

Public Document Pack

Contact: Leo Taylor
Direct Dial: 01934 634621
E-mail: leo.taylor@n-somerset.gov.uk
Date: Wednesday, 8 February 2023

Dear Sir or Madam

**The Health Overview and Scrutiny Panel – Thursday, 16 February 2023, 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 (Chairman), Mark Aplin, Caroline Cherry, Andy Cole, Hugh Gregor, Karin Haverson, Sandra Hearne, Ruth Jacobs, Huw James, Ian Parker, Timothy Snaden, and Roz Willis.

Co-opted Member:

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 - 8)

Minutes of the Panel meeting held on 13 October 2022 – to approve as a correct record.

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

6. **Developing an Integrated Care Strategy for Bristol, North Somerset and South Gloucestershire** (Pages 9 - 58)

7. **Winter Planning 2022-23** (Pages 59 - 68)

8. **ICB Estates and Graham Road Surgery Relocation** (Pages 69 - 130)

9. **Mental Health Strategy** (Pages 131 - 136)

10. **Physical Activity Strategy for North Somerset** (Pages 137 - 148)

11. **HOSP Work Plan February 23** (Pages 149 - 152)

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

This page is intentionally left blank

Minutes

of the Meeting of

The Health Overview and Scrutiny Panel

Thursday, 13 October 2022

New Council Chamber - Town Hall

Meeting Commenced: 2.00 pm

Meeting Concluded: 4.15 pm

Councillors:

Ciaran Cronnelly (Chair)
Caroline Cherry (Vice Chair)
Karin Haverson
Sandra Hearne
Huw James
Ian Parker
Roz Willis
Georgie Bigg

Apologies: Councillors: Mark Aplin, Andy Cole, Hugh Gregor, Ruth Jacobs and Timothy Snaden.

Also in attendance: Councillor Ann Harley

Health colleagues in attendance: Colin Bradbury (BNSSG Integrated Care Board); Andrew Hollowood and Paula Clarke (United Hospitals Bristol and Weston NHS Trust)

North Somerset Council officers in attendance: Matt Lenny and Georgie McArthur (Public Health); Philippa Penney and Leo Taylor (Corporate Services).

HEA 9 Declaration of Disclosable Pecuniary Interest (Standing Order 37)

None.

HEA 10 Minutes

Resolved: that the minutes of the meeting held on 23 June 2022 be approved as a correct record.

Cllr Ian Parker noted that there was an outstanding action in respect of Minute HEA 5 (Dental Services in North Somerset) relating to the provision of community (mobile) dental services at care homes in the district and the Scrutiny Officer confirmed he would follow this up.

HEA 11 Adult Mental Health Needs Assessment and Mental Health Strategy development (Agenda Item 9)

[This item was taken out of sequence]

The Consultant in Mental Health presented for Members' feedback, the report

outlining the findings and recommendations of the Adults Mental Health Needs Assessment for the population aged over 18.

In discussion, Members sought and received clarification on the following aspects of the Mental Health Needs Assessment:

- workplace health programme;
- Place-based approach and how to assess its effectiveness;
- social prescribing, particularly around increasing exercise;
- debt and the cost-of-living crisis;
- resource mapping;
- risk factors affecting children and into adolescence (child experiences);
- digital exclusion;
- men's health including addressing mental health stigma; and
- ongoing mental health implications of Covid-19, particularly those associated with isolation from family/friends.

Concluded: that the report be received.

HEA 12 Healthy Weston Phase 2 outputs from public engagement (Agenda Item 8)

[This item was taken out of sequence]

The Director of Strategy, Partnerships and Population, NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) gave a presentation on the outcomes of the Board's engagement with the public and staff on plans for delivering the 'Health Weston 2' programme.

The Panel welcomed the reported positive feedback from the engagement and acknowledged the improvement in the Hospital's Care Quality Commission assessed performance, but Members felt there was more to do around changing public perceptions, noting ongoing staffing and recruitment challenges and significant pandemic implications.

Members sought and received clarification on the following:

- the arrangements for and implications of transferring patients to other hospitals and how this model was being developed; and
- transport to hospital when bus routes were being cut and potential system-wide approaches to supporting access.

Concluded: that the report be received.

HEA 13 ICB Performance Report of Primary care and Ambulance services (Agenda Item 6)

The Director of Strategy, Partnerships and Population (NHS BNSSG ICB) gave a presentation reporting on primary care and ambulance performance in the BNSSG area.

In discussing primary care performance, Members sought and received clarification on the following:

- availability of access to monkey pox vaccine; and
- inconsistent GP access and the role of the ICB in monitoring performance.

In presenting the ambulance performance data, the Director emphasised that the service was one of the better performing but the well-publicised issues with waiting times at hospital was a clear example of how challenges affecting one part of the system could impact significantly elsewhere: ambulance waiting times were a symptom of complex range of issues impacting hospital throughput and discharge. He said the greatest priority was currently being given to addressing these causes.

Members sought and received clarification on the following points:

- current performance compared with pre-pandemic levels; and
- initiatives in social care to mitigate hospital admission pressures;

In closing the debate the Chairman referred again to the significant challenge illustrated by the ambulance waiting time data, noting that this would worsen yet further during the winter months.

Concluded: that the report be received

HEA 14 Winter Pressures (Agenda Item 7)

The Director of Strategy, Partnerships and Population (NHS BNSSG ICB) gave a presentation providing context, the six key national priorities, forecasts (including bed occupancy and ambulance hand-over times) and an outline of the initial content of the winter plan.

Members sought and received clarification on the following

- strategies for addressing conditions for care workers
- implications of industrial action; and
- what a worst-case scenario looked like.

Concluded: that the report be received.

Before closing the item, the Chairman noted that that the Director of Strategy, Partnerships and Population had recently been appointed to this new role at the ICB and Members, and on behalf of Members, thanked him for his valued contribution to the work of the Panel in his former role in the now superseded Clinical Commissioning Group. The Director thanked Members for their constructive involvement over the years.

HEA 15 HOSP Work Plan October 22

The Chair updated members on Panel working group activity including around the integration of Weston General Hospital services with the wider University Hospitals Bristol and Weston Trust and the development of a new Surgery at the Weston Rugby Club site.

Concluded: that the work item be updated accordingly.

Chairman

Agenda Item 6



**Bristol, North Somerset
and South Gloucestershire**
Integrated Care Board

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 16 February 2023

**Subject of Report: Developing an Integrated Care Strategy for Bristol,
North Somerset and South Gloucestershire**

Officer Presenting: Sebastian Habibi, Programme Director, BNSSG ICB

Recommendations

Members are asked to:

- Note the cross-system efforts and progress to date in developing a system-wide Integrated Care Strategy.
- Provide any feedback on the proposed approach or current draft of the Strategic Framework.

Summary of Report

Please see the supporting slide deck which will be presented at the meeting and provide an overview as follows:

- Purpose of the strategy
- Current position
- Timeline
- Summary of the BNSSG Strategic Framework

Author:

Sebastian Habibi, Programme Director, BNSSG ICB

Appendices:

- Discovery Phase – Key findings (in PowerPoint slides)
- Have Your Say – summary of key findings (in PowerPoint slides)
- Our Future Health (in PowerPoint slides)
- ICS Strategic Framework (PDF)

This page is intentionally left blank

Healthier Together

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

How will we deliver joint health and care priorities?

Supporting everyone to live a long and healthy life



Foreword

Integrated Care means a joined-up approach that can deliver effective, personalised care to an individual while being efficient at a population level.

When services are integrated, they produce better outcomes. The Integrated Care System (ICS) provides a big opportunity for us to build on the strengths in our partnership, work more closely together and make a lasting impact on the health and wellbeing of people here.

We have made good progress in integrating services in Bristol, North Somerset and South Gloucestershire (BNSSG) and now we have the opportunity to accelerate by aligning behind a single strategic approach.

We are pleased to introduce this Strategy Framework for our ICS.

This is the first step in explaining how we will improve health and wellbeing in BNSSG. It sets out the principles and the approach that we will follow and highlights some of the key opportunities.

Further detail will be developed in the new year. This will be an iterative process that we hope will engage health and care staff, key partners including the voluntary, community and social enterprise sector, and the wider public, in helping us set our priorities.



Councillor Mike Bell

Chair of the Bristol, North Somerset, South Gloucestershire Integrated Care Partnership

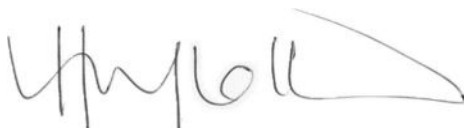
Chair of the North Somerset Council Health and Wellbeing Board



Jeff Farrar

Deputy-Chair of the Bristol, North Somerset, South Gloucestershire Integrated Care Partnership

Chair of the Bristol, North Somerset, South Gloucestershire Integrated Care Board



Councillor Helen Holland

Vice-Chair of the Bristol, North Somerset, South Gloucestershire Integrated Care Partnership

Chair of the Bristol City Council Health and Wellbeing Board



Councillor Ben Stokes

Vice-Chair of the Bristol, North Somerset, South Gloucestershire Integrated Care Partnership

Chair of the South Gloucestershire Council Health and Wellbeing Board

Executive summary

Why is this Strategic Framework important?

From the first day of life to the last, people are entitled to expect their health and care needs are anticipated and effectively served. Health and care organisations across Bristol, North Somerset and South Gloucestershire are part of an 'Integrated Care System' (ICS) working together to support people to live well. This alignment of organisations, strategic objectives and resource will enable us to tackle some of the most complex problems that impact the health and wellbeing of our population.

Our health and care organisations have worked together for more than five years. Now, we are building on our progress and working even more collaboratively to plan ways to achieve joint goals. Bristol, North Somerset and South Gloucestershire Integrated Care Partnership is a statutory committee of the Integrated Care System. The Partnership is made up of local authorities, NHS organisations, voluntary, community and social enterprise groups, independent providers and other partners.

Our vision is:

'Healthier together by working together'

People enjoying healthy and productive lives, supported by a fully integrated health and care system - providing personalised support close to home for everyone who needs it.

We have developed this Strategic Framework to show how our system will plan to deliver our strategic aims to:

- 1 **improve outcomes** in population health and healthcare
- 2 **tackle inequalities** in outcomes, experience and access
- 3 **enhance productivity** and value for money
- 4 help the NHS support **broader social and economic development**

These are large areas to tackle, with many parts. We cannot do everything at once. Our Strategic Framework sets out how we will decide what to focus on first, and how we will work together to achieve our joint goals. This includes working with our partners, staff and wider public.

What will we focus on?

To develop this Strategic Framework we:

- drew together **evidence about our population and service needs**, challenges and opportunities, including a Strategic Needs Assessment
- reviewed what our System has already done and what the **gaps** are
- gathered **experience and feedback** from members of the public, staff and partner organisations about what they think the priorities are

Some areas of need that have emerged from the analysis:

- **Starting well:** supporting children and young people who are beginning life in economic hardship; live with anxiety or depression or with risk factors for poor mental wellbeing; experiencing trauma, excluded from school, are in care or care leavers; enabling healthy weight
- **Living well:** enabling people to be healthy and well and preventing the onset of illness; supporting people living with long-term mental and physical health and supporting people during important transitional stages of life
- **Ageing well:** enabling all people to age well and be independent; supporting older people living with multiple conditions; and proactively supporting older people admitted to hospital to get home as soon as possible
- **Dying well:** treating people as individuals, with dignity and respect; supporting people to be without pain and other symptoms near the end of life, helping people die where they wish; supporting carers

These are broad areas so the next step is to focus further and agree a small number of system wide strategic priorities.

Figure 1: Why are we prioritising a small number of focus areas?

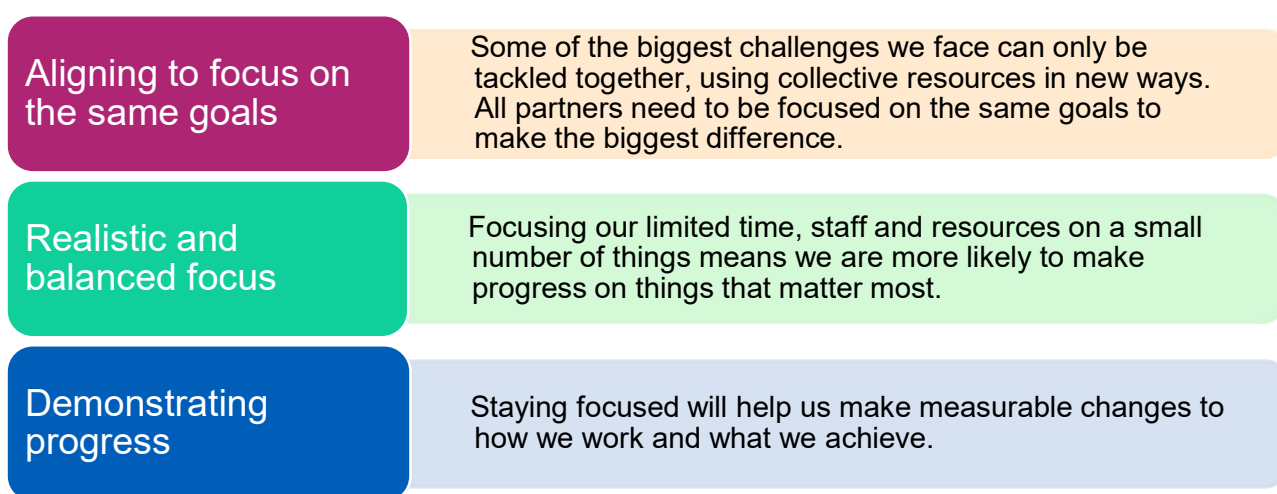


Figure 2: Summary of our Strategic Framework for Integrated Care

MISSION

HEALTHIER TOGETHER BY WORKING TOGETHER

VISION

People enjoying healthy and productive lives, supported by a fully integrated health and care system – providing personalised support close to home for everyone who needs it.

OUR 4 AIMS

Improve outcomes in population health and healthcare

Tackle inequalities in outcomes, experience and access

Enhance productivity and value for money

Help the NHS support broader social and economic development.

OUR APPROACH TO THOSE AIMS

 Build on the work of the HWBs and Localities	 Building community led partnerships	 Seeing 'risk' from the view of the person not the organisation	 A new relationship with the VCSE
 Being brave and innovative	 Design led by the Clinician/practitioner, user or carer together	 Seeing the whole person/issue	 An asset-based approach to community development

OUTCOMES

Everything we do as a system will have measurable outcomes

PRIORITISATION

Focus on areas where we can have the biggest impact

BALANCE

We will balance multiple needs and expectations in our system.

REALISM

This will be grounded in what is achievable and deliverable

LIFECOURSE FRAMEWORK



We will make this an 'all-age' strategy with interventions at all stages of the life course

START WELL – LIVE WELL – AGE WELL – DIE WELL

WHAT WE MUST DO



High quality services in all care settings

Financial sustainability and taxpayer value



People empowered to control their own health

Sustainable, motivated, valued workforce



Page 15

How will we work together?

More than 3,000 local people and staff from across 25 organisations have already been involved in planning what the System should focus on and how to work together to integrate health and social care. We will continue to engage our partners, our staff and the public during our next steps.

We have set up a Strategic Network to support next steps. This includes one group made up of senior leaders from all partner organisations and another group to compile information, evidence and intelligence.

We recognise that we need to work together in a different way if we are to meet our aims and work in a more integrated way. To enable this we have begun to define what our new culture needs to look like. We are aiming to build a more open, collaborative and bold system, prepared to take the decisions that need to be taken to meet our aims.

What are the next steps?

Bristol, North Somerset and South Gloucestershire Integrated Care Partnership has developed this Strategic Framework to show our thinking so far about local needs and how to address them.

The next steps are:

- Between December 2022 and January 2023, we are continuing to **engage with organisational partners and local communities** to refine which topics to focus on first and the criteria to judge what to work on
- **In Spring 2023, the Integrated Care System will release a 'Joint Forward Plan'** to show how it plans to achieve the priorities set out in our Strategy over the next five years
- There will be **ongoing review** of our strategy through which we will monitor progress and refresh key priorities

Contents

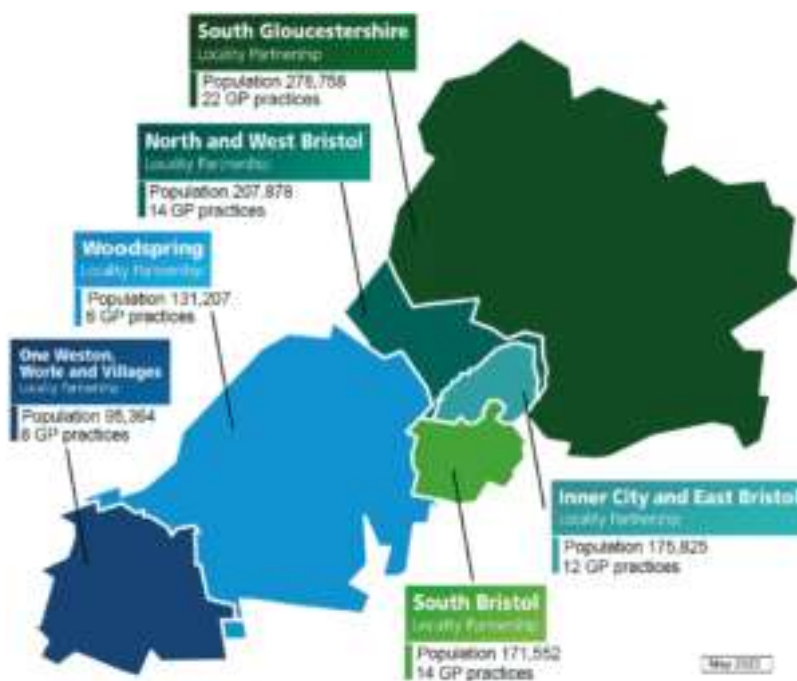
Executive summary	2
Why is this Strategic Framework important?	3
What will we focus on?	4
How will we work together?	6
What are the next steps?	6
1. Who are we?	8
1.1 Our Integrated Care System	8
1.2 Why have a Strategic Framework?	10
1.3 How did we build the Strategic Framework?	11
2. What do we want to achieve?	12
2.1 Where do we want to be?	12
2.2 Where are we now?	13
2.3 What will we focus on?	15
3. How will we achieve our joint vision?	18
3.1 How will we decide what to do next?	18
3.2 How will we turn words into action?	19
3.3 How will we know if we are succeeding?	21
4. What happens next?	23
4.1 What are the next steps?	23
Supporting documents	25

1. Who are we?

1.1 Our Integrated Care System

Health and social care organisations in Bristol, North Somerset and South Gloucestershire have been working together for many years. We want to empower people to live healthy lives and make sure they can get personalised health and social care close to home when they need it.

Figure 3: BNSSG Integrated Care System



Population of 1 million served by:

- 6 integrated Locality Partnerships
- 3 local authorities and Health and Wellbeing Boards
- 56 children's centres
- 278 care homes
- 1 GP Federation & 1 GP Collaborative with circa 80 general practices and 20 primary care networks
- 1 each of Medical, Dental, Optometry and Pharmacy Committees
- 1 Primary Care 24/7 and 111 service
- 171 pharmacies
- 121 dental practices
- 101 opticians
- 1 community care provider
- 1 Healthwatch
- 1 mental health trust
- 1 ambulance service trust
- 1 Academic Health Science Centre
- 2 acute hospital providers
- Hundreds of voluntary, community and social enterprise organisations
- 1 Integrated Care Board planning NHS services

Bristol, North Somerset and South Gloucestershire Integrated Care Partnership is a **statutory committee of the Integrated Care System**. The Partnership brings together local authorities, NHS services, voluntary, community and social enterprise organisations, primary care and other partners.

The main purpose of the ICP is to assess local health, wellbeing and care needs, then develop a Strategy to address those needs. The Integrated Care System Strategy that this Framework will enable will guide how local authorities and NHS organisations plan and deliver care.

In other words, the Integrated Care Partnership is responsible for setting the strategic direction. Local authorities, providers and the Integrated Care Board are responsible for delivering coordinated care to respond to the needs of the local population.¹

Further work will be published on our strategic approach to health, care and wellbeing but in the meantime, this Strategic Framework document sets out our thinking so far.

¹ Local authorities are responsible for planning and funding most social care services. The System's 'Integrated Care Board' is a statutory organisation responsible for planning and funding most NHS services.

1.2 Why have a Strategic Framework?

Our Strategic Framework sets out how our System will support people to lead more healthy and active lives by taking a more integrated approach to planning and providing health and care. It provides a high-level description of how we will work together to deliver more joined-up, preventive person-centred care for our whole population, across the course of people's lives.

The purpose of this Framework is to define how we will come together to address some of the most complex issues threatening the sustainability of our health and care system.

This Framework sets out our vision for integrating care and the approach we will take to agree the things to **focus on first** as a partnership.

It is important that we take a strategic approach to deciding what to do and how to do it because:

- organisations can **achieve more by considering collective resources and working together** than working alone. Having a shared vision and purpose will help all partners strive for the same future state
- we **cannot do everything at once**. In the past our System has tried to deliver too broad a programme of change. We need to collectively agree which key priorities to focus on at any one time to avoid trying to do too much simultaneously and spreading ourselves thin. We need to be ambitious, but also realistic about what is achievable in the short to mid-term. Our System has many opportunities and challenges, including the legacy of COVID-19, so we are unlikely to be able to create more services. We need to agree other realistic solutions
- we must also **balance** addressing short-term pressures without losing sight of the longer-term actions needed to be sustainable, and addressing local needs alongside national requirements
- we need to make sure that we **focus on things that will make most difference** with measurable improvements in people's health and wellbeing and demand on services. This will help to get best value from our resources and build faith and trust across our partnership. This will be done through existing Programmes, like Medicines Optimisation, but also through the new structures of the ICB and ICS

We will use this Strategic Framework to engage further with partners and communities about potential priority areas, so that we can refine and finalise them into a full Integrated Care System Strategy.

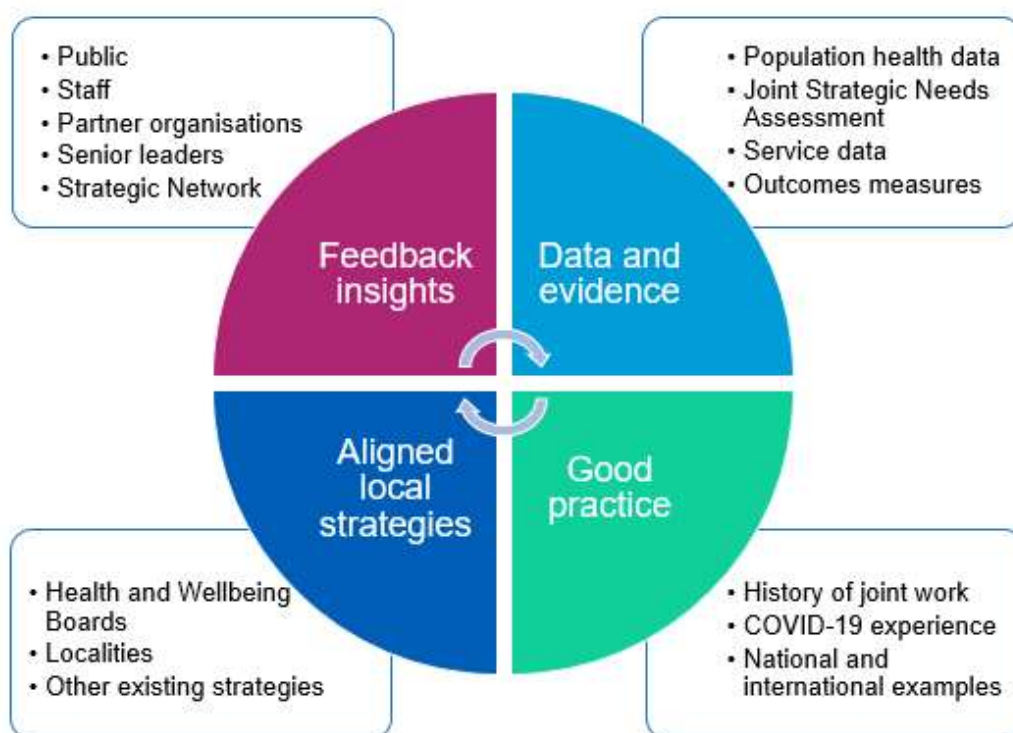
This is important because the strategic priorities, once agreed, will be a unifying guide for all health and care organisations in our System over the next five years.

1.3 How did we build the Strategic Framework?

We developed the Strategic Framework by compiling evidence about our population, health and care needs, service delivery and challenges, and then seeking people's feedback about the top priorities and ways to address those needs. We:

- undertook a **Strategic Needs Assessment** (see Appendix 1)
- compiled **data** related to the health and care workforce, performance and finance
- compiled **existing strategic priority documents** from health and care partners
- searched for examples of national and international good practice
- drew on **experience** of innovative working during the COVID-19 pandemic
- gathered **feedback from three key stakeholder groups**: members of the public / people using services, staff and leaders of partner organisations. We also undertook a large 'Have Your Say' survey where over 3,000 members of the public and staff shared their views (see Appendix 2)
- **met with senior leaders** from health and care organisations, took part in existing governance meetings and set up a Strategic Network

Figure 4: Approach to developing the Framework



2. What do we want to achieve?

2.1 Where do we want to be?

Based on all the engagement, feedback and evidence, we have drafted a vision for Bristol, North Somerset and South Gloucestershire Integrated Care System.

Our vision is:

“Healthier together by working together”

“People enjoying healthy and productive lives, supported by a fully integrated health and care system - providing personalised support close to home for everyone who needs it”

To achieve this vision, the Integrated Care System will work towards four strategic aims. We aim to:

- 1 **improve outcomes** in population health and healthcare
- 2 **tackle inequalities** in outcomes, experience and access
- 3 **enhance productivity** and value for money
- 4 help the NHS support **broader social and economic development**

We will progress approaches to address those aims through several different lenses:

- **what residents and staff said** about what keeps people healthy, happy and well (as part of the ‘Have your say’ engagement process)
- **data on population health and needs** that were collected and distilled down into the Strategic Needs Assessment (Our Future Health)
- **goals previously agreed** by partners (as part of the ‘Healthier Together’ Integrated Care System vision)
- **national legislation** on Integrated Care Systems, national policy frameworks such as Core20PLUS5, and national reviews such as the Fuller Review

We will continue to refine the exact wording of the vision statement and goals as part of an ongoing process of co-design with system partners, members of the public and staff.

2.2 Where are we now?

Bristol, North Somerset and South Gloucestershire Integrated Care System has many strengths including:

- a vibrant and engaged voluntary, community and social enterprise sector
- highly regarded regional specialist hospital centres
- strong partnerships with higher and further education
- excellence in learning and innovation
- 24/7 Primary Care and working towards delegated pharmacy, dental and optometry services
- An award-winning Healthwatch
- an enviable shared dataset

and a strong history of engaging with, listening to, and coproducing alongside local people and staff.

However, we know that there are serious challenges to be addressed. We have developed a Case for Change that summarises the progress and challenges against each of our four overarching goals.

The material is based on:

- work done by Local Authority Health and Wellbeing Boards and Locality Partnerships
- our needs analysis, which highlighted inequalities in our System
- feedback from members of the public, staff and partners
- analysis of evidence and strategic documents

These materials are available as annexes to this document which will give a detailed picture of the System however there are four important messages to emphasise:

1. There is a big opportunity by focusing on prevention at every stage of life and at every step of the care pathway.

This runs from “primordial prevention” (where the building blocks of health are put in place even before birth) through primary and secondary prevention to “tertiary prevention” (which includes rehab and other measures designed to reduce complications in people who already have diseases).

Prevention is much more than a long-term bet. It can have an impact now, in areas like infection prevention, but also on productivity and value given the relative affordability of prevention instead of treatment.

2. We need to reduce the inequalities that exist in our communities and collaborate to mitigate the effects of deprivation and poverty.

People who live in the most deprived areas of BNSSG have 15 years less life lived in good health than people who live in the least deprived areas. There are pockets of deprivation where this is especially acute.

There are challenges around healthy life expectancy for people with learning disabilities, disabled people, people experiencing homelessness, people with drug and alcohol dependency and vulnerable migrants. There are also significant differences in the outcomes that different ethnic groups face. We need to collaborate to mitigate the effects of deprivation and poverty and prevent inequalities as well as experience and access to health and care services. Community development and outreach alongside these communities can make a big difference.

We will need to consider what barriers exist for these groups of people and understand how to improve things. Community development and outreach alongside these communities can make a big difference.

3. We need to design our services and solutions around clustered need.

The wider determinants of health, the 'building blocks' for good health, are things like family and community relationships, quality education, good housing, safe environments with space to exercise and clean air. Without strong building blocks, people's opportunities, habits and ultimately health are affected. These important influences on our health are connected and so it is unsurprising that needs and health conditions cluster around individuals, families and communities.

We have an opportunity, given the multiple organisations that make up our partnership, to actively try and address these multiple needs together, through an integrated approach between health, care and wider services.

4. We need to address the workforce needs in our system.

Workforce is the most essential factor in achieving our goals. There are significant challenges in our system. Following the pandemic, staff across

health and care are reporting feeling burnt out and exhausted. Some services are reporting vacancy rates as high as 20%. There needs to be a maintained focus on improving retention and recruitment.

We need to ensure the strategy responds to the needs of our staff across all our partners. This includes getting them the health and care support they need. At the same time, we need to tackle the staff shortages both by looking to reduce the vacancy rates, and improve productivity and value. This includes supporting our workforce to adopt innovation in developing new roles and in use of technology.

2.3 What will we focus on?

We know the population health needs that we need to address as a partnership and as part of this process have developed a long list of over 200 issues in our system. We believe that we will be most effective by identifying key opportunities where we can have the biggest impact on improving outcomes by working in partnership and by focusing on a smaller number of issues at a time.

We assimilated key population health needs and areas where we could improve outcomes using evidence from our strategic needs assessment and engagement with residents and staff. These are listed below, split down by life stages.

Making progress on population health needs will unite our partnership around a shared purpose to improve the sustainability of our system and contribute to our 4 overarching aims. We will build on the work that our Health and Wellbeing Boards, the constituent organisations and Locality Partnerships are already doing in these areas (see table in Annex 5). This will include embedding a trauma informed approach throughout all stages of life.

Our next step is to engage with partners and the public to have an honest and robust conversation as we coproduce the strategic priority areas.

We have identified some potential priorities with short-term gains and others with longer-term impacts.

Starting well

An overwhelming theme from all sources was the need to focus on children, young people and families to address future health and wellbeing, and reduce the demand on services in the longer term.

Key potential priorities are:

- Supporting children and young people who are beginning life in severe financial hardship
- Supporting children who live with anxiety or depression or with risk factors for poor mental wellbeing
- Enabling families to get to and maintain a healthy weight
- Supporting children and young people experiencing trauma, excluded from school, in care or care leavers

Our needs analysis found that needs clustered in communities, so these issues will be considered within the context of families and communities. We will work closely with the Children and Young People Framework team to ensure the work is aligned.

Living well

We will help people to live well and stay healthy and independent. Key potential priorities are:

- Preventing ill health
 - Reducing the harm from tobacco, alcohol and drugs
 - Managing high blood pressure
 - Tackling stress, anxiety, depression and loneliness
 - Supporting people with money, poverty and job concerns
 - Screening for cancer
 - Supporting staff across our partner organisations to stay well
 - Keeping well whilst living with illnesses and preventing decline in health
- Reducing the impact of long-term conditions
 - Supporting people living with serious mental illness
 - Supporting people living with a learning disability
 - Addressing barriers to care, especially those experienced by disabled people
 - Supporting people living in pain
 - Supporting communities
 - Addressing air and housing quality, particularly in deprived areas
 - Access to exercise and green space
 - Attracting people to work and stay working in health and care

- Supporting people who might feel excluded from communities and/or are experiencing poorer health outcomes including those who are homeless, gypsy travellers, migrants and sex workers
- Support during important stages of life
 - Starting families and maternity care
 - Carers

Ageing well

We will prioritise helping two groups of people: those who are generally well but are at increasing risk of poor health as they age and those who have multiple health and care needs who might need minor or more significant assistance as they get older. We mean 'ageing' to cover people who are in their 50s and older.

Key potential priorities are:

- Supporting people with heart conditions, diabetes or stroke to keep healthy
- Supporting people with multiple conditions they are struggling to manage
- Supporting people living with, or at risk of, dementia
- Supporting people at high risk of having a fall
- Supporting people who are often in crisis and using urgent care, and thus at higher risk of experiencing ambulance handover delays

Dying well

We will prioritise supporting people of any age in their last year of life. The focus is on helping people to die with dignity, in comfort and in the place of their choosing.

Key potential priorities are:

- Supporting people to make an informed choice about the most appropriate place for their death
- Preventing people who can reasonably be assumed to be approaching the end of their life 'defaulting' to 999 calls and emergency hospital admissions due to a lack of care planning

3. How will we achieve our joint vision?

3.1 How will we decide what to do next?

Our strategic priority areas described in the previous section are still broad. Within those there are many opportunities for interventions. Once we have identified the population health needs we will try to address first, we will then use further analysis and focus on delivering a few high-impact interventions.

We are developing a list of criteria to decide together which high-impact interventions to focus on first as a System (see Box 1).

We will use a staged process to apply the criteria and decide between different possible interventions. We will regularly review our priorities using the same criteria.

Box 1: Principles underpinning criteria to decide which interventions to focus on

- **Evidence:** We will use qualitative and quantitative evidence to identify which opportunities have an evidence base that demonstrates they will achieve our four System-wide goals
- **Impact:** We will focus on interventions that have a high potential to impact at a population level and have a strategic (rather than operational) solution
- **Equity:** We conduct a robust equality impact assessment before putting forward a solution so that we can be confident that we are narrowing the health inequalities gap
- **Prevention and treatment:** We will balance priorities that address the causes of premature mortality (e.g. cancer and heart disease) with those which reduce quality of life (e.g. anxiety/ depression and chronic pain)
- **Outcomes focus:** We will make sure that the impact of any intervention will be measurable
- **Affordability:** We will prioritise costed and affordable / resource releasing interventions
- **Time-bound:** We will be clear about the timeline for delivery and balance interventions that are likely to have an impact in the short, medium and long term

3.2 How will we turn words into action?

Approach

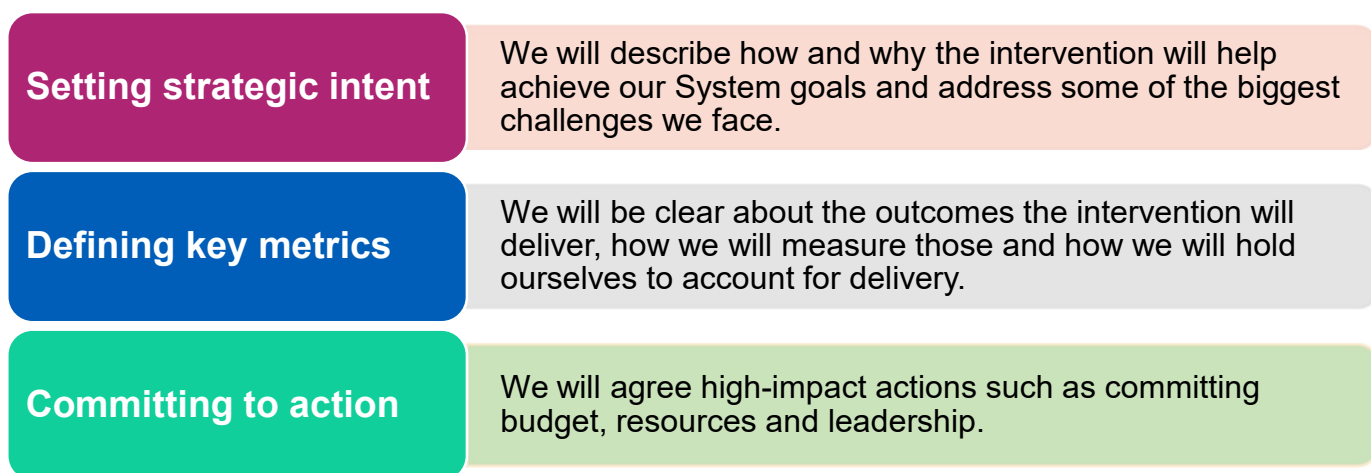
We have already made good progress working together as a System and there is much to build on. We will build on the work of the Health and Wellbeing Boards and the Locality Partnerships. We are not starting from scratch.

Our approach to achieving our System vision needs to change if we want to get different results than in the past. This section highlights what will be different in our approach and how we work, compared to previous ways of working.

As a System, we will approach our strategic priorities in a new way, in both action and behaviour.

Once we have jointly agreed to focus on a priority we will set out what we will do and why. We will be clear about the expected outcomes and set out metrics that we can measure from the outset. We will agree actions to implement the intervention, such as committing staff, time and resources.

Figure 6: System-wide approach to implementing joint strategic priorities



Behaviours

As well as making day-to-day incremental improvements to existing ways of working System partners will work together differently, strengthening our collaborative and integrated culture. This will respond to our clear case for change.

We are aiming to build a more open, collaborative and bold system, prepared to take the decisions that need to be taken to meet our aims. We are also aiming for improved transparency so that we can hold ourselves and each other to account as well as being answerable to the public and the wide system.

Organisational structures

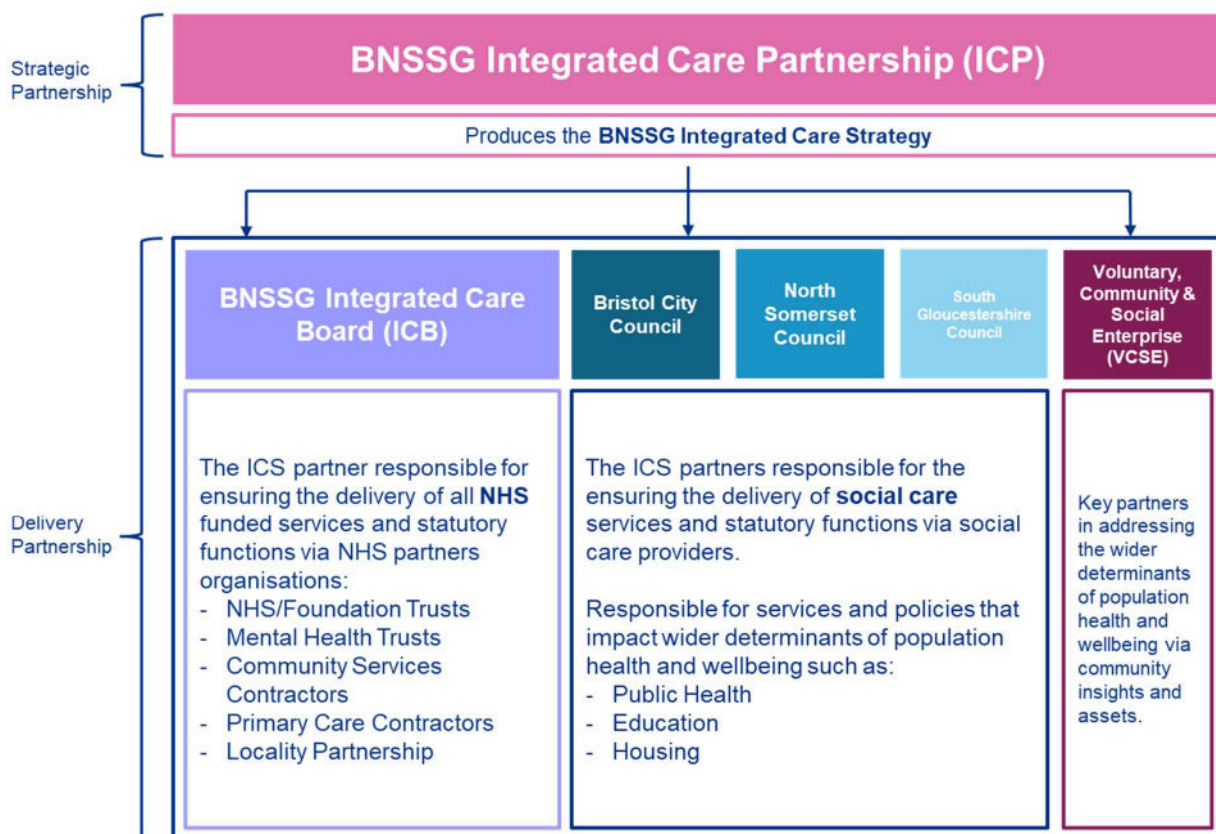
Once agreed, we will deliver the Integrated Care System Strategy via improvement groups. These are still to be finalised, but there are 4 groups planned to cover:

1. Improving the lives of people in our community
2. Improving the lives of people with mental health, learning disabilities & autism
3. Improving the lives of our children
4. Improving our acute healthcare services

These will be supported by a set of system-enabling functions, including a System Strategy and Knowledge Network.

Figure 7: Our System

BNSSG Integrated Care System:



We will use the following elements as part of our strategic approach:

- We will **build on the work of Health and Wellbeing Boards and Locality Partnerships**, including drawing on strategic priorities these groups have focused on. This will be enhanced by a close relationship with Bristol Health Partners to give an evidence base informed by research and innovation

- We will **support the development of community led movements**. We want this to be a ‘bottom-up’ approach that brings people along with it, as collaborators
- We will develop the role of the **voluntary, community and social enterprise sector organisations as equal partners within the ICS**. This will build on the 10 Principles that NHSE have set out.²
- We will **establish a new relationship with primary care**. This will be facilitated in two ways – firstly through the GP Collaborative Board, which brings together all the GP stakeholders, and secondly, through the Primary Care Collaborative Board, which will also include representatives from pharmacy, dentistry and optometry
- We will need to be **brave and innovative**. The issues that we are grappling with are long-term and long-standing. We need to be open to innovative solutions and brave enough to test and try things. This will include emerging fields like genomics and new medicines
- Continue to maintain our focus on **delivering a more environmentally sustainable system**. All partners have ambitions around Net Zero and we should support those through continued support for the Green Plan (Annex 4)
- We will design interventions in a way that is **led by the clinician or practitioner and the service user and/or carer together**. This will help us consider benefits and risks from the point of view of people, families and communities, not our own organisations
- We will **see the whole person or issue**, not just focus on fixing a specific disease. We need to use the opportunities we have to address multiple issues at once and perhaps avoid things escalating
- We will be come a **trauma informed system**, ensuring that our organisations are trauma informed and that trauma informed approaches and processes are embedded throughout all services and stages of life.
- We will use our power to **support local community development through an asset-based approach**. The NHS, Local Councils and our other partners are ‘anchor-institutions’³ and need to be conscious in the way we purchase things and employ people that we can have a big impact on local communities

3.3 How will we know if we are succeeding?

Since 2021, Bristol, North Somerset and South Gloucestershire has used a System Outcomes Framework with indicators designed to monitor population health (see Table 2). We will reset the Outcomes Framework to monitor the impact of our Integrated Care Strategy, once agreed.

² <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf>

³ <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/our-approach-to-reducing-healthcare-inequalities-standards-and-social-value/>

Table 2: System Outcomes Framework

Domain	Code	Outcome
The healthy life expectancy of POPULATION	POP1	We will increase population healthy life expectancy across BNSSG and narrow the gap between different population groups
The health and wellbeing of our POPULATION	POP2	We will reduce early deaths from preventable causes in the communities which currently have the poorest outcomes
	POP3	We will lower the burden of infectious disease in all population groups
	POP4	We will reduce the proportion of people in BNSSG who smoke
	POP5	We will improve everyone's mental wellbeing
	POP6	We will give the next generation the best opportunity to be healthy and well
The health of our SERVICES	SER7	We will increase the proportion of people who report that they are able to find information about health and care services easily
	SER8	We will increase the proportion of people who report that they are able to access the services they need, when they need them
	SER9	We will increase the proportion of people who report that their health and care is delivered through joined up services
The health and wellbeing of our STAFF	STA10	We will increase the proportion of our health and care staff who report being able to deliver high value care
	STA11	We will reduce sickness absence rates across all our <i>Healthier Together</i> partner organisations
	STA12	We will improve self-reported health and wellbeing amongst our staff
	STA13	We will improve Equality and Diversity workforce measures in all <i>Healthier Together</i> Partner organisations
The health and wellbeing of our COMMUNITIES	COM14	We will reduce the number and proportion of people living in fuel poverty
	COM15	We will reduce the number of people living in poor housing conditions
	COM16	People will grow up and live in homes and communities where they are safe from harm
	COM17	We will reduce levels and impact of child poverty
	COM18	We will increase the number of people who describe their community as a healthy and positive place to live
The health and wellbeing of our ENVIRONMENT	ENV19	<u>Improve the environment:</u> We will improve the overall environmental impact and sustainability of our services, especially the damaging local impacts of air pollution
	ENV20	<u>Specifically target carbon:</u> We particularly recognise the pressing urgency to address our carbon footprint and will reduce the impact of our services on the environment by achieving net zero carbon across all emissions scopes by 2030
	ENV21	<u>Generate a BNSSG-wide movement:</u> Our sustainability behaviours, actions and innovations as anchor institutions will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity, and the quality of the natural environment

4. What happens next?

4.1 What are the next steps?

This Strategic Framework is the first stage in developing a System-wide Integrated Care Strategy for Bristol, North Somerset and South Gloucestershire. It is based on a compelling case for change and identifies focus areas for improvement.

The success of our Integrated Care System Strategy will be in aligning the decisions and actions that we take, individually and collectively, to improve outcomes. We will measure progress through the Outcomes Framework and publish results annually.

To support this, we expect to see clear alignment of strategic priorities and outcome measures across the ICP and our three Health and Wellbeing Boards. For example, our three Health and Wellbeing Strategies will be reviewed to ensure alignment with this Strategic Framework, as required under statutory guidance.

We also commit to ensuring alignment of priorities and outcome measures through the work of the ICB and constituent organisations and we will demonstrate this through our Joint Forward Plan and in the strategies and plans of our provider collaboratives and Locality Partnerships from 2023 onwards.

In the next phase of this work, we will begin to prioritise opportunities for improving outcomes based on where we can have the biggest impact by working in partnership. We expect to do this through iterative processes to:

- Identify the biggest problems we need to solve
- Define the outcomes that will address those problems
- Determine the feasibility of delivering change to achieve those outcomes
- Commit to delivering change where we believe we can have the biggest impact by working in partnership

The immediate next steps in this process are described below:

- Between December 2022 and January 2023, we are continuing to **engage with organisational partners and local communities** to refine which topics to focus on first and the criteria to judge what to work on. Citizen and staff voices will continue to be at the heart of all our decision-making, through listening, discussion and collaborating in ways that work for our population. We hope that this will be part of a cultural shift whereby collaborative working will become the norm across our partner organisations. The Strategy Network will oversee this work. Table 3 summarises the planned approach

- In Spring 2023, the Integrated Care System will release a ‘Joint Forward Plan’ to show how it plans to achieve the priorities set out in our Strategy over the next five years
- At all stages, the Equalities Impact Assessment, which is available on request, will be kept up to date and the impacts considered.

Table 3: Planned next steps to develop Integrated Care Strategy

Timelines to be confirmed

Steps	Outputs	Engagement, co-design	Sign-off approval
1: Finalise system vision, objectives, and strategy development plan for 2023	<ul style="list-style-type: none"> • Updated vision statement • Agreement of strategic objectives • Agreement on priority outcomes under each life stages segment 	<ul style="list-style-type: none"> • Dec 2022: Test through Strategy Framework engagement • Jan/Feb 2023: Workshop to finalise vision and strategic objectives 	<ul style="list-style-type: none"> • Jan/Feb 2023: Strategy Network • Feb/March 2023: Partnership approval
2: Shortlist key areas of focus for improving outcomes	<ul style="list-style-type: none"> • Agreement on prioritisation approach • Agreement of focus areas for improving outcomes 	<ul style="list-style-type: none"> • Jan 2023: Workshops • Jan-Feb: Wider stakeholder testing 	<ul style="list-style-type: none"> • Jan/Feb 2023: Strategy Network • Feb/March 2023: Partnership approval
3: Development of outcomes framework and embedding in ICB infrastructure to monitor delivery	<ul style="list-style-type: none"> • Development plan for outcomes framework • Outcomes Dataset 	<ul style="list-style-type: none"> • Jan 2023: Development plan for outcomes framework • Mar 2022: Outputs tested with delivery groups 	<ul style="list-style-type: none"> • Feb 2023: Strategy Network • Mar 2023: Partnership approval

Steps	Outputs	Engagement, co-design	Sign-off approval
4: Delivery of Joint Forward Plan	<ul style="list-style-type: none"> Publish Joint Forward Plan 	<ul style="list-style-type: none"> Jan-Feb: Development of draft plans Feb-March: Testing draft proposals with Health and Wellbeing Boards 	<ul style="list-style-type: none"> Feb 2023: Strategy Network Mar 2023: Partnership approval

Supporting documents

Annex 1 – Our Future Health

Annex 2 – Have Your Say output document

Annex 3 – Summary of Integrated Locality Partnership Priorities

Annex 4 – ICS Green Plan

Annex 5 – Strategy Alignment Analysis

This page is intentionally left blank



Developing an Integrated Care Strategy for Bristol, North Somerset and South Gloucestershire (BNSSG)

North Somerset Health Oversight Panel – 16 February 2023

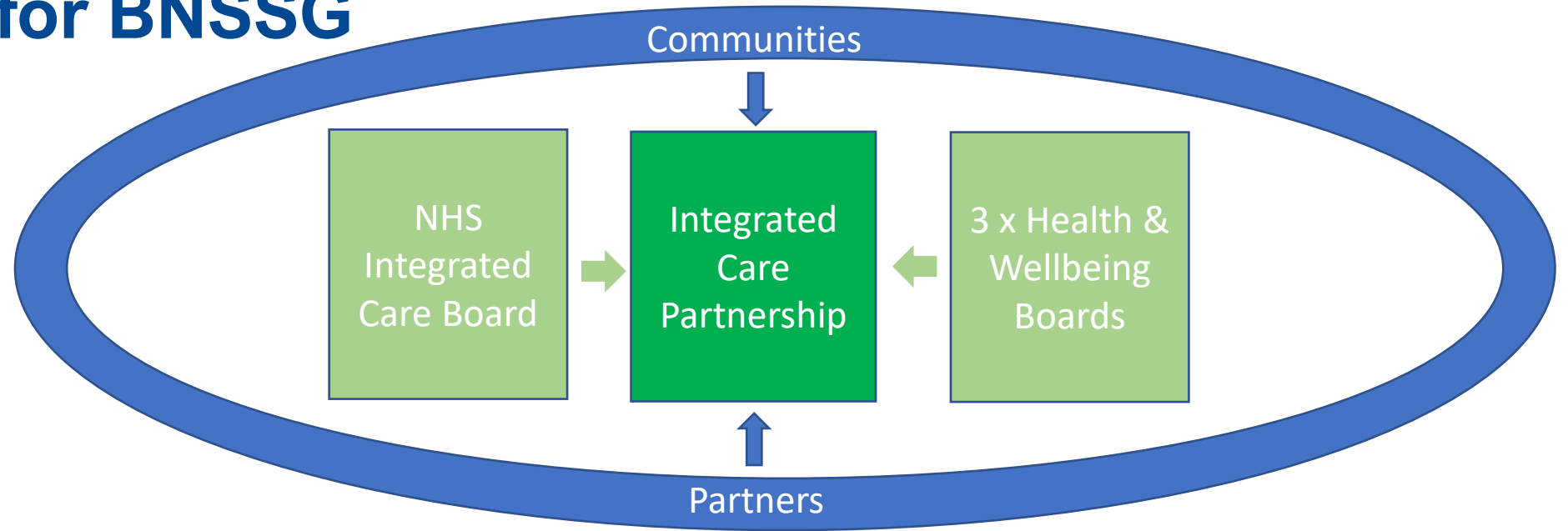
Page 37

Sebastian Habibi, Programme Director, BNSSG ICB



An Integrated Care Partnership is developing an integrated care strategy for BNSSG

The Integrated Care Partnership is a committee of the 3 Local Authorities and the NHS Integrated Care Board within BNSSG



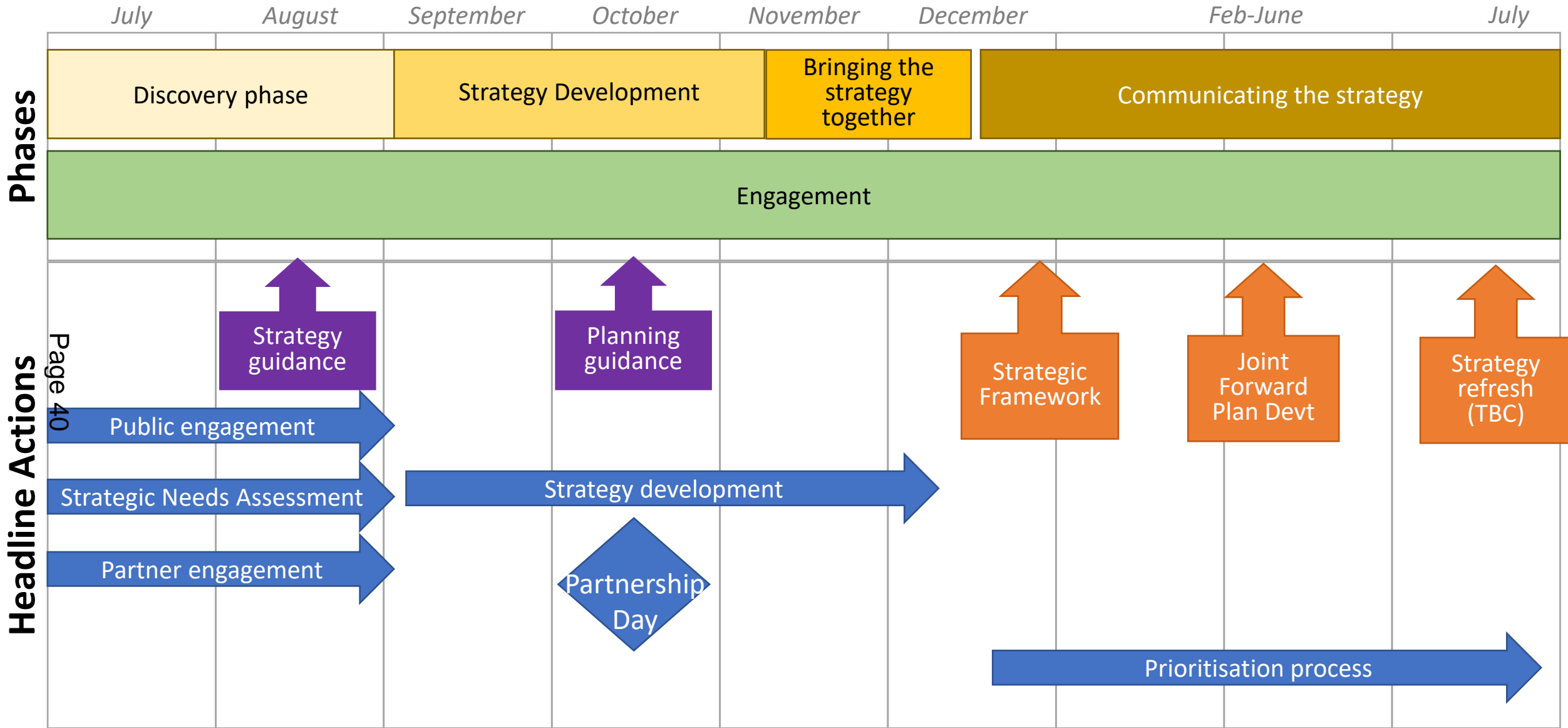
The purpose of the strategy is to guide decisions and action on:

1. **Improving outcomes** in population health and healthcare
2. **Tackling inequalities** in outcomes, experience and access
3. Enhancing **productivity and value for money**
4. Contributing to broader **social and economic development**

Current position

- Integrated Care Partnership agreed a Strategic Framework in December 22
- Bulit around the 4 aims of the ICS, within a life-course approach
- Next step is to prioritise a small number of strategic goals

Timeline: 2022-2023



Page 40

BNSSG Strategic framework on a page

MISSION

HEALTHIER TOGETHER BY WORKING TOGETHER

VISION

We will establish a fully integrated health and care system that enables people to live healthy lives ensuring that personalised care is delivered close to home for everyone who needs it

OUR 4 AIMS

Improve outcomes in population health and healthcare

Page 41

Tackle inequalities in outcomes, experience and access

Enhance productivity and value for money

Help the NHS support broader social and economic development.

OUR APPROACH TO THOSE AIMS



Build on the work of the HWBs and Localities



Building community led partnerships



Seeing 'risk' from the view of the person not the organisation



A new relationship with the VCSE



Being brave and innovative



Design led by the Clinician/practitioner, user or carer together



Seeing the whole person/issue



Using our power to support the local community

OUTCOMES

Everything we do as a system will have measurable outcomes

PRIORITISATION

Focus on areas where we can have the biggest impact

BALANCE

We will balance multiple needs and expectations in our system.

REALISM

This will be grounded in what is achievable and deliverable

LIFECOURSE FRAMEWORK



We will make this an 'all-age' strategy with interventions at all stages of the life course

START WELL – LIVE WELL – AGE WELL – DIE WELL

WHAT WE MUST DO



High quality services in all care settings

Financial sustainability and taxpayer value



People empowered to control their own health

Sustainable, motivated, valued workforce



Improvement opportunities and cross cutting issues highlighted in the Strategic Framework (Dec 2022)

Starting Well

- Supporting children and young people who are beginning life in economic hardship; live with anxiety or depression or with risk factors for poor mental wellbeing; experiencing trauma, excluded from school, are in care or care leavers;
- Enabling healthy weight

Living Well

- Enabling people to be healthy and well and preventing the onset of illness;
- Supporting people living with long-term mental and physical health
- Supporting people during important transitional stages of life (e.g. pregnancy)

Ageing Well

- Enabling people to age well and be independent;
- Supporting older people living with multiple conditions
- Proactively supporting older people admitted to hospital to get home as soon as possible

Dying Well

- Treating people as individuals, with dignity and respect; supporting
- People to be without pain and other symptoms near the end of life,
- Supporting people to die where they wish;
- Supporting carers

Prevention

Inequalities

Clustered needs

Workforce sustainability

How we will measure success: BNSSG Outcomes Framework

The health of our population will be improved through a focus on...	Code	Our Outcomes
The health of our RESIDENTS	RES1	We will increase population healthy life expectancy across BNSSG and narrow the gap between different population groups
	RES2	We will reduce early deaths from preventable causes - cardiovascular and respiratory conditions, liver disease and cancers - in the communities which currently have the poorest outcomes
	RES3	We will lower the burden of infectious disease in all population groups
	RES4	We will lower the burden of infectious disease in all population groups
	RES5	We will reduce the proportion of people in BNSSG who smoke
	RES6	We will improve self-reported mental wellbeing We will increase the proportion of children who achieve a good level of education attainment
Page 43 The health of our SERVICES	SER7	We will increase the proportion of our residents who report that they are able to find information about health and care services easily
	SER8	We will increase the proportion of our residents who report that they are able to access the services they need, when they need them
	SER9	We will increase the proportion of our residents who report that their health and care is delivered through joined up services
The health of our STAFF	STA10	We will increase the proportion of our health and care staff who report being able to deliver high value care
	STA11	We will reduce sickness absence rates across all our Healthier Together partner organisations
	STA12	We will improve self-reported health and wellbeing amongst our staff
	STA13	We will improve Equality and Diversity workforce measures in all Healthier Together Partner organisations
The health of our COMMUNITIES	COM14	We will reduce the number and proportion of people living in fuel poverty
	COM15	We will reduce the number of people living in poor housing conditions
	COM16	We will reduce levels of domestic violence and abuse
	COM17	We will reduce levels of child poverty
	COM18	We will increase the number of our residents describing their community as a healthy, safe, and positive place to live
The health and wellbeing of our ENVIRONMENT	ENV19	We will increase the proportion of energy used by the estates of our Healthier Together partner organisations from renewable sources
	ENV20	We will reduce the total carbon footprint generated through travel of patients using our services
	ENV21	We will increase use of active travel, public transport and other sustainable transport by our staff, service users and communities

How might we “do” strategy?

1. A **diagnosis** that defines or explains the nature of the challenge. A good diagnosis simplifies the often overwhelming complexity of reality by identifying certain aspects of the situation as critical.
2. A **guiding policy** for dealing with the challenge. This is an overall approach chosen to cope with or overcome the obstacles identified in the diagnosis. Channels action in a certain direction, without defining exactly what should be done.
3. A set of **coherent actions** that are designed to carry out the guiding policy. These are steps that are coordinated with one another to work together in accomplishing the guiding policy.

Page 44

Illustrative example of what this could look like for BNSSG

1) Problem statement	2) Guiding Policy	3) Coherent Actions	Linked outcomes
<p><u>Ageing population</u></p> <p>Our unplanned care system is not delivering optimal outcomes for frail elderly residents</p> <p>The >75 population is forecast to grow by ~10% in the next 4 years and by ~30% by 2040. An increasing proportion of this group have multi morbidities.</p> <p>Our current unplanned care system is likely to be overwhelmed by demand if we continue to wait for frail/ elderly people to need hospitalisation before responding.</p>	<p><u>Anticipate, co-ordinate and divert</u></p> <p>Identify those at highest risk of deterioration/ hospitalisation and intervene systematically, proactively and comprehensively.</p> <p>Coordinate care to ensure complex needs are addressed through personalised, patient-centred provision.</p> <p>A single coherent, defined pathway for people as they age and reach the end of their life.</p>	<p><u>Data:</u> BNSSG core Segments 4 and 5 identify the 10% most co-morbid people in our population, with highest risk of unplanned hospitalisation for Ambulatory Care Sensitive conditions</p> <p><u>Strengths based approach:</u> VCSE lead on proactive support in the community to help people stay well (e.g. falls prevention). Community health workers recruited from the places where need is most concentrated</p> <p><u>Planning care packages:</u> Development of proactive interventions and care packages that anticipate need and sustain independence for people for longer</p> <p><u>Enhanced support for care homes</u> Consistent, multi-disciplinary support to care homes, including advanced care planning, medication reviews, staff education and technology enabled care</p> <p><u>Psychological and practical support:</u> working with individuals and their families as they age and approach the end of their life; to help them understand their options and plan based on what is important to them</p>	<p>POP2: We will reduce early deaths from preventable causes in the communities which currently have the poorest outcomes</p> <p>SER9: We will increase the proportion of people who report that their health and care is delivered through joined up services</p> <p>STA13: We will improve Equality and Diversity workforce measures in all <i>Healthier Together</i> Partner organisations</p>

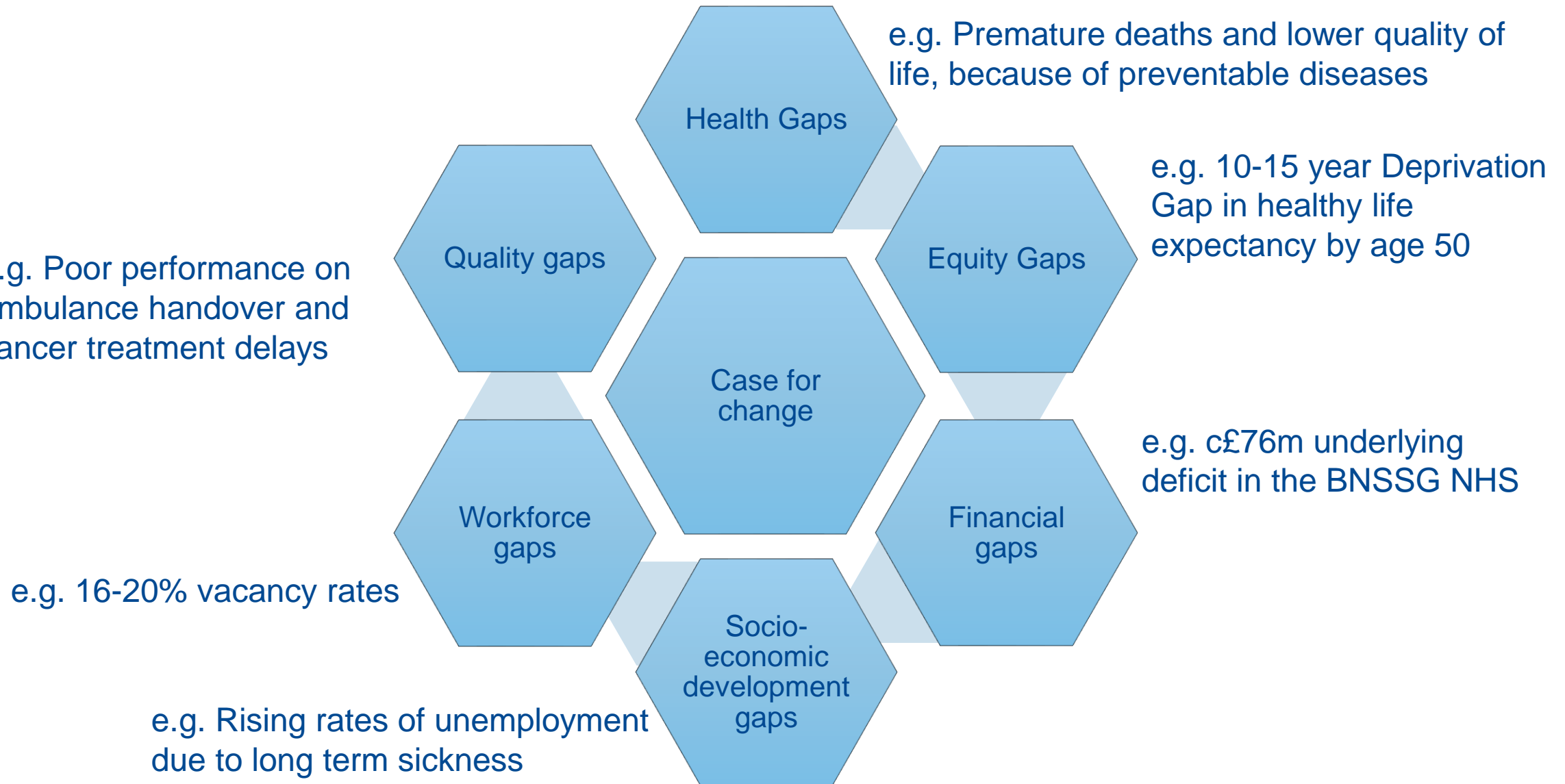
Appendix:

Discovery Phase – key findings

Page 46

Emerging Case for Change

Page 47



“Have Your Say”

Summary of key findings

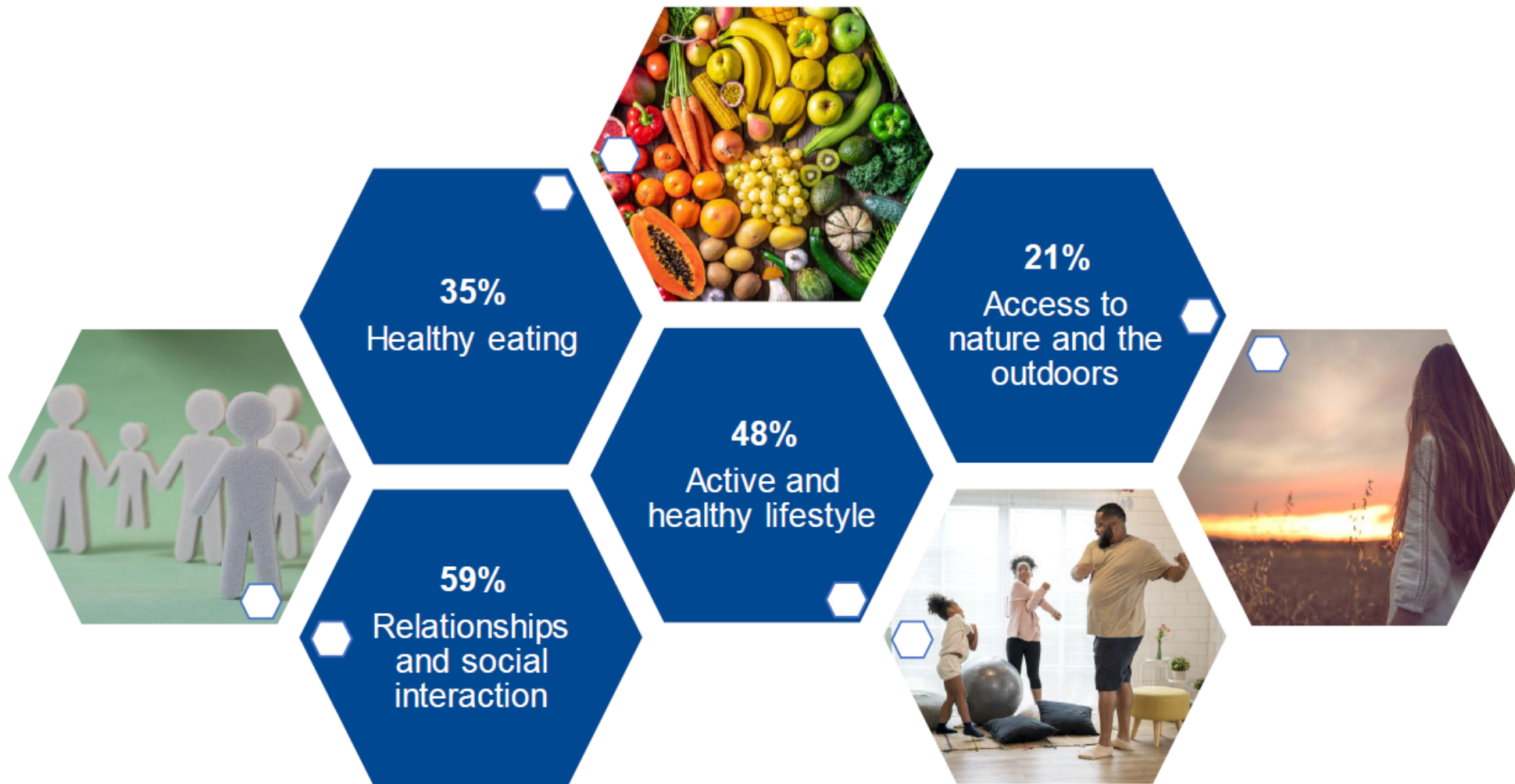
Page 48

HAVE YOUR SAY



What keeps you healthy, happy and well?

Page 49



Results as of 31 August following interim analysis of first 1,100 survey responses. Each question was a 'free text' answer so respondents could say as much or as little as they wanted. These answers were then 'coded' to understand the 'topic areas' they mentioned. Because people could say as many things as they wanted, the percentages below will not add up to 100. The percentages represent the number of people who mentioned these 'topic areas'.

What gets in the way of you staying happy, healthy and well?

Page 50



30%
Work-life balance



26%
**Cost of living and
financial concerns**



19%
**Mental health
concerns**

Results as of 31 August following interim analysis of first 1,100 survey responses. Each question was a 'free text' answer so respondents could say as much or as little as they wanted. These answers were then 'coded' to understand the 'topic areas' they mentioned. Because people could say as many things as they wanted, the percentages below will not add up to 100. The percentages represent the number of people who mentioned these 'topic areas'.

Healthier Together

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

What do you think you need more of, either now or in the future, to stay happy, healthy and well?

Page 51



Results as of 31 August following interim analysis of first 1,100 survey responses. Each question was a 'free text' answer so respondents could say as much or as little as they wanted. These answers were then 'coded' to understand the 'topic areas' they mentioned. Because people could say as many things as they wanted, the percentages below will not add up to 100. The percentages represent the number of people who mentioned these 'topic areas'.

What would you prioritise to ensure a happy and healthy population in BNSSSG?

Page 52

17%

Improved health and care services

11%

Access to outdoors and green spaces

10%

Exercise, keeping fit and being active

Results as of 31 August following interim analysis of first 1,100 survey responses. Each question was a 'free text' answer so respondents could say as much or as little as they wanted. These answers were then 'coded' to understand the 'topic areas' they mentioned. Because people could say as many things as they wanted, the percentages below will not add up to 100. The percentages represent the number of people who mentioned these 'topic areas'.

Healthier Together

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

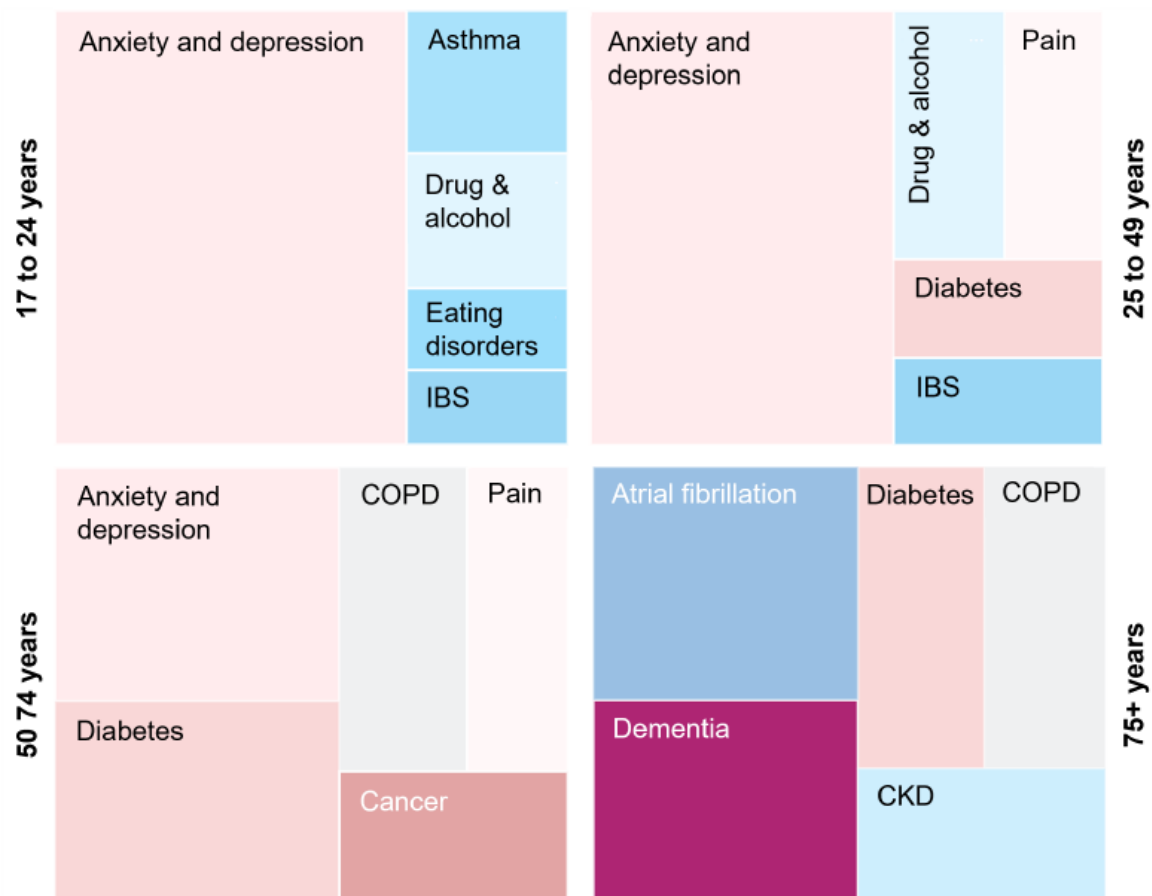
Our Future Health



- Built up from what is already known using existing JSNA Products, H&WBB Reports, System Outcomes Framework and Population Health Management resources.
- Part of the initial stage of system wide strategy development.
- High level synthesis to get across key messages for the system.
- Opportunities to deliver at scale > not to replace work done at place level.

Health impacts

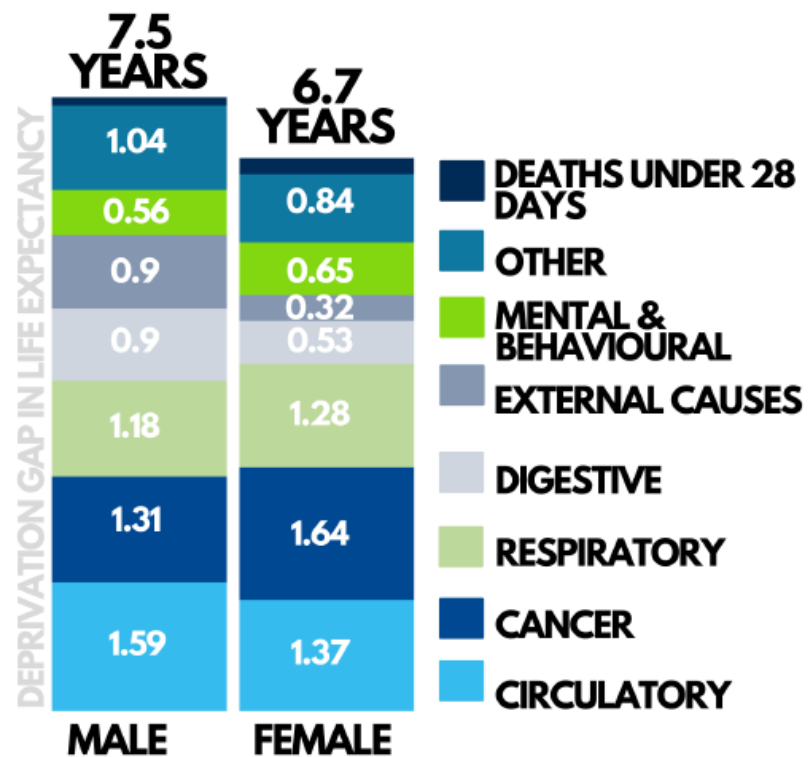
Figure 3.3: The impacts on health through the life-course in BNSSG Health impacts are based on Cambridge score categories, calculated as the prevalence of a condition multiplied by the 'weighting' for that condition. Weightings take into account risk of death and intensity of service use.



Page 54

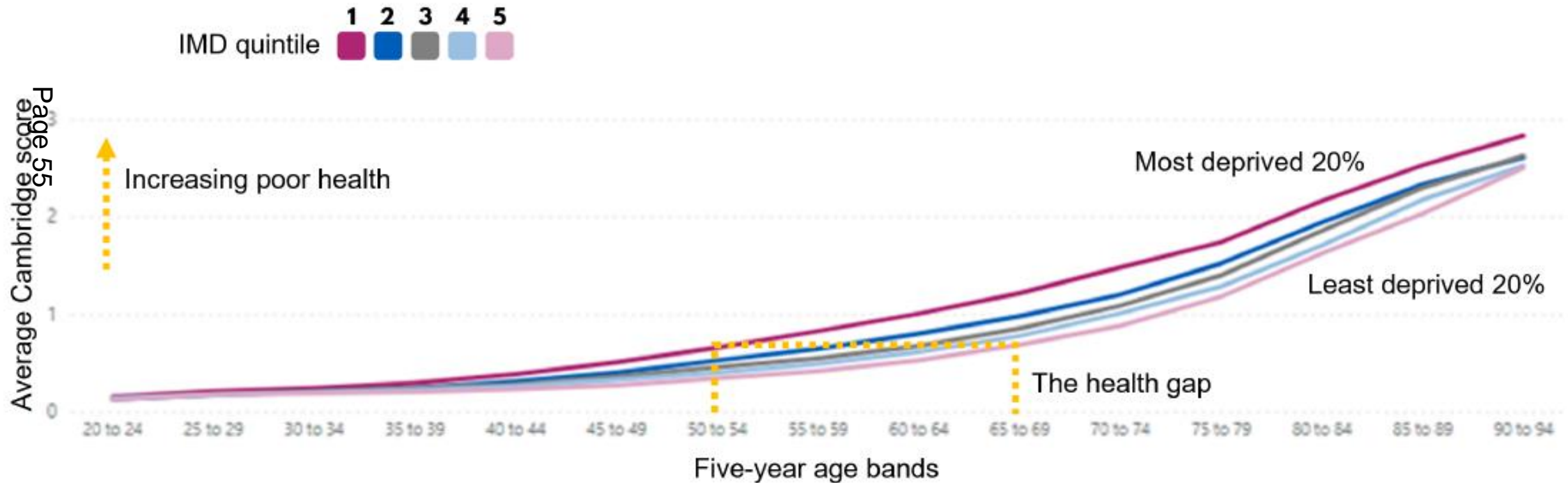
Figure 3.8: The life expectancy gap

Conditions contributing to the life expectancy gap (in years) in BNSSG between the most and least deprived.



The population health mission

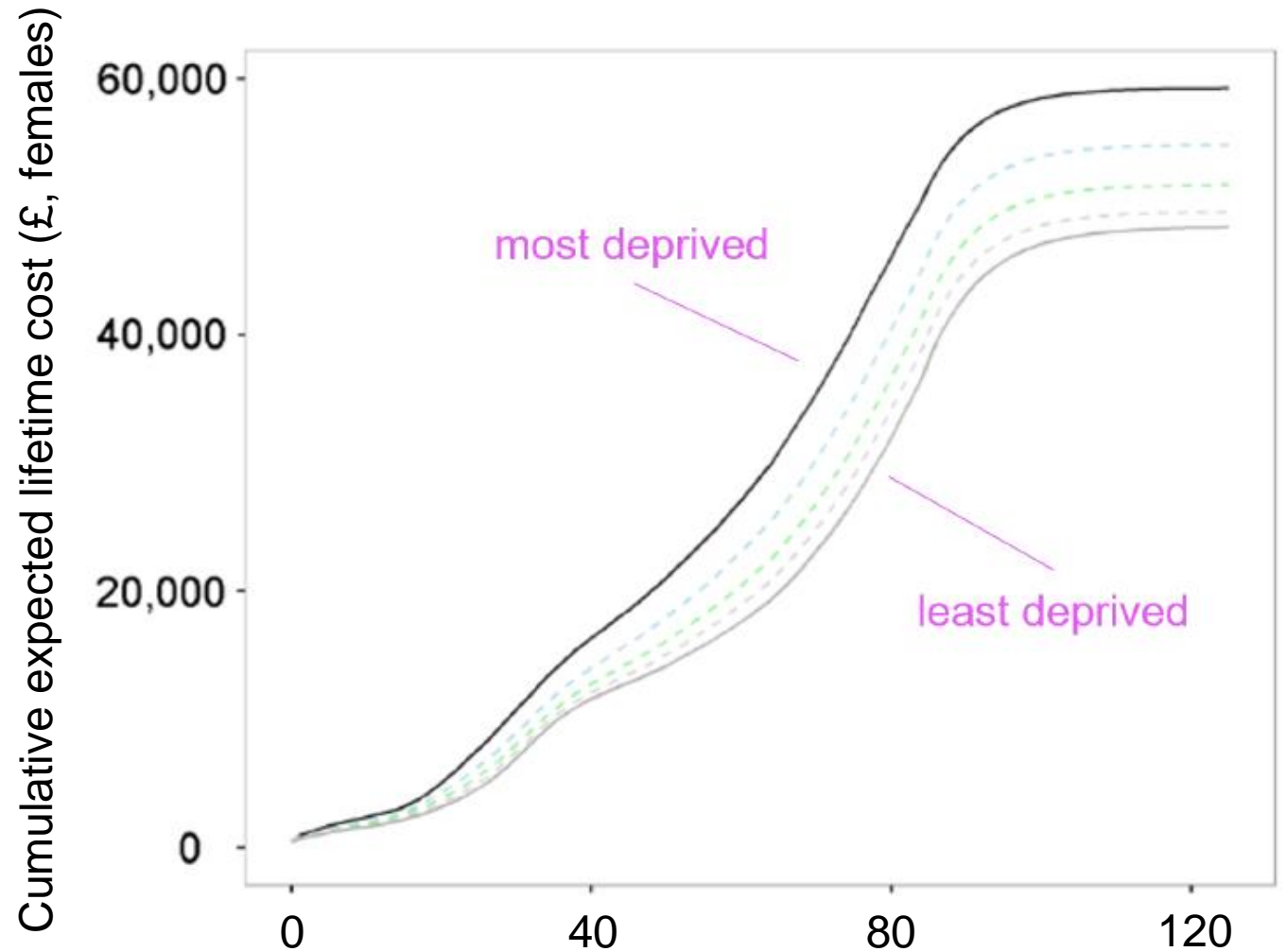
Drivers: poverty, discrimination, childhood trauma → poor mental health, drugs, alcohol, smoking, poor diet → pain, diabetes, COPD, cancer, heart disease, dementia



Inequality is expensive

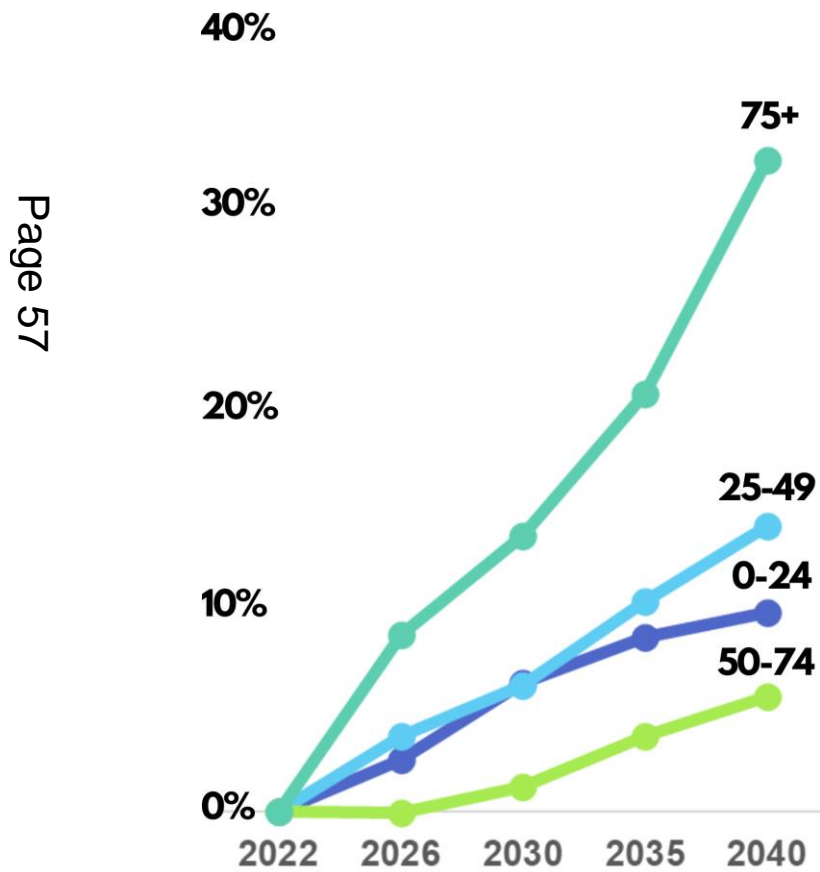
Page 56

Applying these estimates to the BNSSG population, the total cost of hospital episodes associated with deprivation in BNSSG is in the region of £100 million per year.

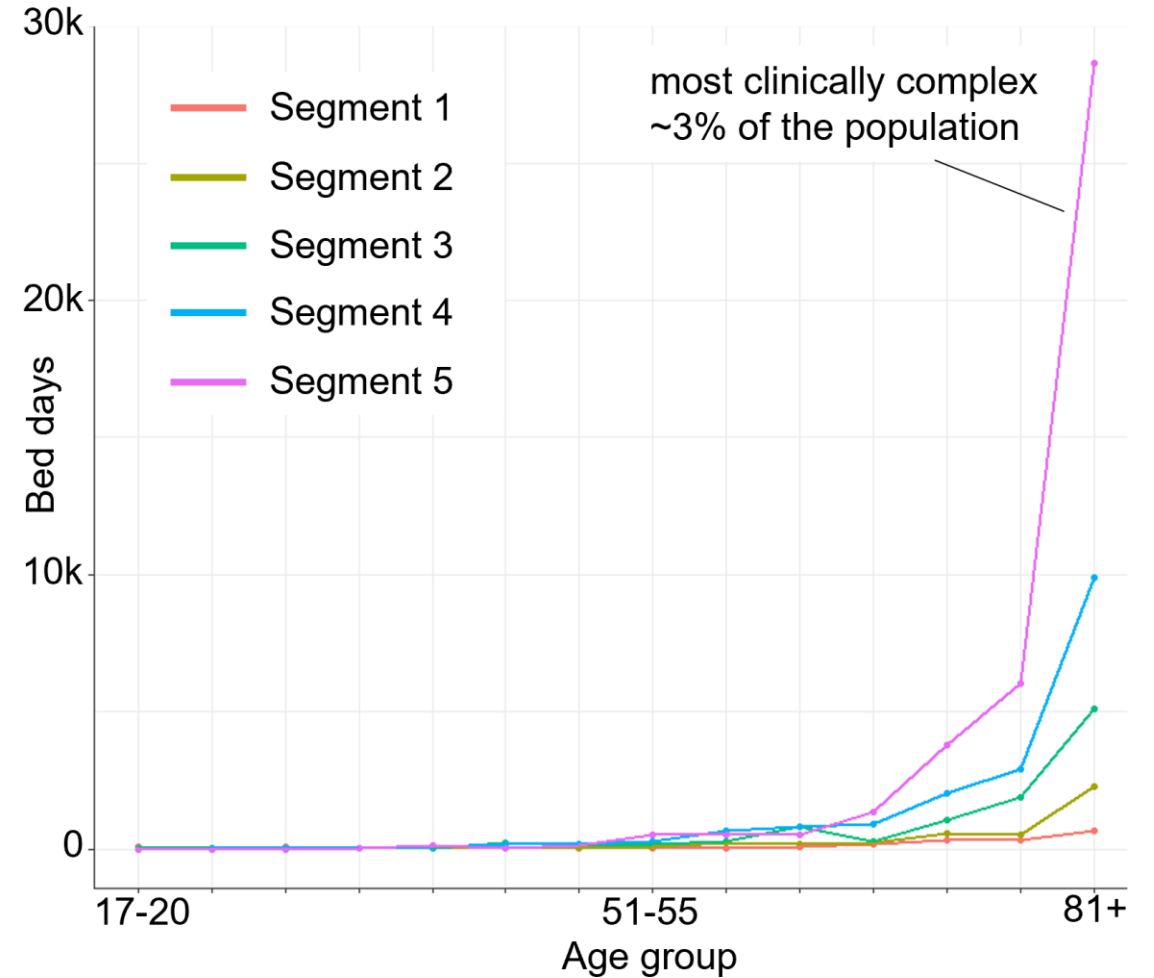


The population health problem

BNSSG population projections



Annual bed days due to falls by age and segment





Page 58



Questions?

Agenda Item 7



**Bristol, North Somerset
and South Gloucestershire**
Integrated Care Board

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 16 February 2023

Subject of Report: Winter Planning 2022/23 update and early lessons

**Officer Presenting: Caroline Dawe, Deputy Director of Commissioning,
BNSSG ICB**

Recommendations

Members are asked to:

- Note the ongoing work from across the health and care system to support the winter planning /delivery processes and industrial action.

Summary of Report

Please see the supporting slide deck which will be presented at the meeting and covers:

- Tranches of funding
- Winter Board Assurance Framework
- North Somerset Adult Social Care Discharge funding update
- Industrial action
- Next steps

Author:

Caroline Dawe, Deputy Director of Commissioning, BNSSG ICB
Lisa Manson, Director of Performance and Delivery, BNSSG ICB

Appendices:

N/a

This page is intentionally left blank

Winter Planning 2022/23 update and early lessons

Page 61

Created by
Lisa Manson
Caroline Dawe

Winter Planning and Industrial Action

Alongside the System Winter planning process, there has been 3 tranches of funding made available:-

- Demand and Capacity Funding which was based on increasing the G & A beds via a number of schemes and monitored via the Board Assurance Framework. (14.2M)
- Adult Social Care Discharge Grant (11.5M) – monitored bimonthly
- Discharge funding for step down care/£200 million fund – monitored daily – which is a draw down fund which has been allocated to purchase bedded capacity for patients who no longer meet the criteria to reside (including where necessary to purchase individual care packages) to be used by patients during their first four weeks of care following discharge.

Winter Board Assurance Framework

- Net D2A impact reported as zero due to LOS gains in P1 being offset by LOS increases elsewhere in the pathways:
 - P1 average Acute LOS (from admission to discharge) rose slightly in November however is still 1.6 bed days below the April baseline. A reduction in P1 LOS from baseline has been seen at all sites.
 - There continues to be reductions in Acute LOS from admission to TOC but increases in all areas in Toc to Discharge is resulting in the slightly longer Acute LOS
 - There have been statistically significant decreases in the number of patients being referred to P2 and P3 from August 22 onwards. P1 referrals have risen slightly but are still below the 164 target level. This has resulted in gains towards the 70/10/10 split.
- Continued growth in VW capacity, but usage remains below target
- Continuation of extra community bedded capacity above target
- Integrated MH scheme delayed
- NBT Level 6 ward opened in Jan 23 in phased approach – initially 12 beds – timed with creation of flow
- SDEC increases tbc

Page 39

Scheme details	RAG	Trajectory (av. beds per day over month)				Actuals (av. beds per day over month)				Dec variance
		Sept	Oct	Nov	Dec	Sept	Oct	Nov	Dec	
D2A/Community beds	G	142	142	142	142	142	160	160	160	18
HT&Home/Virtual Wards	A	70	100	130	165	70	78	81	95	-70
Acute Efficiency/LOS improvement - UHBW NBT	G	2	2	6	10					-10
SDEC expansion UHBW -cardiology, medicine and surgical	G	0	0	0	17	0	0	0		-17
NBT ward L6	G	0	0	0	12	0	0	0	0	-12
SDEC expansion NBT	G	0	0	4	8	0	0			-8
Integrated MH Emergency Service	G	0	0	15	15	0	0	0		-15
D2A plan - combined	R	40	52	65	78	0	0	0	0	-78
Stroke programme - impact of NS community team and SARU.	G	1	2	2	6	1	2	2	6	0

North Somerset Adult Social Care

Discharge funding update 06-01 to 22-01

Discharge Setting	Number of discharges
Home or domiciliary care	60
Reablement in a person's own home	Data not available
Residential care	19
Nursing care	0
Intermediate care	17
Other pathway one support	0
Other pathway two support	Data not available
Other pathway three support	Data not available
Total	96

Discharge Setting	Unit	Local authority funded social care	Funded via ASC Discharge Fund	Total
Home or domiciliary care	Hours	8322	1344	9666
Reablement in a person's own home	Hours	313		313
Residential care	Number of Beds	696		696
Nursing care	Number of Beds	368		368
Intermediate care	Number of Beds		10	10

Service type	Spend from ICB allocation	Spend from LA allocation	Total Spend (£)
Home care or domiciliary care (long term)	£ -	£ -	£ -
Home care or domiciliary care (short term - up to 6 weeks)	£ 292,325.00	£ 6,250.00	£ 298,575.00
Bed based intermediate care services	£ 48,000.00	£ -	£ 48,000.00
Reablement in a person's own home	£ -	£ -	£ -
Care home placements (residential - short term - up to 6 weeks)	£ 17,500.00	£ -	£ 17,500.00
Care home placements (residential - long term)	£ -	£ -	£ -
Residential placements (complex/nursing)	£ -	£ -	£ -
Workforce recruitment and retention	£ 100,000.00	£ 38,333.00	£ 138,333.00
Assistive technology and equipment	£ 71,667.00	£ 36,667.00	£ 108,334.00
Spend on any other areas (e.g. admin, contingency etc. Outline any spend here in notes section)	£ -	£ 3,333.33	£ 3,333.33
Total	£ 529,492.00	£ 84,583.33	£ 614,075.33

Discharge funding for step down care /£200million fund

- Additional spot purchase beds remain open in all areas with no care coordination - 68 beds additional agency Social Workers and Occupational Therapy being sourced to support
- All nursing homes have been written to confirm additional capacity available, responses with template due back in 10 days
- Looking to see how we commission a virtual team to review all patients – the transition beds process has been stood up
- Daily capacity call continues – supporting
- Discrepancy between block contracted rates, LA rates and CHC rates remain creating financial challenge across BNSSG
- Weekly bed rates continue to vary significantly between providers and across localities
- Identification of additional Domiciliary Care Providers to support patients to return home

Industrial Action

- System wide planning for Industrial Action (IA) and System Critical Incident
- Detailed plans in place in each organisation
- Debrief Sessions held – lesson learnt built into next planning process
- Collective Monthly debriefs – including system wide activity analysis
- Some process changes for IA days
- Some actions from IA being built into business as usual

Next Steps

- Maintaining focus on delivering the “Winter 6 Indicators”
- Focus on flow –
 - Prevention of admissions – including in Primary Care
 - Learning events
 - Maintaining focus on “Every bed matters”
 - Building in the learning from “Industrial Action”
 - Discharge to Assess & Local Government Authority Review

This page is intentionally left blank

Agenda Item 8



**Bristol, North Somerset
and South Gloucestershire**
Integrated Care Board

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 16 February 2023

Subject of Report: ICB Estates Management Plan and Graham Road GP Surgery Relocation

Officer Presenting: Tim James, Estates Manager, BNSSG ICB, Dr Cummings and Dr Chubb – Pier Health Group

Recommendations

Members are asked to:

- Note the overview provided regarding national and local context regarding the BNSSG ICB Estates Management Plan.
- To note the progress made in relation Graham Road GP Surgery Relocation.
- To provide endorsement for the engagement activities that were undertaken in relation to the Graham Road GP Surgery Relocation project.

Summary of Report

Please see the supporting slide decks which will be presented at the meeting. The item is split into two sections:

1. ICB Estates Management Plan

Providing a broad overview of the national context, the local context and update on NHS estates plans for the North Somerset area.

2. Graham Road GP Surgery Relocation: Engagement and Consultation

Providing background details of the project, overview of the consultation and engagement plan, the engagement activities undertaken, feedback received from participants and next steps.

Author:

Tim James, Estates Manager, BNSSG ICB
Kate Debley, Locality Development Manager BNSSG ICB working in partnership with colleagues from Pier Health Group

Appendices:

Graham Road GP Surgery Relocation: Engagement and Consultation Plan
You Said, We Did report

Consultation and Engagement Plan

Relocation of Graham Road Surgery services to proposed new primary care facility in Weston-super-Mare

Contents

1. Background to project.....	2
2. Purpose	4
3. Approach to engagement and consultation	5
4. Objectives.....	6
5. Pre-consultation engagement (April – May 2021)	7
5.1. Approach.....	8
5.2. Activities, deliverables and timeline	9
6. Consultation on relocation of Graham Road Surgery services to the proposed new facility (June – Nov 2021)	10
6.1. Approach.....	10
6.2. Activities, deliverables and timeline	11
7. Considerations for delivery of engagement and communication activities during COVID-19.	12
8. Issues, Risks and Mitigation.....	13
APPENDIX 1 - Stakeholder Map.....	15
APPENDIX 5 – Equality Impact Assessment	16
APPENDIX 6 – Quality Impact Assessment.....	29
APPENDIX 7 - Engagement & Governance Timeline.....	38

Note: This plan is a live document, which will be refreshed throughout the life of the project

Version	Date	Changes	Updated by
2.5	03/02/2023	Update to introduction	Tim James
2.4	18.03.21	Reviewer updates	Clare McInerney, Mary Adams, Cerlei Ioris
2.3	11.03.21	PCCC feedback	Clare McInerney
2.2	16.02.21	Reviewer updates (CB/MS/AWB/MA)	Clare McInerney
2.1	12.02.21	PCOG, LMC feedback,	Clare McInerney
2.0	08.02.21	Rewrite of plan – February '21	Clare McInerney, Mary Adams

1. Introduction

Feb 2023 Update: This Consultation and Engagement Plan was originally drafted in 2021 and sets out the plan that has subsequently be followed by the Graham Road GP practice to engage with their patients around the proposed relocation to the new Rugby Club development. That work was completes in 2021 in advance of the full planning application for the new site being submitted for approval. Approval of that planning application was delayed, which meant the completion and submission of the Full Business Case has also been delayed.

An options appraisal of sites for a central Weston primary care facility has been underway to define viable sites to take forward to a detailed architectural design and development costing stage.

Work has been undertaken with North Somerset Council (NSC) to identify and review suitable council owned sites, to ensure that opportunities to work in partnership have been explored and considered within the site option appraisal. Clinical design work for a schedule of accommodation is being progressed with Pier Health Group Limited, with the intention that the new facility will house the service provision for Graham Road patients.

The Central Weston Estates Steering Group oversees the progress of the project, reporting to the Healthy Weston Steering Group. A Clinical Options sub-group has been tasked to define additional primary and community health services that could potentially be co-located within the primary care facility to inform a final agreed schedule of accommodation, subject to full business case and financial approval.

A list of 16 potential site options were originally identified including land and buildings in public sector ownership and other properties available on the commercial open market. This list was evaluated against an agreed set of criteria and led to a shortlist of four options in October 2019 and in November went down to three options: the NSC owned Sovereign Centre (the rooftop and ground floor), retail units in Dolphin Square and the former T.J. Hughes building. A stakeholder workshop was held in mid-October to appraise the shortlisted options against set criteria. This workshop was made up of key stakeholders including the CCG, Pier Health, Graham Road PPG, Weston GPs and Sirona care & health. Further evaluation took place on these sites and was shared with the CCG's Primary Care Commissioning Committee (PCCC). In February 2020, due to costings the T.J. Hughes option was discounted. Another option became available at the beginning of 2020 in the former M&S building on the high street, however after detailed evaluation it was deemed not viable. In April 2020 a new option was identified at Weston Rugby Club. This option along with retail units in Dolphin Square and the roof top option at the Sovereign Centre were taken forward for more detailed evaluation, including preparation of concept designs and cost plan, and these options were then presented at a stakeholder workshop in mid-June to appraise these options against set criteria. As a result of this evaluation the Weston Rugby Club option came out at the top with the Sovereign Centre roof top option second. These two options are now being worked into an outline business case (OBC) which will be presented to PCCC in July 2020 and will

then be submitted to NHSE/I for feedback. Alongside the OBC, the full business case (FBC) is currently being worked up (from June 2020) and it is expected this will be complete by December 2020. It is now planned the new healthcare facility will open in the summer 2022.

2. Background to project

Access to excellent primary care services in central Weston is a high local priority. Engagement work undertaken as part of the Healthy Weston programme found that primary care services in the town needed improvement. At the end of 2018 the CCG was successful in securing £3.2 million of NHS capital to develop a new primary care facility in central Weston, for relocation of some GP services and to improve access to primary and community healthcare to support the rapidly increasing Weston population. Formal public consultation is not required during the initial options appraisal, however during the development phase there will be patient and public involvement undertaken to help inform the service specification.

Background Primary care service provision in central Weston is a high local priority and the engagement work undertaken as part of the Healthy Weston programme found that primary care services in the town needed to improve. At the end of 2018 the CCG was successful in securing £3.2 million of NHS capital to develop a new primary care facility in central Weston, for relocation of some GP services and to improve access to primary and community healthcare to support the rapidly increasing Weston population.

The Graham Road Surgery estate is not sustainable for long term use and is constrained in ability to be extended or improved to cater to the patient population, which includes the population of the former Clarence Park Surgery (patient population of c.4,000) which closed in September 2019 when the landlords decided to sell the property. The registered list at Graham Road Surgery currently stands at just over 11,700 patients.

In 2018, the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (the CCG) was successful in securing £3.2 million of Wave 4 NHS Strategic Transformation (STP) capital to develop a new primary care facility in central Weston, for relocation of GP services currently provided at Graham Road Surgery by Pier Health Group Ltd (PHGL). In addition this would improve access to primary and community healthcare, supportive of the growth in the central Weston population.

The Central Weston Estates Steering Group was launched in June 2019 with the purpose of identifying a suitable site in Weston town centre and progression towards a Full Business Case (FBC) for a primary care centre of c.1,100m². The new facility would accommodate the relocation of Graham Road Surgery patients with room for list growth

and the co-location of community health and care services to deliver new, joined up health and care services for the population of Weston.

Initially, the timeline for accessing the STP capital was set as no later than 31st March 2022; however this deadline has subsequently been revised by NHS England and NHS Improvement (NHSEI), due to the inevitable disruption caused by Covid-19. Co-produced with patients and a range of local providers and stakeholders, an evaluation and scoring criteria was defined. 17 site options in and around the centre of Weston were considered between June 2019 and June 2020 that could be suitable for the development of a FBC for a preferred site that was achievable, accessible and affordable.

In June 2020, the final evaluation process was completed with clinical and managerial representation from PHGL, patients registered with Graham Road Surgery and representatives from Sirona Health and Care, North Somerset Council (NSC) and the CCG. From a shortlist of three viable sites, the Weston Rugby Club (the Rugby Club) was the highest scoring option overall. Working with the developer, Studio Hive, an Outline Business Case (OBC) was developed with the Rugby Club as the preferred site option and was approved by the CCG's Primary Care Commissioning Committee (PCCC) in July 2020.

The intention to develop a new primary care facility on the Rugby Club site was announced publically in December 2020. The next stages of the project include engagement and public consultation on relocation of the Graham Road Surgery services to a new facility at the Rugby Club, and the completion of a FBC by November 2021, with full planning permission in place for the new building. Subject to approval of the FBC by NHSEI and the Department of Health & Social Care, construction is planned to commence in early 2022 with completion anticipated in spring 2023 (following current programme projections).

3. Purpose

This document sets out the public engagement and consultation stages relating to the relocation of Graham Road Surgery services to the proposed new facility, It details the communications activity to support the development of the Weston Estates Primary Care Estates Project from September 2019 until June 2022.

The Communications and Engagement plan (the Plan) includes a delivery plan, detailing objectives for each stage, required activities, outputs and timeline for delivery. The level of public involvement for each phase and rationale are explained to provide assurance that the activities performed over the time period are in accordance with best practice requirements set by NHSEI, at the same time remaining proportionate to the proposed changes and context surrounding the project.

Timing and for the delivery of each output is set out in forthcoming sections, reflecting the governance timeline in order to secure FBC approval. Responsibility and leadership for each stage is also described, including the resource required to complete activities and produce deliverables for milestone governance meetings to complete the FBC stage. Key stakeholders and statutorily required consultees i.e. North Somerset Health Oversight & Scrutiny Panel (HOSP) are detailed in a stakeholder map in Appendix 1.

The Plan provides a framework to ensure the population affected by the changes are actively involved, informed, engaged, and communicated with. The population includes GRS patients, staff, stakeholders and the wider public who are interested in the progress of the project. A key objective is to listen to patients, staff, stakeholders and public views, suggestions and concerns about the development and the progress of the project.

Underpinning the Plan, An Equality Impact Assessment (EIA) of the proposal for a new primary care facility at the Rugby Club will inform the need to surface any disproportionate disadvantages for cohorts of the population that the changes might precipitate. This will also help to target engagement activities more effectively. A Quality Impact Assessment (QIA) will also be completed to surface any quality concerns regarding the implementation of a new service model. Draft EIA and QIA documents are included in Appendix 5, which will be refreshed throughout the life of the project. As the engagement and consultation progresses, the Plan may need to flex accordingly to meet any emerging needs that may surface during the process.

Outcomes of the communications and engagement activities will be reviewed at key points to understand their effectiveness. Evaluation will include reviews of the numbers of people attending events; the reach achieved into target communities, the items of feedback received and peoples' satisfaction relating to the various processes.

4. Approach to engagement and consultation

The overall aim of this communications plan is to keep patients at Graham Road Surgery and people living in and around Weston-super-Mare informed about the developments of this new GP surgery going into Central Weston.

NHSEI has provided advice on the level of engagement and/or consultation proportionate to the proposed changes. The CCG and GP provider organisation involved (PHGL) should continue to maintain involvement with the practice's Patient Participation Group (PPG) and engagement with patients and the local population on the key steps in the process as set out in the following sections of this document. This should include the continuation of the narrative from the Healthy Weston engagement which identified the need to improve primary care for the Weston population.

NHSEI has advised that there is not a requirement to undertake a formal consultation process for this particular project, with ongoing engagement with patients and stakeholders following the stages set out in sections 5 and 6. However, due to the context and circumstances surrounding the proposed changes detailed in section 1, it is recommended that a full 12 week consultation is undertaken on the relocation of GRS services to a new facility at the Rugby Club, led by the provider, PHGL.

NHSEI Partnership and Engagement leads have reviewed and provided input into the development of this plan.

5. Objectives

The overarching objectives for both pre-consultation engagement and the full consultation on the relocation of GRS services to the new facility are:

- That patients registered at GRS and the wider community understand the proposal and have the opportunity to provide feedback
- Co-production of service provision and design of the new facility.

To meet these objectives we will:

- Plan and deliver a pre-consultation and consultation process focusing on the relocation of the GRS services to the facility at the Rugby Club site, which is inclusive and reaches under-served populations
- Ensure the consultation and engagement process is led by the GP provider, with clinical leadership provided by Dr John Heather (Clinical Director Pier Health PCN and Chair of PHGL) and support from CCG and North Somerset Healthwatch resources to facilitate and develop appropriate consultation materials
- Ensure that representative members of the PHGL PPG, members of staff and community stakeholders are fully involved in the pre-consultation engagement and consultation processes
- Publicise opportunities for pre-consultation engagement and consultation process, to enable people to have a voice in influencing the new development
- Deliver an accessible and inclusive consultation process from June 2021 to September 2021 in line with Covid-19 government restrictions using appropriate methodology
- Reach out to communities identified as potentially being disproportionately disadvantaged by the changes, taking into account the EIA ensuring that their voices can be heard and opportunities to work together can be offered
- Keep staff, patients and key stakeholders informed about progress on the development of the new primary care facility

-
- Reassure GRS patients and staff that there will be a smooth and managed transition from the current site to the new one
 - Prepare a feedback report to inform decision making at the FBC stage of the project
 - Inform the wider public of the outcome of the consultation and the next step
 - Work with North Somerset Council to ensure all communications are joined up
 - Publicise the final option being announced and inform patients at Graham Road Surgery and people living in Weston-Super-Mare about the developments on the new primary care facility going into central ward
 - Keep the public, patients and stakeholders informed about the developments of the project
 - Keep patients at Graham Road Surgery up to date on progress
 - Reassure patients at Graham Road Surgery that they will continue to receive GP services at Graham Road up until a new facility is up and running
 - Draw links to the Healthy Weston programme and highlight the positive impact it will have on primary care services in Weston
 - Ensure people understand this new facility supports the needs of the Weston population
 - Respond promptly and effectively to requests for information from patients, members of the public and stakeholders
 - Ensure communications reach as is inclusive as possible to reach groups with protected characteristics who may be disproportionately disadvantaged and takes account of our equality impact assessment.

6. Pre-consultation engagement (April – May 2021)

To involve and engage the local community, co-producing elements of the new facility and service model, a period of pre-consultation engagement is planned. This will entail delivering a series of facilitated workshops inviting patients and stakeholders and members of the local community during April and May 2021.

A newly constituted Graham Road and Horizon PPG has been formed, with a Patient Advisory Reference Group (PARG) comprising of patients registered at GRS who have an interest in the new primary care facility development. This group will have a key role in communicating with the PPG Steering Group and wider patients groups throughout the pre-consultation engagement period, and provide direction for the following consultation. The elected PPG Patient leader will provide continuity through membership of the PARG and the PPG Steering Group.

BNSSG Healthwatch have offered support throughout the pre consultation period, assistance in the design of the workshops, including local feedback received and production of supporting materials.

The focus of a series of pre-consultation workshops shall be on the design, 'look and feel' of the facility and also the new model of care delivered by PHGL. This will include for example, opportunities for the co-location of health and care services, proactive wellbeing orientated service delivery and maximising the opportunities presented by the location's proximity to sport and recreational space.

The intention of holding these engagement workshops prior to the consultation on the relocation to the new facility is to provide an early opportunity to consider accessibility and other impacts upon patient and staff groups, developing appropriate mitigations to reduce impacts. The EIA will assist in informing the approach to engagement, ensuring that there is reach into population groups where there may be negative impacts caused by the re-location, with feedback from these events informing further drafting of the EIA document.

Feedback from the engagement workshops will also support the development of key sections in the FBC, including definition on the new service model to be delivered by PHGL and the co-location and integration of local health and care services in the new facility.

6.1. Approach

- Deliver four co-production workshops to focus on:
 - Access and transport to the new site
 - The health and wellbeing opportunities presented by the new development
 - The look and feel of the estate from a patient/staff/user perspective
 - Exploring potential opportunities to improve the primary care service model in its operation across two sites (at the Rugby Club and Horizon Health Centre)
- The pre-consultation engagement workshops will be led by PHGL, supported by the CCG and North Somerset Healthwatch, working closely with PPG Patient Advisory Reference Group
- The CCG will be closely involved in the planning and organisation of this element of the process to ensure that engagement on key elements such as service look and feel, transport and accessibility and service model are captured for inclusion in the FBC, in addition to supporting the development of materials for the consultation process
- Project Lead, PEM and Healthwatch representative to work closely with the PARG and PHGL to provide advice on communication with patient groups, supporting development of coproduction workshop materials and logging and compiling feedback reports
- Workshop facilitation and administration support will be provided by the WW&V Locality Team
- The Communications and Engagement sub-group of the Central Weston Estates Steering Group will provide overall project control, membership includes PHGL,

Healthwatch, PPG Patient Lead and CCG External Communication team representation

6.2. Activities, deliverables and timeline

Date:	What:	Output	Owners	Status:
1 st April 2021	PPG Patient Advisory Reference Group – 1 st meeting	Approval of workshop dates and subject matter	CCG, PARG, PHGL	Completed
16 April 2021	Co-production workshop – access and transport	Feedback report	CCG, PARG, PHGL	Completed
23 April 2021	Co-production workshop – design look and feel	Feedback report	CCG, PARG, PHGL	Completed
30 April 2021	Co-production workshop – opportunities for health, care and wellbeing	Feedback report	CCG, PARG, PHGL	Completed
07 May 2021	Co-production workshop - improving the primary care service model for operation across 2 sites	Feedback report	CCG, PARG, PHGL	Completed
May 2021	Develop consultation materials – slide deck, FAQs, website copy, survey, feedback form, consultation feedback log,	Consultation pack- to be approved by Steering Group and PCCC	PHGL CCG PARG	Completed
May 2021	Communication to promote the launch of the consultation engagement and how local residents can get involved	Press release Patient letter and survey to launch consultation Stakeholder communications to launch the start of the consultation	PHGL	Completed

7. Consultation on relocation of Graham Road Surgery services to the proposed new facility (June – Nov 2021)

To achieve a fully approved FBC, securing STP capital funding for the new development, it will be necessary to demonstrate sufficient revenue to fund the new leasehold costs. This will be achieved by the reallocation of existing revenue released by the planned closure of the Graham Road site, in combination with revenue from the previously closed Clarence Park surgery.

Therefore, the completion of a consultation process regarding relocation of the services to the new site is a pre-requisite for completing the FBC process.

It is proposed that PHGL leads on the consultation, in common with similar consultations on practice relocations undertaken by GP providers. An up to 12 week period of consultation will be undertaken with the GRS patient population and wider local public to ensure that there is good reach into the community, with particular regard to the protected characteristic groups identified in the EIA as being impacted by the proposed relocation.

The period of consultation is projected to commence in June 2021, allowing for a 12 week window to reach an aspired percentage of the target population. Analysis and report writing is anticipated from October – November to ensure that a full consultation and ‘you said, we did’ report is available to closed PCCC when the FBC is presented for approval in November (ahead of an open agenda item in January 2022).

In light of these programme timings, the consultation period runs over the month of August. This is not usually considered an optimum time for public consultation; to mitigate it is likely that the consultation events will be held multi-platform with a greater emphasis on virtual meetings, in consideration of the covid-19 epidemic. It is possible that some events may be able to be held in person, for example a panel or group convening together and broadcast over MS Teams. To ensure that there is reach into the community throughout this process, it may be necessary to flex the end date beyond 12 weeks into September to ensure as many people can respond as possible.

7.1. Approach

- Plan and prepare for a public facing consultation process – including developing questions that have arisen from the pre-engagement process
- Set up and maintain a feedback log, to be managed by PHGL

- Work with Studio Hive (developer of the Rugby Club site), ensuring that communications are sighted and approved prior to issue regarding the development
- Healthwatch to provide support to PHGL and the PARG as a reference group and organising and facilitating consultation events where required
- Co-produce a narrative with patient and stakeholder groups for the new development with a focus on healthy living and wellbeing
- Develop materials - to support consultation processes
- Target communications to engage communities with protected characteristics with e.g. older people, BAME, LGBT+, as identified in the EIA
- Keep patients, staff, public and stakeholders informed of the process and dates of forthcoming announcements and events
- The Communications and Engagement sub-group of the Central Weston Estates Steering Group will provide overall project control, membership includes PHGL, North Somerset Healthwatch, PPG Patient Lead and CCG

7.2. Activities, deliverables and timeline

Date:	What:	Output	Owners	Status:
June 2021	12 week public consultation starts	Consultation materials, informed by pre-consultation engagement process	PHGL	Completed
June – Sept TBC	Outreach listening events -Equality communities	Feedback reports	PHGL	Completed
June – Sept TBC	Older People’s Champions Group	Feedback reports	PHGL	Completed
June – Sept TBC	Disabled Access Group	Feedback reports	PHGL	Completed
June – Sept TBC	LGBTQ community groups	Feedback reports	PHGL	Completed
June – Sept TBC	BAME community groups	Feedback reports	PHGL	Completed
June – Sept TBC	GRT communities	Feedback reports	PHGL	Completed
June – Sept TBC	Health inclusion communities: e.g. homeless, sex workers, substance misuse	Feedback reports	PHGL	Completed

Sept - Oct 2021	Conclusion of consultation period – report writing	Consultation feedback report. You said, We Did appended to report and advertised on practice website	PHGL	Completed
November 2021	FBC completed, including feedback report from the engagement and consultation processes including you said we did summary	Approved FBC by PCCC	PHGL	Completed
December 2021	Publicise the results of the consultation	Press release, publication of report on CCG and PHGL websites	PHGL CCG	Completed

8. Considerations for delivery of engagement and communication activities during COVID-19

Due to the current COVID-19 situation, careful consideration is required in terms of which engagement and consultation methods are used. This could include a letter/email/signposting text to all patients impacted, advising of the proposal for change and providing an opportunity for feeding back any concerns via an online survey or via a telephone number for people who may not have online access at this time.

It may also be possible to set up a virtual style public meetings and co-production workshops as wished for by people who would like this opportunity. To ensure accessibility of virtual meetings platforms, regard should be taken to the use of Power point presentations and the use of simultaneous ‘chat’ sidebar interactions. These should be read out by the chair during course of the meeting and published in the record of the meeting.

Communications may also include the use of various social media platforms such as Twitter and Facebook and Instagram. There may also need to be a series of listening events and focus groups conducted as outreach into various community audiences

as identified in the EIA. Planning for these events will need to include attention to languages used in the community such as British Sign Language and community languages which are not English.

9. Issues, Risks and Mitigation

Risk	Mitigation	Mitigated risk score
<p>Due to the preferred site not being as close to the town centre as other evaluated options, there is a risk that there will be a lack of support for the new facility locally, that may lead to reputational damage to the CCG.</p>	<p>CW Steering Group to develop an options appraisal of mitigations to address concerns regarding accessibility of site. Briefing of NSC and Town Councillors via HOSP and Weston Town Council meetings. Work with NSC and Studio Hive (developer) and local voluntary sector regarding opportunities to improve transport links to site.</p> <p>Co-production workshops with patients and stakeholders to inform development of mitigations</p>	<p>2x4 = 8</p>
<p>Should patients at Graham Road Surgery perceive that the services will close or diminish prior to the opening of the new facility, there is a risk that patients may raise complaints or concerns or move practice list, resulting in loss of reputation for the practice and CCG, possible instability of the APMS contract and increasing pressure on neighbouring GP practices.</p>	<p>Graham Road patients to receive clear communications via the practice website, waiting rooms, letter and local media during plan phases, engagement and close working with GR & HHC PPG throughout course of project.</p>	<p>2x3 = 6</p>
<p>Due to pressures caused by response to Covid-19, there is a risk that communications and engagement activities that should be led by the GP provider cannot be sufficiently resourced by PHGL, leading to</p>	<p>PHGL have identified managerial support from One Care to lead the consultation activities and reporting</p> <p>PHGL PPG and Healthwatch to provide support to PHGL in running workshops and other activities.</p>	<p>1x3=3</p>

adverse impact on milestone delivery and a lack of visibility and involvement by the provider.		
--	--	--

APPENDIX 1 - Stakeholder Map

Patients of GRS and their families/carers	Local MP - John Penrose
Community groups/individuals with protected characteristics identified in the Equality Impact Assessment	South West Ambulance Service Foundation Trust (SWASFT)
PHGL Limited. (Graham Rd & Horizon Health) PPG	Sirona Care & Health
Staff at GRS	University Hospitals Bristol and Weston NHS Foundation Trust
PHGL Limited	Avon and Wiltshire Mental Health Partnership
PHGL Super Partnership – Brandie Deignan (CEO) and John Heather (Chair)	Health and care system partners in North Somerset (CEOs/senior leaders for statutory and VCSE organisations including VANS and North Somerset Wellbeing Collective)
Weston Rugby Club	Healthwatch
North Somerset Council	Citizen's Advice North Somerset
Studio Hive (developers)	Alliance Housing Support
People living in and around Weston-super-Mare	Knightstone Housing
GPs practices in and around Weston-super-Mare	Care homes in Weston-super-Mare
North Somerset Council - elected and officer members	Treatment centres in Weston-super-Mare e.g. Sefton Park, Broadway Lodge, Weston Counselling
Weston Town Council – elected members	College and schools in Weston-super-Mare
North Somerset Health Overview and Scrutiny Panel	Children's Centres in Weston-super-Mare
Avon Local Medical Committee (LMC)	In-house pharmacy at GRS
Estate agents with an interest in the new housing around the preferred option	Dentists and optometrists in Weston-super-Mare
Libraries, Leisure Facilities, Faith Groups in Weston-super-Mare	Local employers / business community e.g. supermarkets, hotels
Pharmacies in Weston-super-Mare	NHS England/Improvement
Weston Wheels – Community Transport	Weston-super-Mare and District Community Transport Group
First Bus	Great Weston Railway / Network Rail



Equality Impact Assessment

Graham Road GP Surgery relocation proposal

Version 5.1 15.03.21



Follow the steps in this document and complete all the fields as fully and accurately as you can, and you will have a comprehensive equality impact assessment which will be used to inform the decision making process

Please Note: As a standalone document this EIA should have an overview of what the service is, purpose, benefits, make reference to studies, record what engagement took place (can be meetings, focus groups, clinical advice, patient feedback, stakeholder review, national studies, JNSA data), and impact on each protected characteristic etc.

To comply, the project manager and the decision maker has to demonstrate at the time of planning/decision they had due regard to eliminating discrimination, advancing equality and fostering good relations for all protected characteristics, this can best be demonstrated if the writer includes:

1. A statement of the evidence/ information used for choosing the characteristics to focus on and identifying relevant equality issues (summary section – i.e. there might be a group/s that need more focus than others due to their challenges and likely impact)
2. A statement of people who you consulted/engaged with in completing the EIA
3. A brief description of the project, policy or practice which your EIA is concerned with
4. Some assessment of whether the issues you have identified represent (actually or potentially) positive, negative or neutral impacts in relation to the PSED
5. A statement of how the project, policy or practice has been designed or amended to date in response to the equality issues identified (or not)
6. Some assessment of the legality of the project, policy or practice in relation to the PSED (could it discriminate unlawfully or help to advance equality of opportunity, foster good relations section of EIA)
7. Some recommendations for the decision-maker in response to your findings e.g.: No major change, adjust the policy or practice, continue it, stop and remove it – and name the decision maker (e.g. Governing Body)

Part 1 and Step 1 – Initial Equality Impact Assessment Form

- When completing this form, please use simple and accessible language – NO JARGON
- Please complete all the fields in this section with the relevant information
- Complete all the fields in the form. If you are missing some information, include reference to that and come back to complete that section when you have more details
- Extend acronyms to full the first time you reference them in your text. For example, Clinical Commissioning Group (CCG)
- Revisit this EIA throughout the project to update it and ensure it reflects any changes or amendments to the original proposal

1. What are the main aims, purpose and outcomes of the proposal?

Describe the policy/practice being developed and reviewed. Think about: What is the purpose of the policy or practice? In what context will it operate? Who is it intended to benefit? What results are intended and why is it needed.

Background and context of proposal

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (the CCG) successfully secured in 2018 £3.2m STP capital funding (STP), to develop a new primary care facility in central Weston for relocation of GP services currently provided by Pier Health Group Ltd (PHGL) from the Graham Road Surgery estate.

This proposal is for an existing primary care service, currently located at Graham Road Surgery to be relocated to a new development in the centre of Weston –super-Mare. The proposal also provides an opportunity to improve the current primary care service model offered, resulting from having an improved and extended estate. The proposal will be achieved through a business case process with funding already identified from NHSE/I. The proposal will comprise delivery of a new Primary Care facility to serve a patient population of circa 11,000 and delivering a new model of primary care including:

- A digital front door and e-consulting
- The potential for closer partnership working with our BNSSG Community Services, Mental Health Service providers and Public Health teams
- The potential for closer partnership working with the Voluntary, Community and Social Enterprise Sector (VCSE) through Link Workers and social prescribing

Access to excellent primary care services in central Weston is a high local priority. Engagement work undertaken as part of the Healthy Weston programme found that primary care services in the town needed improvement. In particular, the Graham Road Surgery estate is of poor quality and constrained in ability to be extended or improve the facilities to satisfactorily cater to the patient population, which includes the population of the former Clarence Park Surgery (c 4,000 patients) that closed in September 2019 when the landlords decided to sell the property. The registered list at Graham Road Surgery currently stands at just over 11,700 patients.

The Central Weston Steering Group was launched in June 2019 with the purpose of identifying a suitable site in Weston town centre and progressing to an outline and then Full Business Case (FBC) for a primary care centre of c.1,100m², which could accommodate the relocation of Graham Road Surgery patients with room for growth and co-location of health and care services to deliver new, joined up service models for the population of Weston.

Co-produced with patients and a range of local providers and stakeholders, an evaluation and scoring criteria for assessing the site options was defined. 17 site options in and around Weston town centre were considered between June '19 and June '20 that could be suitable for FBC development for a preferred site that was achievable, accessible and affordable.

In June 2020, a final evaluation process was completed with clinical and managerial representation from PHGL, Graham Road patients and representatives from Sirona, North Somerset Council (NSC) and the CCG. From a shortlist of three viable sites, the Weston Rugby Club (the Rugby Club) was the highest scoring option overall. Working with the developer, Studio Hive, an Outline Business Case (OBC) was developed with the Rugby Club as the preferred site option. The OBC was approved by the CCG's Primary Care Commissioning Committee (PCCC) in July 2020 and regional NHSE team.

The intention to develop a FBC for a new primary care facility on the Rugby Club site was announced publically in December 2020. The next stages of the project include the development of a FBC to include public consultation and engagement, with full planning permission in place. Subject to approval of the FBC, the construction period will commence in early 2022 with completion anticipated in spring 2023 following the current programme projections.

Who will benefit

- People registered with the existing Graham Road practice
- Future registered patients, living within the new practice boundary
- People who are registered at Horizon Health Centre who may be able to access services delivered by Pier Health Group at the new site
- Clinical and administrative staff delivering services at Graham Road

Intended Results

The proposal will deliver a new primary care facility to serve a patient population of circa 20,000+ and delivering a new model of primary care including:

- A digital front door and e-consulting
- The potential for closer partnership working between primary care, community and mental health service providers and Public Health teams
- The potential for closer partnership working with the Voluntary, Community and Social Enterprise Sector (VCSE) through Link Workers, social prescribing and community transport

Wider opportunities

- Increased workforce resilience, through the ability to recruit to primary care roles by virtue of a new, purpose built and larger estate
- Taking advantage of proximity to green spaces and sporting facilities, with potential for social prescribing services working in partnership with the Rugby Club and the developer e.g. creating an allotment or garden area for patients and staff
- Ability to provide additional services tailored to the population needs, reducing inequality of provision

2. Does this Proposal relate to a new or existing programme, project, policy or service?

The proposal relates to the development of a new primary care facility and the relocation of existing Graham Road GP Surgery in Weston.

3. If existing, please provide more detail

What results are intended and why is it needed?

Pier Health Group currently provides primary care services for Graham Road Surgery to circa 11,000 patients. It has a multidisciplinary staff, which would also be relocated.

In 2019 Graham Road Surgery absorbed circa 5,000 patients from a former primary care contract with Clarence Park Surgery which was handed back to the CCG and closed the premises. This has put additional pressure on the estate at the Graham Road Surgery, in terms of being able to extend and improve their primary care service model so that it continues to be fit for purpose well into the future.

The result of the proposal will be a new, state of the art primary care facility, delivering more joined up health and care services to its registered population with room for list growth. The new premises shall provide an excellent environment for patients and staff, supporting PHGL's clinical workforce recruitment and retention plans providing an attractive location close to Weston railway station and the town centre with easy access to link roads to and from the M5.

PHGL currently provides primary care services from Graham Road Surgery to c. 11,700 patients. It has a multidisciplinary staff including new skill mix roles including mental health workers, social prescribers and physiotherapists alongside general practitioners and practice nurses.

The facilities at Graham Road that the new building will replace are old and at the lower end of the quality spectrum. A 6 Facet Survey was undertaken in 2018 which identified that there is a backlog of maintenance issues, with the estate becoming increasingly expensive to maintain and operate as time advances. This is compounded by access issues, including limited off road parking for patients (there is a small car park limited to parking for GPs and some disabled parking bays) reliant on the availability of street parking close to the building for the majority of patients.

In 2019, Graham Road Surgery absorbed circa 5,000 patients from Clarence Park Surgery after the contract was handed back to the CCG by the former provider and the premises subsequently sold. This has put additional pressure on the estate at the Graham Road Surgery, in terms of being able to extend and improve their primary care service offer, accommodating additional clinicians to meet the need of the increased population. There is no ability to further extend the building, which has been extended to the front and rear of the demise over its lifetime as a GP surgery. During the Covid-19 pandemic, the pressure on rooms and waiting/circulation area has been further exacerbated by social distancing regulation.

There is an in-house pharmacy located in Graham Road surgery. Although the re-location of this service is not within the scope of this proposal, it is highly likely that this service will relocate with the practice; negotiations to progress with the developer regarding commercial space proximate to the new facility.

4. Outline the key decision that will be informed by this EIA

The relocation of patients, staff and users of Graham Road Surgery to a new purpose-built primary care facility at the Weston Rugby Club development.

5. Does this proposal affect service users, employees and/or the wider community?

Provide more information on: Potential number of people affected, potential severity of impact, equality issues from previous audits and complaints. The key decision that will be informed by this EIA.

The proposal affects people registered at Graham Road Surgery (c.11,700) and non-clinical and clinical staff who provide services at the site. The impact of the change is assessed as low to medium, the proposed new site location being geographically close to the Graham Road site (within 0.4 mile); with the same proportion of registered patients being within a 20 minute walk to the new site as they are to the existing surgery and within 2-3 minutes driving time.

However, local concerns have been raised about the proposed location, which is yet to start being developed as a residential and commercial scheme, is on the opposite side of the railway line from the Graham Road site and currently is not regularly serviced by a bus route from the town centre.

In recent years several primary care services have closed or been relocated from the centre of Weston. NHS England closed the Boulevard walk in centre in 2013 and the Longton Grove and Newcourt surgeries relocated to Locking Road in 2014. Stafford Place surgery (branch of Locking Castle surgery) formally closed in 2020. In the context of recent movement of primary care provision beyond the centre of Weston, there is likely to be a wider public interest in this proposal. It will be important to engage with patients who were transferred to Graham Road after closure of the walk in centre and may not have been fully engaged or consulted with.

As the project progresses through the engagement and consultation period, this EIA document will be iterated and added to as more is learnt through feedback from patient and staff groups.

6. Could the proposal impact differently in relation to different characteristics protected by the Equality Act 2010?

Assess whether the Service/Policy has a positive, negative or neutral impact in relation to the Protected Characteristics.

- **Positive** impact means reducing inequality, promoting equal opportunities or improving relations between people who share a protected characteristic and those who do not
- **Negative** impact means that individuals could be disadvantaged or discriminated against in relation to a particular protected characteristic

-
- **Neutral** impact means that there is no differential effect in relation to any particular protected characteristic

Age (Positive, Negative, Neutral)

Positive

- Weston-super-mare Central ward is home to 3.1% of the North Somerset population (Census in 2011 - 6197 residents)
- There is a proposal for 2,500 more homes in the Town Centre and also plans for more higher education opportunities which has created a need for more halls of residence for students.
- Central ward residents were registered at 15 different GP practices in 2016 with 35% being registered at Graham Road Surgery. This figure will have increased due to the closure of Clarence Park Surgery and with the transfer of some 4,000 patients to Graham Road Surgery in 2019.
- A higher percentage of working age population (18-64 years) and females aged over 85 years live in Central ward than North Somerset overall.
- The main causes of death are circulatory disease, cancer and respiratory disease.
- Over one third of children who live in Central ward are in poverty. 500 adults and 119 children were helped by the Foodbank. The main reasons for Foodbank vouchers being issued were benefit delays, low income and benefit changes. (This will have increased due to covid-19).
- Six per cent of school age children have a learning disability.
- Twice as many people in Central ward have a child protection assessment compared to the average in North Somerset, however, the ratio of referrals to full child protection plans is lower in Central ward than the North Somerset average.

(NSC Weston-super-Mare, Central Ward, Health Needs Assessment May 2016)

Please provide reasons for your answer and any mitigation required

A new and more accessible primary care facility will support recruitment and retention of health staff to enable improved delivery of primary care to the population. The project will provide an opportunity for health and care staff to refocus on the health and care priorities for the catchment population which includes those living in central and south wards which have the 3rd largest health inequalities gap in England with 1% of the most deprived in in England.

A modern, accessible state of the art primary care facility that provides improved accessibility has higher opportunity to support the recruitment and retention of health care staff, which will enable improved delivery of primary care tailored to population needs. The proposal will provide an opportunity for health and care staff to refocus on the health and care priorities for the catchment population which includes those living in Central and South wards in Weston, which have the 3rd largest health inequalities gap in England with 1% of the most deprived in England. Central ward has the lowest life expectancy rates in North

Somerset (67 years for males 76 for females), with the main causes of death being circulatory disease, cancers and respiratory disease.¹

As noted in s5 above, the proposed site is close to the existing Graham Road site. However, it is on the opposite side of the railway line which would necessitate those travelling not by car from residential areas surrounding Graham Road to traverse the footbridge at the railway station, which has limited access and no ramps for mobility vehicles or buggies/pushchairs or travel via the Hildesheim Bridge to access the north end of Sunnyside Road. The area surrounding the Rugby Club and Weston station is due for major regeneration including hundreds of new residences alongside commercial units and new sporting facilities at the Rugby Club. A new primary school is also planned to the East of the Club recreational facilities. Currently there are no bus routes running past the site, however transport infrastructure is likely to come on line as the developments progress. There are concerns that in the interim, the location of the new facility would negatively impact upon older and more deprived populations with lower level of car ownership (car ownership in central Weston stands at c.45%).

There will be opportunities to engage with patient groups on this issue with a dedicated transport workshop as one of the first planned engagement events, however plans to mitigate this impact are in early development with local voluntary sector organisations to provide sustainable and green community transport options to the facility, delivering a community asset for Weston which builds upon extant local community transport provision.

Disability (Positive, Negative, Neutral)

Positive

- Physical Impairment; Sensory Impairment; Mental Health; Learning Difficulty/ Disability; Long-Term Condition
- Central ward has 42 care homes; 24% of all care homes in the North Somerset Authority.
- Central ward has the lowest life expectancy rates in North Somerset (67 years for males 76 for females).
- The main causes of death are circulatory disease, cancer and respiratory disease.
- Levels of long-term ill health are much higher in Central ward than the rest of North Somerset.
- Rates of hospital stays for intentional self-harm are high amongst Central ward residents.
- Drug and alcohol treatment services are concentrated in Central Ward with 24% of those who are receiving treatment living in the ward.
- Six per cent of school age children have a learning disability.

¹ NSC Weston-super-Mare, Central Ward, Health Needs Assessment May 2016

-
- Central ward residents were registered at 15 different GP practices in 2016 with 35% being registered at Graham Road Surgery. This figure will have increased due to the closure of Clarence Park Surgery and with the transfer of some 5,000 patients to Graham Road Surgery in 2019.

(NSC Weston-super-Mare, Central Ward, Health Needs Assessment May 2016)

Please provide reasons for your answer and any mitigation required

A new and more accessible primary care facility will support recruitment and retention of health staff to enable improved delivery of primary care to the population. The project will provide an opportunity for staff to refocus on the health and care priorities (as detailed above) for the catchment population which include those living in central and south wards which have the 3rd largest health inequalities gap in England with 1% of the most deprived in in England.

The Graham Road practice boundary includes the Central ward area, with 35% of ward residents accessing primary care services from the site. The Joint Services Need Assessment (2016) identified that 6% of school age children between 7 and 15 yrs living in the ward have a learning disability, and 13% of the population are not working due to sickness and disability, which is high in comparison to the 4% North Somerset average. The new facility will have sufficient space and amenity to offer new models of care and services to support people with all types of disability, particularly with the opportunity to co-locate health and care services to deliver holistic and joined up care. As part of the development of the full business case, the engagement and consultation with patient groups including disabled people and carers to understand their health and care needs will support the design and accessibility of the service and also the clinical offer provided to this population.

Gender Reassignment (Positive, Negative, Neutral)

Positive

Weston super Mare has a small population of Trans people known by experience through the North Somerset LGBT+ Forum.

Please provide reasons for your answer and any mitigation required

The design of a new facility will provide an opportunity to ensure that the needs of this community are considered from the outset.

Through a process of engagement with patient groups to support the development of the full business case, there will be opportunity for this patient group to inform the design of the new facility and services provided, ensuring that the needs of this community are considered from the outset.

Race Including nationality and ethnicity (Positive, Negative, Neutral)

Positive

A much higher proportion of people from a non-white British background live in Central ward than in the rest of North Somerset. People are more likely to have been born outside of the UK with their first language not being English.

Please provide reasons for your answer and any mitigation required

Part of implementing a new facility will be to ensure that services are welcome to all, and that access is made as easy as possible for people who may have English as a second language. The service will need to ensure that it is culturally aware and offers appropriate choice to patients concerning their cultural needs.

There are a higher proportion of people from a non-white British background living in Central and South wards than in the rest of North Somerset. After White British (82%) (94% in North Somerset, White Other is the next most common ethnic group in Central Ward; 4% of these residents are Polish. 11% of residents have a first language that is not English, which is again much higher than the North Somerset average of 2%.²

An important part of developing the new facility and the delivery of a new service model will be to ensure that services are welcome to all and that access is made as easy as possible for people who may have English as a second language. The engagement and consultation process to inform the full business case for the proposed site shall support engagement and co-production work with community leaders and groups to ensure that the services are culturally aware and offer appropriate choice to patients concerning their cultural needs.

Religion or Belief (Positive, Negative, Neutral)

Neutral/Positive

The new building will continue to provide universal primary care services regardless of religion or beliefs.

Please provide reasons for your answer and any mitigation required

This does present a fresh opportunity to understand what needs the local community may have regarding faith and religious beliefs regarding the receipt of health care.

Approximately 52% of South ward and 56% of Central ward residents define themselves as Christian, compared to 61% across North Somerset; Islam is the second most common religion in Central ward with (1%). There are small proportions of South and Central ward residents identifying themselves as belonging to other religions including but not limited to Buddhist, Hindu, Jewish, and Sikh. Roughly 40% of the population do not identify with any religion.

The services delivered from the new building will continue to provide universal primary care services regardless of religion or beliefs. The development of a new service model to be delivered from the new facility presents a fresh opportunity to understand what needs the local community may have regarding faith and religious beliefs when in receipt of health care services

² Census 2011: NB “non-white British” includes black and minority ethnic (BAME) and White other categories

Sex (Positive, Negative, Neutral)

Neutral/Positive

The new building will provide universal primary care services regardless of sex.

Please provide reasons for your answer and any mitigation required

However, in this area which has high deprivation and higher mortality and morbidity rates than the English average, it will be important to understand the particular health needs of men and women in the community the services will serve. In particular there is a higher incidence of self-harm in this community.

The new building will provide universal primary care services regardless of sex. The population to be served by the new facility has high deprivation and higher mortality and morbidity rates than the English average, it will be important to understand the particular health needs of men and women in the community the services will serve. In particular there is a higher incidence of self-harm in this community.

Sexual Orientation (Positive, Negative, Neutral)

Positive

There is a significant LGBT+ community in Weston –super –Mare with an annual Pride celebration which draws in thousands of local people from Weston and surrounding areas. It is well known that health outcomes for this community are lower than for other communities.

Please provide reasons for your answer and any mitigation required

The new building will offer the opportunity to revisit how the accessible and welcoming the services are to people for the LGBT+ community and there will be greater opportunity to reach out and engage to see what matters most as any service changes are co-designed.

Pregnancy and Maternity (Positive, Negative, Neutral)

Neutral/positive

The new building will provide universal primary care services to pregnant women through antenatal and post-natal care

Please provide reasons for your answer and any mitigation required

There is an opportunity to review and improve services for pregnancy and maternity in this proposal.

There is a relatively younger population in South and Central ward areas, with higher levels of general fertility (86 per 1000 people in South and 76 per 1000 in Central aged 15-44 years) indicating that the birth rate in the area served by the new facility is higher than the

North Somerset average (65 per 1000 people). This highlights the importance of good access to maternity services and parenting support to the practice population.

The Central ward Health Needs Assessment³ states that between 2011 and 2013 the conception rate for under 18s in Central ward was 58 per 1000, which is over double the North Somerset under 18s conception – although the actual number of under 18 conceptions in that period was small and requires care in interpretation (n=17).

The new services will continue to provide universal primary care services to pregnant women through antenatal and post-natal care, however there is a positive opportunity during the engagement and consultation processes to review and improve services for pregnancy and maternity, in response to local need.

Marriage & Civil Partnership (Positive, Negative, Neutral)

Neutral

The new building will provide universal primary care services regardless of the marital and civil partnership status of people using the services.

Please provide reasons for your answer and any mitigation required

The services delivered at the new facility will provide universal primary care services regardless of the marital and civil partnership status of people using the services.

** Under-18s are only protected against age discrimination in relation to work, not in access to services, housing, etc. Children's rights are protected by several other laws and treaties, such as: The Children Act; the Human Rights Act 1998; the UN Convention on the Rights of the Child; the European Convention on Human Rights; the UN Convention on the Rights of Persons with Disabilities; and the UN Convention on the Elimination of Discrimination against Women*

Relevance to the Public Sector Equality Duty - Please select which of the three points are relevant to your proposal. There is a general duty which requires the system to have due regard to the need to:

7. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010?

Does this proposal address risk in relation to any particular characteristics?

Yes

There is an opportunity as this project proceeds to engage with the communities which share protected characteristics to understand what matters most to them in the new facility. It is intended to reach out to these communities and involve them in service review, redesign and development throughout the project. This will help to surface any issues of unlawful discrimination, harassment and victimisation and help to build relationships with the local community, particularly with communities that we don't hear from so often or that are marginalised in some way.

³ Donna Davies & Helen Yeo 'Weston-super-Mare Central ward Health Needs Assessment' (May 2016), p10

8. Advance equality of opportunity between people who share a protected characteristic and those who do not?

9. Will this proposal facilitate equality of opportunity in relation to particular characteristics?

Yes

Please explain your reasons

There is an opportunity as this project proceeds to engage with the communities which share protected characteristics to understand what matters most to them in the new facility. It is intended to reach out to these communities and involve them in service review, redesign and development throughout the project. This will help to build relationships with the local community, surface opportunities to facilitate equal opportunities, particularly with communities that we don't hear from so often or that are marginalised in some way.

EIA Impact Assessment Approver(s) – Please email Sharon.Woma@nhs.net for approval

Full Name

Comments from Equality Lead

Date Approved

Quality Impact Assessment

**Project name: Graham Road GP
Surgery relocation proposal**



Quality is defined in terms of three domains:

- Patient safety (doing no harm to patients)
- Patient experience (care should be characterised by compassion, dignity and respect);
- Effectiveness of care (to be measured using survival rates, complication rates, measures of clinical improvement, and patient-reported outcome measures)

The quality and safety domains should be used to outline the details of the potential impacts of the plans on quality.

Background and context of the proposal

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (the CCG) successfully secured in 2018 £3.2m STP capital funding (STP), to develop a new primary care facility in central Weston for relocation of GP services currently provided by Pier Health Group Ltd (PHGL) from the Graham Road Surgery estate.

Access to excellent primary care services in central Weston is a high local priority. Engagement work undertaken as part of the Healthy Weston programme found that primary care services in the town needed improvement. In particular, the Graham Road Surgery estate is of poor quality and constrained in ability to be extended or improve the facilities to satisfactorily cater to the patient population, which includes the population of the former Clarence Park Surgery (c 4,000 patients) that closed in September 2019 when the landlords decided to sell the property. The registered list at Graham Road Surgery currently stands at just over 11,700 patients.

The Central Weston Steering Group was launched in June 2019 with the purpose of identifying a suitable site in Weston town centre and progressing to an outline and then Full Business Case (FBC) for a primary care centre of c.1,100m², which could accommodate the relocation of Graham Road Surgery patients with room for growth and co-location of health and care services to deliver new, joined up service models for the population of Weston.

Co-produced with patients and a range of local providers and stakeholders, an evaluation and scoring criteria for assessing the site options was defined. 17 site options in and around Weston town centre were considered between June '19 and June '20 that could be suitable for FBC development for a preferred site that was achievable, accessible and affordable.

In June 2020, a final evaluation process was completed with clinical and managerial representation from PHGL, Graham Road patients and representatives from Sirona, North Somerset Council (NSC) and the CCG. From a shortlist of three viable sites, the Weston Rugby Club (the Rugby Club) was the highest scoring option overall. Working with the developer, Studio Hive, an Outline Business Case (OBC) was developed with the Rugby Club as the preferred site option. The OBC was approved by the CCG's Primary Care Commissioning Committee (PCCC) in July 2020 and regional NHSE team.

The intention to develop a FBC for a new primary care facility on the Rugby Club site was announced publically in December 2020. The next stages of the project include the development of a FBC to include public consultation and engagement, with full planning permission in place. Subject to approval of the FBC, the construction period will commence in early 2022 with completion anticipated in spring 2023 following the current programme projections.

Part 1: Screening Tool

1.1 Does your plan affect patient safety?

1. Is there an impact on patient safety? (Yes)
2. Is there an impact on delivery of national standards? (Yes)
3. Is there an impact on the provider's duty to protect people? (Yes)
4. Is there an impact on clinical workforce capability and skills? (Yes)
5. Does the plan create an impact on the prevention of violence and aggression; or contribute to service users feeling less safe? (Yes)
6. Is there an impact on partner organisations and any aspect of shared risk? (Yes)
7. Provide a rationale for assessing the impact on Patient Safety

The proposed new primary care facility will be designed to provide sustainable, fit for purpose accommodation, replacing the former Clarence Park and Graham Road surgery premises. The accommodation and design of the new facility will be based on delivering functional, adaptable and flexible space to meet the needs of the registered practice population and providing room for growth will promote positive impacts on delivery of safe services to patients.

Therefore overall it is anticipated that the proposed project will enhance patient safety. However, patient safety will need to be considered in relation to access to the new site for some patient groups. In addition, vulnerable patient groups will require further consideration in ensuring their access to treatment, including medication, is not disrupted. Any change to treatment and/or medication provision will require further discussion with partner organisations to assess potential impact on patients and service delivery.

1.2 Does your plan affect clinical outcomes?

1. Does your plan comply with the best evidence guidance including NICE? (Yes)
2. Does your plan impact on the delivery of services in line with national clinical and quality standards? (Yes)
3. Does your plan lead to a change in care pathways? (Yes)
4. Is there an impact on the delivery of clinical outcomes? (Yes)
5. Provide a rationale for assessing the impact on Clinical Outcomes

The schedule of accommodation requirements and internal layout design has been carefully assessed with reference to the latest policy and technical guidance including health building notes (HBN). The additional space will enable the provider to deliver high quality care pathways, and new services beyond core general medical service provision. This may include the co-location of community health and care partner services either in the facility, or located in proximity in the Weston Rugby Club development, which will promote closer, integrated working with locality providers. The improvements in the quality of the facility is likely to help in attracting a new and expanded workforce, to include wider skill mix including

mental health practitioners, physios, clinical pharmacists as part of Additional Reimbursable Roles (ARRS) investment in primary care services.

As part of an engagement and consultation plan for the relocation of Graham Road services to the new facility, co-production workshops will be held with the patient population and wider community to design the service model deployed by the provider (PHGL). Improved and new patient care pathways, tailored to the needs of the local population will be able to be delivered effectively with the benefit of the capacity a modern and purpose built facility with additional space brings. This is likely to improve patient health outcomes, in turn contributing to reducing inequalities at population level.

A change to the location of the community pharmacy currently located at the Graham Road surgery site as part of the intended relocation to the Rugby Club development will need to be considered as a part of a change to care pathways. The pharmacy for example provides a methadone dispensing service to a predominantly homeless population who may be negatively impacted by a change of location.

1.3 Does your plan affect patient experience?

6. Does your plan have an impact on service user experience? (Yes)
7. Does your plan have an impact on carer experience? (Yes)
8. Does your plan support the choice agenda? (Yes)
9. Does your plan address concerns and issues identified through PALs, complaints, and national and local service user and carer surveys? (Yes)
10. Provide a rationale for assessing the impact on Patient Experience
(A summary narrative to explain answers to questions above)

A high quality, state of the art primary care facility located in an accessible location is likely to support improved patient experience. The location is not as close to populations in the centre of Weston as other site options considered during the site search; however the opportunities presented by the ability to fit out a brand new 'shell' building that could provide the required square meterage, along with good natural light and optimum internal configuration was evaluated highly in comparison to alternative locations closer to the town centre. The new location is the closest of all options considered to the existing Graham Road site and the travel times to the new location will be proportionately the same for patients as those to the current site.

It is vital, however to listen to concerns regarding accessibility, as the facility will be built on what is currently an undeveloped site, sitting in proximity to industrial units and little residential housing. This will change in light of a wider regeneration in the next 2-3 years as part of the Station Gateway as part of North Somerset Council's place making programme, with hundreds of apartments and housing built not just on the Weston Rugby Club site but also on Sunnyside Road and the former Locking Bus station. Feedback post public announcement of the site location has highlighted the lack of public transport and accessibility by foot from the town centre, which is

pertinent due to lower than national average levels of car ownership in Central ward for example.

The intention is to run a series of pre-consultation engagement workshops in April / May 2021 with service users and staff to consider key patient experience factors, including transport and accessibility, design 'look and feel' of the facility, health and wellbeing opportunities at the new site and the new service model. There will be the opportunity to not just engage and listen to issues, but to co-produce with service users and local stakeholders solutions or mitigations to any issues or risks that are raised. This will be followed by a consultation piece on the relocation of Graham Road surgery services to the new site from June – September 2021.

To measure patient experience when the facility opens in spring 2023, ongoing opportunities feedback will be provided to all service users including Friends and Family tests, practice questionnaires and the ability to feedback via the practice Patient Participation Group (PPG) and Healthwatch. Complaints will continue to be managed in the first instance by the practice provider. All feedback will be collated and used to inform continuous service improvement, with regular 'you said, we did' communications provided via the PPG steering group, practice noticeboards and other media.

1.4 Risk Scoring

Please add the risks identified for your project (copy and paste to add more if needed)

Quality Domain: Patient safety

Risk description: Due to the change in site there is a risk that access may be challenging for some patients. In addition access to prescription and treatment for vulnerable groups including those patients with substance misuse may be affected. This may also involve impacts on other services such as drug and alcohol services requiring them to make changes to their care pathways.

Probability: 3

Impact: 3

Total score: 9

Quality Domain: Clinical outcomes

Risk description Due to the intended change of location of the Graham Road surgery community pharmacy as part of the relocation to the new facility at the Rugby Club site, there is a risk that change to service pathways by virtue of change of location could impact on uptake and use of community pharmacy services such as methadone dispensing or needle exchange, which could cause adverse outcomes for these service users.

Probability: 3

Impact: 4

Total score: 12

Quality Domain: Patient experience

Risk description: Due to the preferred site not being as close to the town centre as other evaluated options, there is a risk that there will be a lack of support for the new facility locally, that may lead to reputational damage to the CCG.

Probability: 3

Impact: 4

Total score: 12

Quality Domain: Patient experience

Risk description: Should patients at Graham Road Surgery perceive that the services will close or diminish prior to the opening of the new facility, there is a risk that patients may raise complaints or concerns or move practice list, resulting in loss of reputation for the practice and CCG, possible instability of the APMS contract and increasing pressure on neighbouring GP practices.

Probability: 4

Impact: 3

Total score: 12

Scoring: The scoring is based on a standard risk matrix scoring system. The score will therefore, reflect the potential risk to quality and is summarised below. The overall risk score should be the highest score from the individual quality domains.

The **probability** of the risk

1. Rare
2. Unlikely
3. Possible
4. Likely
5. Almost certain

The **impact** of the risk

1. Very low impact
2. Low impact
3. Medium impact
4. High/Serious Impact
5. Very Serious Impact

1.5 Conclusion of Screening Tool - Project Lead to confirm

11. Based on answers to the screening questions above, do you think this project needs to proceed to full QIA? **Yes**
12. Please explain your reasons:

The initial assessment indicates that there are impacts across patient experience, outcomes and safety to be explored in further detail.

1.6 Approval – Quality Lead to complete

13. QIA Approver(s):
14. Date of Quality Assurance:
15. Comments from QIA lead

Part 2: FULL Quality Impact Assessment

Please tell us how your plan impacts on the Quality Domains

16. Patient Safety

It is likely that overall, the new development will support an improvement in the delivery of health care services, resulting in higher levels of patient safety. However it is important to note that the practice boundary for the current Graham Road location (c.11,700 list size) includes areas of deprivation and people with high levels of need both for health and social care services and include a high proportion of care home beds in Weston.

There is a patient population who access the pharmacy at Graham Road for methadone dispensing; who are may be difficult to engage with regarding the relocation of the services. Importantly, the pharmacy will re-locate with the practice (preserving the provision). However in a context of whether this proposed relocation may make the care of any patients *less safe* it is a fair assumption that the move of the pharmacy may make methadone dispensing less accessible to this population, who are often either homeless or in temporary housing and may decide/ find it harder to travel to the new site to access services. It will be important to ensure excellent links with local drug and alcohol services to support this population.

The location of the new facility is on the eastern and opposite side of the main line railway line; it is possible to cross the railway line by road bridge or via the railway station footbridge, although this is not suitable for buggies or wheelchairs. It is possible that some people may take risks to cross the railway line to reach the site, rather than using available road and pedestrian crossing infrastructure.

The patient population also includes a high number of young people and families and to reflect the needs of the population, and to improve safety for patients the service delivered from the new location would need to consider promoting the needs of children requiring safeguarding – in particular ensuring that there are excellent links with Health Visiting teams.

Co-production of the service model with groups identified in the equality impact assessment (EIA) and identified within this document to ensure that personalised and self-care forms part of the service model and that effective service provision is protected and not lost through the relocation and service model design.

17. Clinical Outcome

Clinical outcomes are likely to be improved as a result of the modern, fit for purpose environment, with a facility large enough to absorb population growth to 2030. This will also improve staff retention and recruitment. The additional space, level of amenity and location provided by the new facility will help to support the capacity for existing patient care pathways and add new pathways that support improved outcomes, to meet the needs of the local population. There are also prime opportunities to develop more social prescribing

offers from the site, to promote prevention and proactive self-care for example linking with the gym that will form part of the Rugby Club facilities, the surrounding recreational grounds and green spaces that might support activities such as allotments or gardens linked to the practice.

The preservation of the in-house pharmacy at the new location will also be a great asset to the new service, ensuring continuity of provision. However, it will be important to ensure that populations that use community pharmacy services are not disadvantaged by the relocation and mitigations are developed to support access by foot and transport to the new facility that will not inhibit people from continuing to use these services.

18. Patient Experience

Patients will benefit from a new fit for purpose clinical environment including direct ground floor access and circa 25 dedicated free parking spaces and access to additional parking within the development. Pre-consultation engagement workshops in April / May 2021 with all service users and staff will consider patient experience factors, including transport and accessibility, design 'look and feel' of the facility, health and wellbeing opportunities at the new site and the new service model. The EIA has identified patient groups with protected characteristics that may be impacted by the proposed changes and therefore contact with these groups to understand issues and garner views on the changes is vital to ensure timely and appropriate mitigations where necessary can be developed prior to the commission of the new facility in spring 2023.

Co-production workshops will be followed by a consultation piece on the relocation of Graham Road surgery services to the new site from (June – September 2021)

To familiarise and provide orientation ahead of the facility opening a walk around of the facility with for patients and members of the community will be offered by the provider.

Are there any specialist advisors that will need to be consulted or involved in the development of your plan?

19. Please Comment:

Drug and alcohol service providers (We are with you)
Local pharmacy committee (Avon LPC)
Health Visiting services
Local safeguarding leads

What is the outcome of your Quality Impact Assessment?

20. Although this QIA does not identify any potential harm to patients and staff, it has identified where there are potential risks to patient safety and experience which may be caused by the relocation to the Rugby Club location. Therefore these risks will be incorporated in the risk register with supportive mitigating actions put in place and will also inform the materials for pre consultation engagement and formal consultation on the relocation.

Full QIA Approval

21. QIA Lead approval:



Contact us:

Healthier Together PMO Office, Level 4, South Plaza, Marlborough
Street, Bristol, BS1 3NX

bnssg.htpmo@nhs.net

APPENDIX 7 - Engagement & Governance Timeline

Graham Road GP Surgery relocation - Outline involvement, engagement and consultation timeline													
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Involvement and engagement period	Planning		Patient Participation Group (PPG) involvement and elections	Pre-consultation engagement		Consultation on relocation of Graham Road Surgery				Consultation analysis and report writing			
Pre-consultation co-production workshops				16.04 23.04 30.04	7.05								
Outreach listening event - Equality communities						TBC	TBC	TBC	TBC				
Outreach listening event - Older People's Champions Group						TBC	TBC	TBC	TBC				
Outreach listening event - Disabled Access Group						TBC	TBC	TBC	TBC				
Outreach listening event - LGBTQ+						TBC	TBC	TBC	TBC				
Outreach listening event - BAME communities						TBC	TBC	TBC	TBC				
Outreach listening event - GRT communities						TBC	TBC	TBC	TBC				
Outreach listening event - Health inclusion communities: e.g. homeless, sex workers, substance misuse						TBC	TBC	TBC	TBC				
Governance & Key Meetings for Updates and Reports													
CCG Primary Care Commissioning Committee	26.1.21	23.2.21	30.3.21	27.4.21	25.5.21	29.6.21	27.7.21	31.8.21	28.9.21	26.10.21	30.11.21		TBC
CCG Primary Care Operational Group	14.01.21	11.02.21	11.03.21	08.04.21	13.05.21	10.06.21	09.07.21	12.08.21	09.09.21	14.10.21	11.11.21	09.12.21	
North Somerset Council Health Oversight & Scrutiny Panel (HOSP)			18.3.21			3.6.21				7.10.21			
Weston Town Council meeting	25.1.21		22.3.21		20.5.21								
NHSEI Assurance													

Feedback Report – Pre- consultation Engagement Workshops:

The feedback below was gathered from consultation engagement workshops and public meetings which focused on a variety of themes as set out below. These meetings were held between April and September 2021. The feedback identifies themes from what we hear matters most to local people.

You Said...		We will.../We have...
Transport and Access		
1	Concerns that Hildesheim Bridge is cumbersome for the elderly, young children, disabled and those with sensory impairment	We are liaising with NS Council to understand plans for future walking and cycling access improvements to surrounding infrastructure, including Hildesheim Bridge
2	Concerns that access via the train station/ footbridge is not always possible and is reliant on Network Rail permission	Studio Hive are in contact with Network Rail regarding future use of the train station footbridge
3	Concern that currently a train ticket is required in order to cross the bridge at the train station.	Studio Hive are in contact with Network Rail regarding future use of the train station footbridge
4	Would like to understand the car parking proposal and how many spaces will be available	Studio Hive have confirmed that there will be at least 25 car parking spaces available, and access to additional parking at the Rugby Club site on non-match days
5	Opportunity to engage early with transport providers	This is a process; we don't have the building yet and would not be able to get the transport sorted without it. There is a bus stop in front of the practice in the plans and has been submitted by the council. The project team has reached out to First Bus and to GWR. They are in discussions with local community transport providers..
6	Risk assessment of pedestrian routes requested	We will look into this

You Said...		We will.../We have...
7	Safe access required during development work at the Rugby Club site	Safe access to the proposed GP surgery site will be provided by the developer, Studio Hive
8	What bus routes are available and how often do the buses run?	First Bus currently run routes to Weston railway station (numbers 3,5 and 7). Number 3 route runs approximately every 20 minutes via the railway station, Clevedon Road and Drove Road.
9	How many patients are affected and in what way (considering where they live)?	Graham Road Surgery has c11,700 patients
10	Will there be a community transport 'offer'?	The project team are in discussions with local and community transport providers.
11	Consider the environmental impact of more patients driving	The environmental impact of the development will be undertaken as part of the full planning process
12	Can walk to GRS but Rugby Club too far, resulting in cost for taxi and loss of reduced physical exercise.	Currently discussions are underway with community transport providers to see what arrangements could be put in place to support people with similar needs. Including a Dial a Ride scheme and the potential for a shuttle bus as possible solutions that were being thought about. The team are aware that travel and access to the new facility is a crucial part of the planning phase and that a focus is being given to all modes of accessing the new facility such as pedestrian, mobility scooter and wheelchair, cycling, car and public transport.
Design, Look and Feel		
1	Ideas for new names for the facility (Sunnyside, Unity, Concord, Centrum, Nexus, Fellowship)	PHGL are considering the name of the new facility and will announce the new name in due course – likely to be some months yet.
2	Ensure the space allows for confidential discussions	The practice is working closely with the developers and ensured this is considered within the floor plans

You Said...		We will.../We have...
3	Provide an automatic check-in system	The practice is working closely with the developers and ensured this is considered within the floor plans
4	Ensure there is a lift to upper floors	There will be a lift for patient use to upper floors
5	Ensure the medical rooms and [main] entrance is accessible for wheelchair and mobility scooters	The facility will be fully DDA compliant with accessible consultation rooms and entrance to the building
6	Consider environmental aspects i.e. heating and ventilation	The practice is working closely with the developers who have confirmed that the plans will adhere to BREEAM 'Good' or better to ensure lowest environmental impact possible of heating and ventilation
7	Consider conducting a dementia friendly audit to consider lighting, use of colour, signage, orientation, non-slip floors, toilets etc.	The practice is working closely with the developers and ensured this is considered within the floor plans
8	Provide space for buggies and pushchairs and baby changing facilities	The practice is working closely with the developers and ensured this is considered within the floor plans
9	Playing area for children	The practice is working closely with the developers and ensured this is considered within the floor plans
10	Provide clear signage and wayfinding, especially for people who are blind or visually impaired	Discussions have been held with the RNIB to see if their expertise can be secured at the planning stage.
11	Staff to be trained in guiding blind people – not just grabbing an arm.	The practice is working with RNIB to provide training to support these patients
12	Need a link with the equipment store that easy for people to get what they need	The practice is working closely with the developers and ensured this is considered within the floor plans
Health and Wellbeing		
1	Consider running Men's Talking Groups	The practice is keen to accommodate Health & Wellbeing groups and will consider these options in their planning for services and community support.

You Said...		We will.../We have...
2	Gentle exercise activities (Yoga, Pilates etc.)	The practice is keen to accommodate Health & Wellbeing groups and will consider these options in their planning for services and community support.
3	Support for sports injuries (linking with the Rugby Club)	The practice is keen to accommodate Health & Wellbeing groups and will consider these options in their planning for services and community support.
4	Health Trainers to offer their services from the facility	The practice is keen to accommodate Health & Wellbeing groups and will consider these options in their planning for services and community support.
5	Develop the practice green space with allotments, raised beds, sensory planting and relaxation/ sitting areas	The practice is keen to accommodate Health & Wellbeing groups and will consider these options in their planning for services and community support.
6	Links to Health and Wellbeing clubs, community groups and voluntary ventures	The practice is keen to accommodate Health & Wellbeing groups and will consider these options in their planning for services and community support.
7	Link the garden with healthy eating initiatives, cooking and food banks	The practice is keen to accommodate Health & Wellbeing groups and will consider these options in their planning for services and community support.
8	Have an I.T. room for people to access and learn digital health platforms and Apps	The practice is working closely with the developers and ensured this is considered within the floor plans
9	Provide a multi-faith prayer room	The practice is working closely with the developers and ensured this is considered within the floor plans
Service Model/ Delivery		
1	Provides a fantastic opportunity for an improved facility and services	The practice is committed to continuously develop and improve their health care provision and the new facility provides a wonderful platform to deliver this from.
2	All methods of GP consultations are value by patients (on-line, face to face, telephone, video, text)	The practice will always accommodate a number of GP consultation methods to meet the needs of their population.

You Said...		We will.../We have...
3	Opportunity to house and work more closely with community services	The practice is working closely with system partners, to include community services, to offer joined-up care for their patient population.
4	Critical to maintain support to nursing and care homes	The practice has a strong and professional working relationship with local care and nursing homes
5	Hopefully the new facility will help to attract staff.	We know from other practices in our region that staff are attracted to new and fit for purpose premises. The proximity of the train station will also make it easier for some to travel to and from work. There is a struggle to recruit people to Graham Road, but a big part of changing that is having a new building to suit
6	Will all your doctors and nurses go with the relocation?	All the staff at Graham Rd find it a difficult building to work with and are desperate for more space.. All Graham Road staff will re-locate to the new premises.
7	Support for patients to use digital health platforms and apps	The practice is working closely with the developers and ensured that a digital space is considered within the floor plans. Our staff will be happy to support patients to use digital health options.
8	Provide services to support people such as Gypsy Roma travelling communities, Veterans, those with Learning Disabilities and the Frail and Elderly	The practice is working closely with community services and the voluntary sector to ensure the care we offer meets our patients needs
9	Sceptical it will go ahead as all sounds too good to be true	The practice is working with the local NHS and NHS England to deliver a full proposal for the facility, subject to approval the facility will be delivered late 2023.
10	I am worried that all these additional services (and things like the garden and cooking facilities) might dilute what we really need, a good GP and pharmacy.	The new health facility will enable us to improve our health care provision and will house an on-site pharmacy and other health care services.

You Said...		We will.../We have...
11	I am worried that by putting the services into this new facility they will use this as an excuse to downgrade Weston Hospital	The practice and local NHS are proposing to deliver a facility that will re-home Graham Road Surgery and provide additional space for health and care service closer to the communities that need them. This is separate to any discussions regarding services at Weston General Hospital.
12	After care from hospital is a major problem and a major need. I have had experience of this after 2 operations – it is dire. We need a central point where needs are looked after led by a GP	Purpose build, state of the art facilities may provide scope for GPs to provide additional services to meet the needs of the local community
Under-served communities who may benefit from this new approach		
1	The blind community	We are proactively engaging with RNIB and Vision North Somerset to ensure their feedback is understood and considered.
2	People with scoliosis – there isn't a support group for them that I have found in this area	We have researched this, and the Scoliosis Association UK can provide support. Their website is https://sauk.org.uk/ There isn't a local support group, but anyone can access the following Facebook pages: https://www.facebook.com/Scoliosis-Support-Group-206990540241534 https://www.facebook.com/ScoliosisAssociationUK/

BNSSG ICB Estates

Page 115

National & Local Context and Priorities

National Context

- ICB formed in July 2022
- Integration of services – Locality Partnerships & Primary Care Networks (PCN)

Page 116

National elective recovery and recruitment challenges

- Comprehensive Spending Review (22/23, 23/24, 24/25)
national priorities:
 - Community Diagnostic Centres
 - Elective Recovery Centres
 - New Hospital Programme

BNSSG Estates Context

ICB Estates Steering Group responsible for system strategy & capital planning

- Infrastructure Needs Review – complete 2022/23
- ICS Estates Strategy – planned 2023/24
 - 2 & 10 Year Prioritised Capital Plans
 - Acute & Integrated Care Collaboratives
 - Getting the most out of our existing assets
 - Evidencing the need and prioritising
 - Develop platforms to enable access to funding

Woodspring Primary Care Networks

- Unique position in BNSSG. Only locality without significant capacity pressures where all 3 PCNs have:
 - Above 90% of recommended capacity and
 - Overall locality has 102% of recommended capacity
 - Among lowest backlog maintenance costs across BNSSG

Woodspring Locality Areas of Focus

- Utilisation of Pill Health Centre
- Colocation of integrated personalised care teams

Closure of Castlewood

Clevedon Community Hospital Out-Patients utilisation

North Somerset – Weston, Worle & Villages Primary Care Networks

- Unique in that all practices in WWV locality are in 1 PCN
- Locality with the least estates capacity for Primary Care provision in BNSSG - PCN is ICB top priority

New primary care facilities will significantly improve the situation:

- Parklands Village: currently under construction and due to be open within the next 6 months
- Central Weston Rugby Club facility is in advanced planning stages

Parklands Village

- New GP practice for Weston Villages – due to open June 2023
- Circa 1,000m² modern, purpose built, sustainable facility for 12,000 – 16,000 patients
- Innovative development partnership between NSC & NHS
- Opportunity for integration with other services

Page 121



Central Weston

- Proposed new home for Graham Road GP practice – 2 lower floors (circa 1,100m²) of 5 storey building
- £3.2million NHSE capital grant
- Potential for Sirona & AWP to take 3 floors above
- Planning permission granted November 2022
- Full Business Case goes to NHSE in April 2023
- Key role in local regeneration

Page 122

1 - Weston Rugby Club site redevelopment elevation concept plans



Graham Road GP Surgery Relocation: Engagement and Consultation

Presentation to: Health, Overview & Scrutiny Panel (HOSP)

Presentation by: Dr Cummings / Dr Chubb – GP Pier Health Group

Date: 16 February 2023

Page 123



www.pierhealth.co.uk

T: 01934 411292

E: bnssg.pierhealthcomms@nhs.net

Background

- NHS England have **allocated £3.2m** to enable the closure of existing Graham Road Surgery (GRS) & relocation of services to a new purpose built primary care facility:
 - **17 site options** initially considered, with shortlist site evaluation in **June 2020**.
 - Evaluation conducted by representatives from Pier Health Group, patients, Sirona, North Somerset Council and the CCG.
 - The **Rugby Club** site scored **82.5%** of available weighted scores; second option scored 47.2%
- Engagement and Consultation activities in line with guidance received from NHS England took place during Summer 2021, and a summary of those activities follows.

HOSP is now asked to provide endorsement of the process that was followed in relation to this engagement and consultation activity. If endorsement is given then this will be incorporated into the Full Business Case due to be submitted to NHS England in April, pending approval by the ICB Board.

Page 124



WQM RFC Regeneration - October 2018
Indicative Masterplan-subject to design development and therefore change

Consultation and Engagement

The Consultation and Engagement Plan sets out the public engagement and consultation stages in relation to relocation of Graham Road Surgery to the proposed new facility, including delivery plan, required activities, outputs and timelines.

- Key objective to **listen** to patients, staff, stakeholders and public views, **suggestions and concerns**
- Involvement and engagement with the **local community** to co-produce elements of the new facility and service model, and to include a period of **pre-consultation** engagement
- Delivery of a series of **facilitated workshops** inviting patients and stakeholders and members of the local community
- Underpinning the Plan, an **Equality Impact Assessment (EIA)**

Summary of Pre-Consultation Engagement Activity:

Date:	Activity:	Output:	Status:
10 Apr 2021	PPG Patient Advisory Reference Group – 1 st meeting	Approval of workshop dates and subject matter	Completed
16 Apr 2021	Co-production workshop – access and transport	Feedback report	Completed
23 Apr 2021	Co-production workshop – design look and feel	Feedback report	Completed
30 Apr 2021	Co-production workshop – opportunities for health, care and wellbeing	Feedback report	Completed
7 May 2021	Co-production workshop - improving the primary care service model for operation across 2 sites	Feedback report	Completed
May 2021	Develop consultation materials – slide deck, FAQs, website copy, survey, feedback form, consultation feedback log,	Consultation pack- to be approved by Steering Group & PCCC	Completed
May 2021	Communication to promote consultation launch engagement & how to involve local residents	Press release / Patient letter & survey to launch consultation / Stakeholder comms to launch consultation start	Completed

Consultation and Engagement

Summary of Consultation Activity:

Date:	Activity:	Output:	Status:
June 2021	12 week public consultation starts	Consultation materials, informed by pre-consultation engagement process. Letters sent to 8000 patients asking for views and including an invitation to a virtual open meeting. 73 Community Group Surveys issued.	Completed
June – Sept 2021	Outreach listening events - Equality communities	Feedback reports	Completed
June – Sept 2021	Older People's Champions Group	Feedback reports	Completed
June – Sept 2021	Disabled Access Group	Feedback reports	Completed
June – Sept 2021	LGBTQ community groups	Feedback reports	Completed
June – Sept 2021	BAME community groups	Feedback reports	Completed
June – Sept 2021	GRT communities	Feedback reports	Completed
June – Sept 2021	Health inclusion communities: e.g. homeless, sex workers, substance misuse	Feedback reports	Completed
Sept - Oct 2021	Conclusion of consultation period – report writing	Consultation feedback report. You said, We Did appended to report and advertised on practice website	Completed

Page 7 of 26

Public Workshops - Feedback

Transport & Access

- **Hildesheim Bridge** – work ongoing to liaise with NS Council re walking & cycling access improvement plans
- **Car parking proposal** - 33 spaces confirmed, plus access to additional spaces at the Rugby Club on non-match days
- **Engage transport providers early** - Council plans for bus stop outside practice & project team talking to providers
- **Safe access to Surgery during Rugby Club development** – will be provided by Studio Hive (developer)
- **Bus routes** – Routes 3, 5 and 7 to Weston station. No. 3 runs every 20 mins via station, Clevedon Rd and Drove Rd.
- **Community transport offer** – Practice discussing with local providers
- **Environment & driving** - impact assessment / planning
- **Patients affected** – 10,235

Design, Look & Feel

- **Suggested names: Sunnyside, Unity, Concord, Centrum, Nexus, Fellowship** – name under consideration
- **Confidential spaces / auto check-in / dementia friendly audit / baby facilities / play areas / equipment store access** - Practice working closely with developers & ensuring consideration within floor plans
- **Lift** - confirmed
- **Medical rooms & mobility entrance** - Facility fully DDA compliant with accessible consultation rooms & entrance to building
- **Environmental** - Practice working closely with developers, confirmed plans adhere to BREEAM 'Good' or better to ensure lowest impact of heating & ventilation
- **Clear signage** - Practice working with RNIB
- **Staff training guiding blind people** - Practice working with RNIB to provide training to support patients

Public Workshops - Feedback

Health & Wellbeing

- **Men's talking groups / gentle classes / sport injuries / in-house health trainers / green space / health & voluntary clubs link / healthy eating / food banks** – Practice keen to accommodate health & wellbeing groups and planning for services & community support
- **IT room /multi-faith prayer room** - working with developers to ensure consideration within floor plans

Service Model/Delivery

- **Fantastic Opportunity for improved facility** - committed to continuously improve health care provision
- **GP consultation methods** - accommodates a number of methods (e.g. online, face-to-face) to meet population needs
- **Community services partnering** - Practice working closely with system partners to offer joined-up care
- **Nursing & Care Home support** - strong & professional working relationship
- **Staff attracted** - new premises & train station locality
- **Doctors & Nurse relocation** - all relocated
- **Digital health** - working with developers & ensured digital space considered within floor plans + staff assistance
- **Support to Gypsy Roma, Veterans, Learning disabilities, Frail** - Practice working with community services & VS
- **New services may dilute key need (ie good GP and pharmacy)** – will improve care provision & inc. on-site pharmacy
- **Excuse to downgrade Weston Hospital** – proposal is separate to any discussions regarding services at WGH
- **Hospital after care concern** – proposal may provide scope for GPs to provide additional services to meet local needs

Under-Served Communities

- **Blind community** - engaging with RNIB and Vision North Somerset to ensure feedback understood and considered.
- **Scoliosis** - Scoliosis Association UK support & Facebook

Recommendation

- HOSP is asked to provide endorsement of the process that was followed in relation to this engagement and consultation activity. A letter of endorsement will be needed to incorporate into the Full Business Case due to be submitted to NHS England in April, pending approval by the ICB Board.

Next Steps

Full Business Case to ICB Board in April 2023.

Pending approval by ICB Board, Full Business Case to be submitted to NHS England during April 2023.

Appendix: Update on transitional transport support for patients after building move from Graham Road Surgery to Weston Rugby Club site

The relocation of the Graham Road site to the Rugby Club would see an 8% reduction in patients who are within a 15-minute walk of the practice. When considering those with a 20-minute walk, the percentage affected is negligible. The practice intends to support patients affected with the following transitional plan:

- A patient survey indicated patients currently travel to Graham Road: Car 49%, Walk 32%, Public transport 9%, Cycle 6%, Taxi 4%
- The new building will provide significantly better car parking for patients and a wider range of services than currently available
- Patients are able to stipulate their preferred method of consultation. Circa 30% of consultations are now carried out face to face. The remaining 70% are carried out either by telephone, video or secure message. The new building gives greater scope to be able to provide a range of clinics/service for patients that don't have access to digital solutions
- The wider use of digital solutions allows clinicians to carry out remote group consultations for appropriate consultations, like long term conditions and smoking cessation
- The adjacent train station serves a number of bus routes (numbers 3,5 and 7).
- The site encourages car sharing by having designated car sharing car parking spaces. The surgery will promote this option to its patients
- Patients will have access to a free taxi phone, enabling them to call a taxi, from the surgery
- The practice will promote NHS walking maps, explaining suggested safe walking and cycling routes
- The practice is happy to provide appropriate safe storage of bicycles for both staff and patients
- The site will have a designated activity loop and landscaped areas the practice will use for walking groups and other types of health and wellbeing groups.
- The practice commits to continuing to work with its PPG to understand ongoing issues patients are experiencing, and patient surveys will be carried out after the move
- Local community transport services are already in existence in Weston super Mare, for example: Weston and District Community Transport & RSVP
- The practice has committed to engaging with local volunteer driver services for patients that require it

North Somerset Council

REPORT TO THE HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING: 16 FEBRUARY 2022

SUBJECT OF REPORT: MENTAL HEALTH STRATEGY

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: MATT LENNY, DIRECTOR OF PUBLIC HEALTH

KEY DECISION: NO

REASON: UPDATE FOR INFORMATION

RECOMMENDATIONS

The Health Overview and Scrutiny Panel are invited to consider the update about development of the all-age mental health strategy for North Somerset and to contribute views, perspectives and possible actions to be considered as the strategy is developed and finalised.

1. SUMMARY OF REPORT

This report highlights how key findings from the adults and children and young people (CYP) mental health needs assessments and engagement activities are shaping emerging priorities to be addressed in the Mental Health Strategy.

The strategy will have a five-year timeline (2023-2028) and will be oriented around overarching themes of (i) Prevention, (ii) Early Intervention, and (iii) Supported and Living Well, to map to the overarching themes of the Health and Wellbeing Strategy 2021-2024.

2. DETAILS

An all-age Mental Health Strategy is currently being developed for North Somerset. The process of strategy development aims to:

- Build on our current knowledge of rising need nationally
- Assess and understand mental health and wellbeing need and related inequality in North Somerset in greater depth
- Understand current provision and any gaps to be addressed
- Explore and synthesise the views of the local population and stakeholders
- Review the latest evidence of the most effective interventions
- Collaborate with a range of partners to develop and set out the actions we will take collectively to improve mental health and wellbeing.

Developing the strategy does not discount the huge range of actions in place already. Rather, it aims to build on existing policy and practice, enhance synergy, and address any gaps or service improvement needs. For instance, the strategy will build on the Community Mental Health Framework, ICB-based strategic activity, BNSSG trauma-informed workplan, CYP and SEND partnerships, clinical service delivery and action in the community.

In addition, the Mental Health Strategy will aim to build on the joint Health and Wellbeing Strategy, its overarching themes and guiding principles and relevant objectives such as: reducing the prevalence of poor mental health in the NS population, improving access to timely support, and reducing social isolation. Specific actions include:

- Community grants programmes for mental health and funding of social prescribing destinations, implemented for 2022/23 and being sustained over 2023/24
- A Befriending Alliance to build on existing provision to enhance befriending services
- Specialised counselling and peer support for adults and children and young people who have experienced domestic abuse
- Training around attachment and early development, mental health, mental health awareness, and suicide prevention
- Targeted actions focused on the mental health and wellbeing of men
- Refreshing and implementing the North Somerset suicide prevention action plan
- Settings programmes that include a focus on mental health and wellbeing
- Support for partnership action relating to the health and wellbeing impacts of the cost-of-living crisis

2.1. Mental health and wellbeing need

Mental illness is the largest single cause of disability in the UK, with one in six adults estimated to have had a mental disorder, and an annual cost to the national economy (pre-pandemic) of £105 billion.¹ People with severe mental illness have higher risk of ill health (e.g. obesity, diabetes, chronic obstructive pulmonary disease, stroke) and reduced life expectancy compared to the general population. Young adults with severe mental illness are five times more likely to have three or more health conditions.²

The mental health burden of the COVID-19 pandemic has been significant, with particular adult groups most likely to have experienced poor mental health being women, young adults (aged 18-34), adults with pre-existing mental or physical health conditions, individuals experiencing loss of income or employment, those living in deprived neighbourhoods and people in some ethnic minority groups.³ Among children and young people (CYP), an increase in the prevalence of probable mental disorders has been observed between 2017 and 2022; with 18% of CYP aged 7-16 years and 26% of 17-19 year olds reported to have a probable mental health disorder.⁴

¹ Mental Health Strategy Taskforce, NHS England, The Five Year Forward View for Mental Health, 2016

² Public Health England, 2018. Health matters: reduced health inequalities in mental illness. <https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness/health-matters-reducing-health-inequalities-in-mental-illness>

³ OHID. COVID-19 mental health and wellbeing surveillance report. Updated November 2021. <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far>

⁴ NHS Digital (Nov 2022). Mental Health of Children and Young People in England 2022 – wave 3 follow up to the 2017 survey.

Findings of the adult and CYP mental health needs assessments, relating to need in North Somerset specifically, have been presented to the Health Overview and Scrutiny Panel previously. In summary, key needs identified in North Somerset include the following:

- 23.6% of adults report a high anxiety score, which is similar to the England average
- Approximately 14% of residents have a diagnosis of depression, which is higher than the England average, and which has followed an upward trend over recent years
- Hospital admissions for self-harm are higher than the national average
- Substantial inequality exists in North Somerset with higher prevalence of risk factors in areas of greater deprivation
- Among CYP, hospital admissions for self-harm and mental health conditions are higher than the national average and demonstrating an upward trend.

Further detail will be available on publication of the two documents.

2.2 Findings from engagement with people and stakeholders

Findings from engagement already completed has been used alongside feedback from mental health strategy-focused engagement with stakeholders and people with lived experience of mental ill-health.

Engagement completed during development of the Health and Wellbeing Strategy and to inform the Community Mental Health Framework and ICS strategy has highlighted the importance of:

- Prevention and early intervention and the provision of lower-level, locally available, and non-medicalised support for adults and CYP (building on community assets e.g. peer support, community clubs and activities)
- Addressing stressful living and working conditions
- Implementation of trauma-informed practice
- The importance of addressing social isolation and loneliness
- The role of outdoor and green spaces and physical activity in improving mental health and wellbeing
- School-based mental health support, a compassionate and informed approach, and addressing fear of judgement and/or labelling for those seeking support
- Family-based approaches to improving mental health (addressing parents/caregiver mental health and experience of trauma)
- Addressing stigma and unconscious bias

Several of the above priorities have also been identified in the engagement of stakeholders conducted between November 2022 and January 2023. Engagement included two online workshops, with 24 organisations represented, as well as focused sessions with Town and Parish Councils and North Somerset Together. Additional priorities raised include:

i. Adults and older adults

- Workplace interventions
- Addressing dual diagnosis
- A tailored focus on support for specific groups e.g. CYP with SEND, parents, males, disabled people, carers, people from Black, Asian and minority ethnic groups
- Mental health support linked to the cost-of-living crisis

- Consistent branding of services and pathways and shared systems to minimise re-telling of people's stories.
- Bridging support for people awaiting services and lower threshold interventions

ii. CYP

- Addressing self-harm and school-focused action including teaching emotional literacy, intervening early and ensuring trusted relationships in schools
- A needs-led approach and appropriate support for CYP with SEND

In addition to these overarching themes, colleagues provided suggestions for specific actions needed, which will be considered during action planning, alongside the evidence base.

2.3 Emergent themes

Taken together, therefore, the findings of the needs assessments and feedback from a range of sources of engagement highlight several emergent themes for the strategy. These may be honed as the strategy is developed and finalised, depending on mapping and prioritisation, to ensure that impact is maximised.

Prevention

- Early intervention around attachment and infant mental health
- Trauma-informed practice and preventing childhood trauma
- School-based support (including emotional literacy, education, training for professionals, trusted relationships)
- Community-led, locally available and voluntary, non-medicalised activities (including asset approach, peer support, local activities that bring people together)
- Addressing stigma
- Physical activity and green space

Early intervention

- Self-harm and preventing suicide (including understanding pathways and intervention to prevent and address self-harm)
- Support for those between general and specialist services or awaiting services
- A family and parent/caregiver perspective in mental health interventions/ services for CYP

Supported and Living Well

- Support to address the impact of the cost-of-living crisis
- Workplace-based support and pathways into employment
- Cohesion and visibility of mental health support and services
- Appropriate support for dual diagnosis
- Support for specific populations (e.g. carers, people who are LGBTQ+ or in Black, Asian and minority ethnic groups, disabled people), including consideration around physical health.

Reflecting guiding principles of the Health and Wellbeing Strategy, a life course focus will be included, commencing with the early years and perinatal mental health through to mental health and wellbeing for older people; and a central focus will be on reducing inequalities by including targeted approaches for particular groups.

2.4 Next steps

Recommendations from the needs assessments and feedback from the engagement described above will be synthesised further and considered alongside review of evidence, translating them into actions in an action plan covering (i) the early years, childhood and young adulthood, (ii) adulthood and (iii) older age, under the three overarching themes of Prevention, Early Intervention and Supported and Living Well, agreed by the North Somerset Mental Health Strategy Group.

The mental health strategy will be drafted over the coming months, with oversight and collaboration from the NS Mental Health Strategy Group, aiming for completion in March 2023.

Action planning will include prioritisation of action and collective agreement about allocation of the budget of £200K allocated to implementation of the strategy linked to the budget for refresh of the Health and Wellbeing Strategy. To date, £80K of the total £200K budget allocated has been allocated to a grants programme for projects that provide trauma-informed and/or responsive practice and prevention and intervention around self-harm in children and young people. Commencement of the grants programme and the priority themes addressed were agreed in December 2022 and allocation will be informed by a panel-based evaluation of proposals and discussions among the strategy group in February 2023, and ultimately, approval by the Health and Wellbeing Board in March 2023.

3. FINANCIAL IMPLICATIONS

The Health and Wellbeing Board has approved funding of £200K, from BNSSG ICB and the public health ringfenced grant, for implementation of the Mental Health Strategy, to be divided equally between actions for CYP and adults.

4. LEGAL POWERS AND IMPLICATIONS

N/A

5. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

Environmental implications of actions included in the strategy will be considered during its development and addressed as needed e.g. by including locally-available and accessible services and exploring opportunities to minimise emissions. Any new service providers commissioned or grant funded as part of the action plan will be also encouraged to include commitments to addressing climate change.

6. RISK MANAGEMENT

Development and delivery of the Mental Health Strategy is overseen by the Mental Health Strategy Group, which includes representatives from each Directorate of North Somerset Council, Locality Partnerships, primary care, mental health services, lived experience and the VCFSE sector. Risks will be discussed and managed within the group and escalated corporately as required.

7. EQUALITY IMPLICATIONS

The strategy and action plan will include targeted actions to address inequalities in mental ill-health and wellbeing. For instance, this may include actions relevant to specific

populations experiencing greater mental ill-health or for whom service delivery could be improved and/or tailored more appropriately.

8. CORPORATE IMPLICATIONS

The Mental Health Strategy will align with North Somerset Council's vision of being open, fair and green, by ensuring that the strategy responds to, and builds on, engagement with people and stakeholders and consultation around the draft strategy, partnership working and collaboration, and the focus on addressing inequalities in mental health. The strategy will also aim to support a range of strategies and programmes already in place, such as the Community Mental Health Framework, ICB ambition to become a trauma-informed system, cost-of-living crisis action plan, forthcoming Physical Activity Strategy and others.

AUTHOR

Dr Georgie MacArthur, Consultant in Public Health

APPENDICES

None

BACKGROUND PAPERS

None

North Somerset Council

REPORT TO THE HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING: 16 FEBRUARY 2023

SUBJECT OF REPORT: PHYSICAL ACTIVITY STRATEGY FOR NORTH SOMERSET

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: REBECCA STATHERS, PHYSICAL ACTIVITY AND HEALTHY LIFESTYLES MANAGER

KEY DECISION: NO

REASON: UPDATE FOR INFORMATION

RECOMMENDATIONS

The Health Overview and Scrutiny Panel are invited to consider the information provided within the presentation regarding the development of the Physical Activity Strategy for North Somerset and to contribute views, perspectives and possible actions to be considered as the strategy is developed and finalised.

1. SUMMARY OF REPORT

This report highlights the current position with the Physical Activity Strategy for North Somerset in response to an action from the Joint Health and Wellbeing Strategy 2021 to 2024.

This strategy and accompanying outline action plan will demonstrate how the Council and partners can contribute to improving the health and wellbeing of North Somerset residents and reducing health inequalities through increasing physical activity.

2. DETAILS

- There is a national focus on physical activity and health and wellbeing, particularly through the Office for Health Improvement and Disparities (OHID) (announced in March 2021); this focus will need to be a national drive to achieve pre Covid 19 physical activity participation rates and to build on this to ensure those who are inactive are provided with opportunities to become active.
- At present:
 - 25.9% of North Somerset adults are inactive (participate in less than 30 minutes per week)
 - 34.2% of North Somerset children and young people in school years 1-11 (aged 5-16) are inactive

The Health and Wellbeing Strategy identifies increasing physical activity levels as an action and has assigned £80k towards the delivery of the action plan.

- Engagement was conducted via online surveys, workshops and interviews with a range of stakeholders between October 2022 and January 2023.

This included:

- Town and Parish Councils
 - Residents
 - Physical activity providers
 - Schools
 - Key internal stakeholders – Public Health, Leisure, Sustainable Transport, Natural Environment
 - Key external stakeholders – BNSSG ICB, Wesport, Leisure Centres, One Weston Locality
 - Disability access group
- Following consultation, 4 shared outcomes have been identified, which will form the themes of the strategy's objectives and priorities and accompanying action plan:
 - **Active Environments** – built and natural environments that support and facilitate every day physical activity for everyone
 - **Active Communities** – supported and developed community assets and activities to increase physical activity levels and build community resilience
 - **Healthy Individuals** – decreasing inequalities, increased awareness and capability in our inactive population to change their behaviour and increase physical activity levels long-term
 - **Partnerships and Collaborative Working** - improved partnership working to increase physical activity opportunities and participation across our population
 - Under each shared outcome a number of gaps, barriers and opportunities were identified and have been grouped into the following key issues:
 - Accessibility
 - Built Environment
 - Natural Environment
 - Funding and Resources
 - Behavioural Influences
 - Target Groups
 - Activities and Promotion
 - Connectivity and Travel
 - The next steps are to form a North Somerset wide steering group with stakeholders to develop the objectives and priorities further. This will lead to the formation of an action plan.
 - The final strategy and action plan to be presented to the Executive for approval in June 23.

3. FINANCIAL IMPLICATIONS

The Health and Wellbeing strategy has identified £80k of approved funding, towards the implementation of the Physical Activity Strategy.

4. LEGAL POWERS AND IMPLICATIONS

N/A

5. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

Environmental implications of actions included in the strategy will be considered during its development and addressed as needed e.g. by including locally-available and accessible services and exploring opportunities to minimise emissions. Any new service providers commissioned or grant funded as part of the action plan will be also encouraged to include commitments to addressing climate change.

6. RISK MANAGEMENT

There are no significant risks regarding the production of the Physical Activity Strategy, the document provides an opportunity for Public Health and Leisure to broaden its reach to the residents of North Somerset and provide greater physical activity provision and health improvement support within our communities.

Any risks will be discussed and managed within the group and escalated corporately as required.

7. EQUALITY IMPLICATIONS

The strategy and action plan will include targeted actions to address inequalities in physical activity. For instance, this may include actions relevant to specific populations experiencing lower physical activity levels.

8. CORPORATE IMPLICATIONS

The Physical Activity Strategy aligns with North Somerset Council's vision of being open, fair and green, by ensuring that the strategy responds to, and builds on, engagement with people and stakeholders, partnership working and collaboration, and the focus on addressing inequalities in physical activity.

AUTHOR

Karlie Phillips, Leisure Manager

APPENDICES

None

BACKGROUND PAPERS

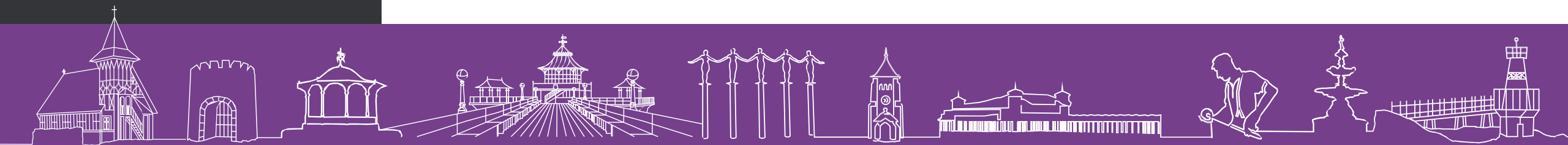
None

This page is intentionally left blank

Joint Physical Activity Strategy for North Somerset

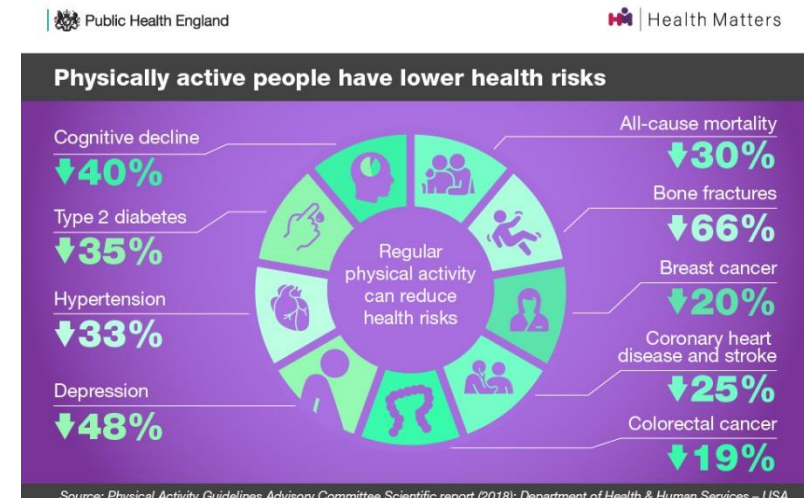
HOSP, February 2022

**Rebecca Stathers, Physical Activity and Healthy Lifestyles Manager
Karlie Philips, Leisure Manager**



- Recent consultation and engagement activity for development of the Health and Wellbeing Strategy highlighted that people in North Somerset considered physical activity a major priority for improving health and wellbeing
- 25.9% of North Somerset adults are inactive (participate in less than 30 minutes per week)
- 34.2% of North Somerset children and young people in school years 1-11 (aged 5-16) are inactive
- Link to Health and Wellbeing Strategy and topic of physical activity, funds assigned (£80k) to meet gaps
- Sport England have identified the need for a physical activity strategy to support future funding
- Need for strategic co-ordination and mapping of action to address need and improve HWB
- To reduce the risk of poor health and health inequalities
- Implementing national physical activity guidance / best practice e.g. from Office of Health Improvement and Disparities, Sport England, NICE, DfE, DfT

Page 142



Engagement was conducted via online surveys, workshops and interviews with a range of stakeholders between October 2022 and January 2023.

Surveys: responses

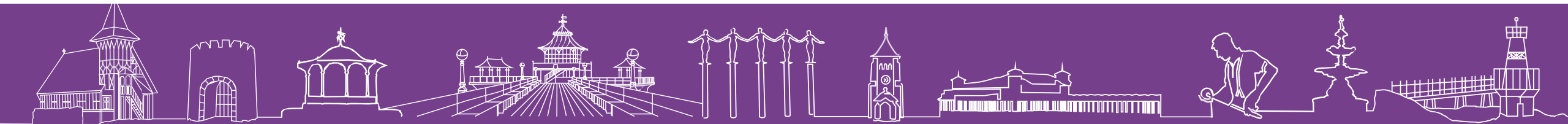
- Residents physical activity survey – 427 residents
- Physical activity providers survey – 41 organisations
- Schools survey – 35 schools
- Town and Parish Councils – 12

Workshops / face to face interviews

- Disability access group
- Key stakeholders internal (Public Health, Open Space, Natural Environment, Leisure, Sustainable Transport, Policy, Equalities team, Planning Policy)
- Key stakeholders external (BNSSG ICB, Woodspring Locality, One Weston Locality, Active Weston, Wesport, Leisure Centres, School Games, Pier Health PCN)

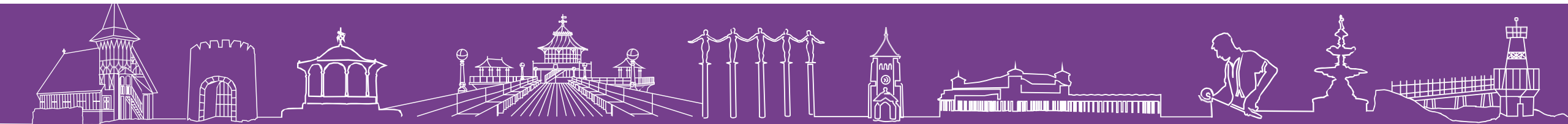
Following consultation, 4 shared outcomes have been identified, which will form the themes of the strategy's objectives and priorities and accompanying action plan:

- **Active Environments** – built and natural environments that support and facilitate every day physical activity for everyone
- **Active Communities** – supported and developed community assets and activities to increase physical activity levels and build community resilience
- **Healthy Individuals** – decreasing inequalities, increased awareness and capability in our inactive population to change their behaviour and increase physical activity levels long-term
- **Partnerships and Collaborative Working** - improved partnership working to increase physical activity opportunities and participation across our population



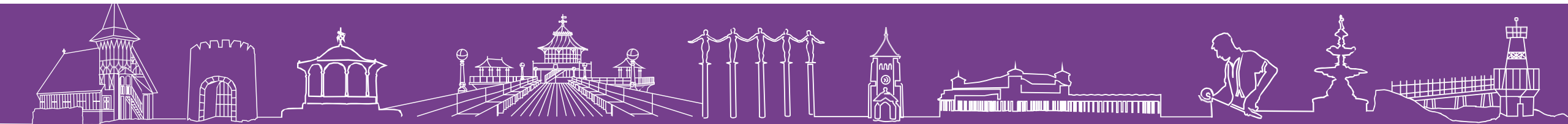
Under each shared outcome a number of gaps, barriers and opportunities were identified and have been grouped into the following key issues:

- **Accessibility** - opportunity to improve public transport links across the area but specifically access to and from physical activity facilities and services
- **Built Environment** - It is important that leisure facility provision in North Somerset meets current and future population needs
- **Natural Environment** - opportunities to better utilise and promote the natural environment
- **Funding and Resources** - focus on active wellbeing, be an enabler rather than direct delivery and working closely with external partners
- **Behavioural Influences** - there are a wide range of behavioural influences around why people choose not to participate in physical activity
- **Target Groups** - a need to address inequality of provision by providing affordable physical activity opportunities at times and in locations which meet the needs of the target population.
- **Activities and Promotion** - an opportunity to better co-ordinate the promotion of existing activities and services
- **Connectivity and Travel** -improving the safety and accessibility of cycling and walking routes (with Active Travel Strategy)

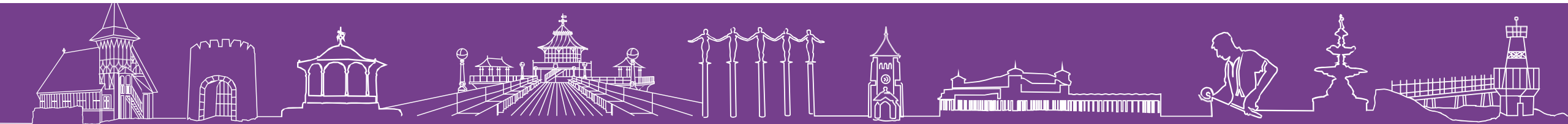


- North Somerset wide steering group to be formed to develop objectives and priorities further
- Formation of draft action plan – distribute to key stakeholders
- Utilise £80k Health and Wellbeing funding to meet identified priorities – specific projects will be identified and prioritised with the steering group
- There will be ongoing monitoring and evaluation against the objectives/actions

Final strategy sign off in June 2023 – NSC Executive



- The strategy was produced by Strategic Leisure Ltd on behalf of the Council
- This was supported by the Leisure Manager and the Physical Activity and Healthy Lifestyles Manager
- The input from key stakeholders and residents of North Somerset have helped shaped this strategy to be localised and reflect those needs specific to North Somerset
- We would welcome any feedback or comments from the board?



This page is intentionally left blank

Health Overview Policy and Scrutiny Panel Work Plan February 2023

(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
Healthy Weston Phase 2	Statutory: to consider proposed service changes; determine potential “Substantial Variation” in service; and consider options for further engagement/consultation if appropriate	Preliminary briefings followed by substantial variation determination at full Panel on 20/04/22	Preliminary Briefing 25/03/22 Report to full Panel on 20/04/22. engagement plans at 23/06/22 panel Report to 13/10/22 Panel: engagement outcomes	See S.4 below for progress	
UHBW Merger Integration	To monitor progress on the ongoing structural integration of the former UHW and WAH Trusts	Working Group established	Ongoing – regular periodic meetings. Last mtg 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

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
Health and Wellbeing Strategy HOSP led all Member briefing	To brief Members on the development of the strategy vision and public consultation process	06/04/21	Progress reports to future HOSP meetings	Completed
Track and Trace All Member Briefing	Reference from full Council	07/07/21	Members’ engagement	Completed

Minors Programme and AWP Patient reconfiguration	Sirona and AWP briefed Members on plans to reduce the numbers of patients dealt with at ED (Minors Programme); and the relocation of Mental Health Services from Southmead to Callington Road	22/02/22	Members' engagement	Completed
Quality Accounts 2022 (QAs)	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
Integrated Care System All Councillor Briefing	Update on implementation of ICS and implications of the Government white paper/legislation.	05/10/22	Members' engagement	Completed
Children and Young People Mental Health Needs Assessment	Joint briefing for HOSP and CYPS – for Members' feedback on needs assessment findings	07/02/23	Members' engagement	

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

Item	Purpose	Outcome
HOSP: 20 April 2022		
Annual NSC Directorate Statements and partner plans/priorities for 2022-23	To consider the aims and priorities of our principal health partners and the Adult Services and Public Health directorates, bearing these in mind when considering its work plan for the year ahead	For noting and feedback
Dental Services in North Somerset	To review service provision and performance	Panel to investigate issue further
Eating Disorders	To review service provision and performance	For noting and feedback
HOSP: 13 October 2022		
ICB Performance report – primary care and ambulance services	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	
Winter Pressures	Report ICB: to consider current forward planning, expected pressures and risks – including the impacts of the cost of living crisis	
Healthy Weston update	Report ICB: Outcome of public engagement	
Mental Health Needs assessment	Report Director of Public Health - update	
HOSP: 16 February 2023		
ICB Integrated Care Strategy	To engage with and feedback on progress towards developing the Integrated Care Strategy	
Winter Planning	To receive and feedback on ongoing work across the health and care system	
ICB Estates Management Plan	To receive and feedback on ICB Plans – including Graham Road GP Surgery relocation	
Mental Health Strategy	To consider and feedback on the development of the all-age Mental Health Strategy	
Physical Health Strategy	To consider and feedback on the development of the Physical Health Strategy	

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

Appendix

Chair's recommendations for Panel priorities (in the new administration following local elections in May 2023) For Panel discussion/endorsement

- **Priority 1:** Ensuring that North Somerset residents see the benefits of the new Integrated Care System and this is truly collaborative across all partners.
- **Priority 2:** Access to dentist across North Somerset needs to vastly improve and with the Integrated Care System taking on greater responsibility for this locally it offers an opportunity to influence. Working with Bristol and South Gloucestershire Councils via the Joint Health Overview Scrutiny Committee will be important.
- **Priority 3:** Weston General Hospital has made significant improvements in recent months following their latest CQC report. Continue to work closely with the Trust to ensure continued improvement in patient outcomes.
- **Priority 4:** Monitor the Healthy Weston 2 programme and whether this has delivered the benefits envisaged and influence the next stages of the strategy.
- **Priority 5:** Hospital discharge remains a challenge, so work closely with the Adult Services and Housing Policy Scrutiny Panel to provide assurance and scrutiny that steps are being taken to address this.
- **Priority 6:** The Joint Health and Wellbeing Strategy is relatively new across North Somerset and has the potential to reduce health inequalities across North Somerset, but it will only be effective if all partners fully embrace and commit to it. So engage with the Joint Health and Wellbeing Strategy Board, and use the Health Overview and Scrutiny Panel to support this.

This page is intentionally left blank