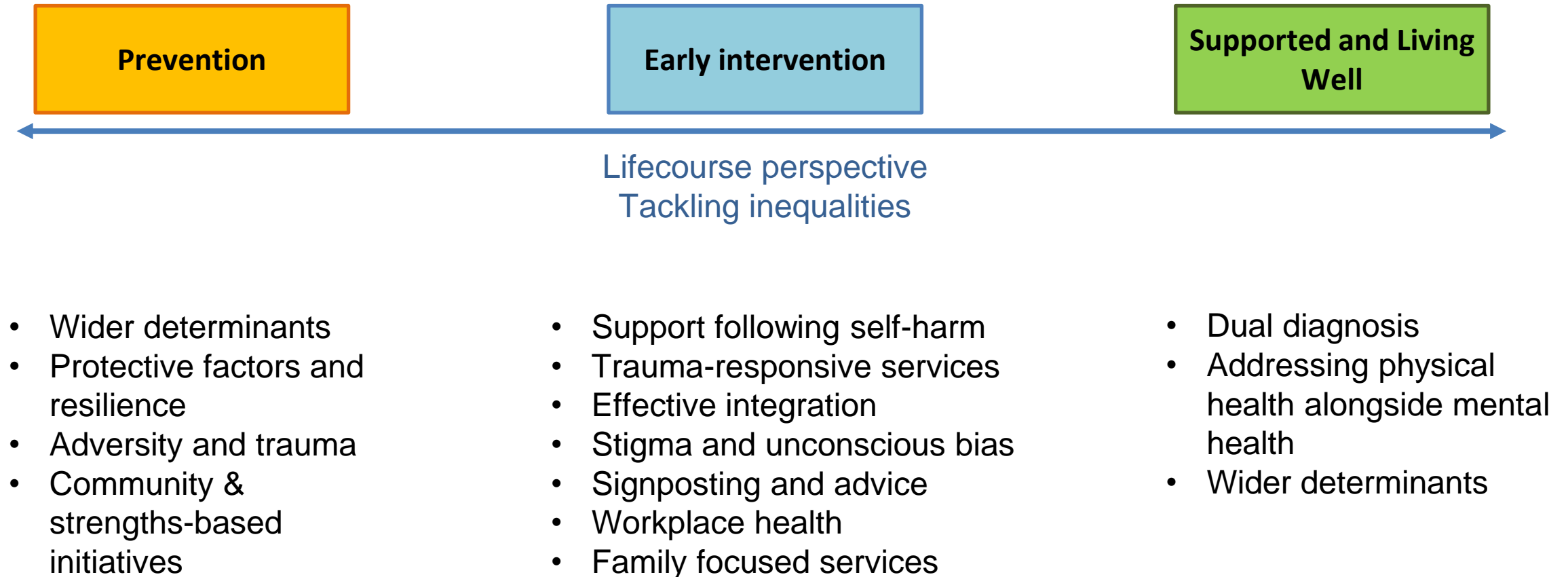
## 4. Data and monitoring

In-depth analysis about self-harm

Ward-level data for certain metrics and protected characteristics – consider how best to collect data and monitor impact

## Emergent themes (in development & on the basis of the MHNA only)

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# Thank you

Page 110

[Georgie.MacArthur@n-somerset.gov.uk](mailto:Georgie.MacArthur@n-somerset.gov.uk)

North Somerset Mental Health Strategy Board

With thanks to Dr Lewis Peake, StR Public Health



## Health Overview Policy and Scrutiny Panel Work Plan October 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
<b>Healthy Weston Phase 2</b>	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. engagement plans at 23/06/22 panel Report to 13/10/22 Panel: engagement outcomes	See S.4 below for progress	
<b>UHBW Merger Integration</b>	To monitor progress on the ongoing structural integration of the former UHW and WAH Trusts	Working Group established	Ongoing – regular periodic meetings. Last mtg 27/09/22	WG mtgs: 10/12/21, 22/02/2022 and 27/09/22	Chair

### 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
<b>Long Covid (LC)</b>	To consider: <ul style="list-style-type: none"> <li>• scale of LC in N.Somerset</li> <li>• Is LC being identified effectively?</li> <li>• Are people accessing appropriate services they need, in a timely manner?</li> <li>• What further support could the Council and health system put in place to support sufferers and their families</li> </ul>	TBA	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
<b>Health and Wellbeing Strategy</b> 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	Completed
<b>Track and Trace</b> All Member Briefing	Reference from full Council	07/07/21	Members' engagement	Completed
<b>Minors Programme and AWP Patient reconfiguration</b>	Sirona and AWP briefed Members on plans to reduce the numbers of patients dealt with at ED (Minors Programme); and the relocation of Mental Health Services from Southmead to Callington Road	22/02/22	Members' engagement	Completed
<b>Quality Accounts 2022 (QAs)</b>	HOSP is a statutory consultee. QAs provide Members with opportunities to engage with providers on service performance and priorities going forwards	Various	To respond to QAs as appropriate	Completed
<b>Integrated Care System</b> All Councillor Briefing	Update on implementation of ICS and implications of the Government white paper/legislation.	05/10/22		

**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
<b>HOSP: 20 April 2022</b>		
<b>Annual NSC Directorate Statements and partner plans/priorities for 2022-23</b>	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	For noting and feedback
<b>Dental Services in North Somerset</b>	To review service provision and performance	Panel to investigate issue further
<b>Eating Disorders</b>	To review service provision and performance	For noting and feedback
<b>HOSP: 13 October 2022</b>		
<b>ICB Performance report – primary care and ambulance services</b>	Report ICB: to consider current challenges & performance, indirect impacts on the system and how to mitigate/improve; recovery plans; and comparative analysis of performance both within North Somerset and regionally/nationally	
<b>Winter Pressures</b>	Report ICB: to consider current forward planning, expected pressures and risks – including the impacts of the cost of living crisis	
<b>Healthy Weston update</b>	Report ICB: Outcome of public engagement	
<b>Mental Health Needs assessment</b>	Report Director of Public Health - update	
<b>HOSP: 16 February 2023</b>		

**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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