

Public Document Pack

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Date: Friday, 26 March 2021

****Virtual Meeting**

Dear Sir or Madam

The Health Overview and Scrutiny Panel – Thursday, 18 March 2021, 1.30 pm – Virtual Meeting by Teams

A meeting of the Health Overview and Scrutiny Panel will take place as indicated above. Councillors will be sent a Teams Meeting invitation to place the meeting in their Calendar and can then access the meeting from the link in that calendar item.

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

<https://youtu.be/XRZRqesB3O8>

The agenda is set out overleaf.

Yours faithfully

Assistant Director Governance and Monitoring Officer

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

All other Members of the Council (for information)

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

Agenda

1. **Election of the Vice-Chairman**
2. **Public discussion (Standing Order SSO 9 as amended by SSO5A)** (Pages 5 - 8)

To receive written submissions from any person who wishes to address the Committee. The Chairman will select the order of the matters to be received.

Please ensure that any submissions meet the required time limits and would take no longer than five minutes to read out.

Requests and full statements must be submitted in writing to the Head of Legal and Democratic Services, or to the officer mentioned at the top of this agenda letter, by noon on the day before the meeting.

3. **Apologies for absence and notification of substitutes**
4. **Declaration of Disclosable Pecuniary Interest (Standing Order 37)**
5. **Minutes** (Pages 9 - 14)
8th October 2020, to approve as a correct record (attached).
6. **Matters referred by Council, the Executive, other Committees and Panels (if any)**
7. **Pandemic Response in North Somerset** (Pages 15 - 30)
Report of the Director of Public Health (NSC).
8. **Healthy Weston Impact Monitoring** (Pages 31 - 34)
Report of the Area Director (North Somerset) BNSSG Clinical Commissioning Group
9. **Graham Road Relocation Proposal** (Pages 35 - 148)
Report of the Area Director (North Somerset) BNSSG Clinical Commissioning Group.
10. **NS Specialist Adult Substance Misuse treatment services** (Pages 149 - 192)
Report of the Director of Public Health (NSC).
11. **Health and Wellbeing Strategy 2021-2024** (Pages 193 - 214)
Report of the Director of Public Health (NSC).

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.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting.

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HOSP 18th March

Public statements for consideration under item 2: Public Discussion

- **Dot Agassiz** – re: central Weston Primary Care facility
- **Brian Sheldrake** - re: central Weston Primary Care facility
- **Alan Rice** - re: central Weston Primary Care facility
- **Dr Martin Hime** - re: Performance of the NS based Test, Track and Trace system

1 **Dot Agassiz**

“The report outlines the business case for a central Weston Primary Care facility. This is a misnomer; the surgery should be called the out-of-town medical surgery. Locating the surgery at the Rugby Club ensures that there will be no GP surgery within a mile of the town centre.

The report acknowledges that ‘many GP services were removed from the town’ and were located in 168 Locking Road, yet on p. 11 it refers to patients from Graham Road and Clarence Park as the only ones to be affected by the proposed relocation. Figure 4 on page 36 shows a distance of 300 m between the existing and new sites, a ten-minute walk. Anyone who could make that in ten minutes doesn’t need a doctor, they should be going to the Tokyo Olympics this summer for high jump and sprint, enabling them to negotiate the railway line. I chose to believe that this is not an attempt to deceive but rather a plan that by those who have no sense of the geography of the town and it makes the tables in Appendix A of the presentation incorrect and misleading.

I have consulted widely, Weston Hillside, town Council, Civic Society, an ex-patient group. None of these feel this is a good site. Most objections centre round its inaccessibility to town centre residents, on foot, bicycle or by public transport. It is predicated on car use which goes against our climate emergency policy.

Finally, looking at the reality of the planned development: the least awful scenario is that the proposed local development of shops and housing happens. How many years will the whole area be a building site? – Diggers, dust etc., great for a health project!

The worst scenario recognises that Weston has many vacant brownfield sites. This is because developers acquire land cheaply and are prepared to wait for years in the hope that prices rise and make development viable. Should this happen the new surgery will be left in the middle of nowhere ironically named a town centre facility. You have the opportunity to look again constructively and creatively at a range of sites, to work with NSC to genuinely provide a medical facility that meets the needs of central Weston.”

2 **Brian Sheldrake**

“I am not aware of the powers of the committee but I think it is appropriate that it should be recommended that the CSG should scrap the present proposal and reset the remit for a new surgery.

Seven years ago the two centre surgeries along the Boulevard were moved a mile away along the busy Locking Road. Since then the Stafford Place part time surgery

has closed and during this period the Drop in Centre has opened and closed. During this time we have been promised a replacement town centre surgery. In the last few years it has also been apparent the Graham Road surgery needed improving or replacing. This latter requirement has now completely taken over as I see that before you today is “The Graham Road GP surgery relocation proposal”.

The needs of the very disadvantaged town centre is glossed over with vague mention that this will be addressed sometime. Another 7 years maybe? Calling the proposed site Weston Central Health Centre is insulting to our intelligence.

The needs of the North centre of Weston, that is the area from the Boulevard up the hill has not even appeared to have been considered. This is an area with many flats and older people. To my knowledge it takes hours to attend the 168 surgery in Locking Road if one has to fit in in two bus journeys each way. Not to be recommended for young Mums with pushchairs or frail older people.

Looking at the evaluation criteria I see that the panel had members from Pier Health Group Limited, Sirona Community Company the NSC and a very small number of members from Graham Road Surgery. Patient participation was very small and significantly did not include any from those whose surgeries were moved away 7 years ago. They always ignored, the disadvantaged people in the town centre, have been ignored yet again

The main driver for the location seems is that it is a green field site with a developer already to welcome a proposed surgery that will increase the value of his estate. What has happened to all the plans to regenerate the town centre? The plans to increase residential accommodation, the plans to reduce traffic and pollution. It would have been an ideal opportunity to incorporate a GP surgery in these plans for the town centre.

Regarding the evaluation criteria Appendix A it gives details regarding distance. For the replacement area considered it still shows that nearly half will have over twenty minutes' walk. (That is if the times are right: distance by path is less subjective). Getting to the proposed site in winter will be daunting for walkers with young children and older people. One wonders how many of the evaluation team have tried to do so and also have walked around the town centre.

I repeat, the terms for replacing town centre surgeries from 7 years ago up to the need for a Graham Road replacement have not been met. Forgetfulness surely cannot be the reason. Wilful ignoring of the needs of ALL from and near the town centre seems more likely. Please take this last chance to remedy your mistake.”

3 Alan Rice

“Thank you Chair and councillors for this opportunity to address HOSP this afternoon. It's most refreshing as it's an opportunity that was denied to 99.99% of Graham Road Surgery patients of being given a choice on the site of the long-awaited new Health Centre.

I've only lived in Weston, and been a patient at Graham Road, for just over six years but I understand this new health centre has been mooted for about 30 years. It was on December 7th, 2018 that our MP, John Penrose, welcomed the decision by Matt Hancock to give Weston over £3.2 million towards new primary care services in

Weston. The report before you today on the relocation of Graham Road Surgery has been a long time coming.

It was two years after Mr Penrose welcomed those funds that patients learned of the decision taken to site the new health centre at Weston Rugby Club. For two years 99.99% of Graham Road patients had been left in the dark.

I say 99.99% because although the power point presentation on the Graham Road relocation proposal states “the evaluation was conducted by representatives from Pier Health Group, patients, Sirona, North Somerset Council and the CCG”, I am led to believe only 3 patients were involved in the final choice and they were sworn to secrecy. Incidentally, one of those patients I believe is in fact a patient of another surgery, not even in the “Pier Health – Healthcare Super-Partnership” which covers 93,000 patients across Weston. How were these patients’ representatives chosen? The funding is indeed welcome, as is a new health centre, but testing the waters with actual Graham Road patients indicates the new site is not welcome. It is not on a bus route, detached from the town centre and on the wrong side of the railway tracks.

The statistics show less than 10% of patients who live within 5 minutes walking distance of Graham Road Surgery will live within 5 minutes walking distance of the Rugby Club site. But these are the most vulnerable patients. Graham Road Surgery is in the centre of Weston Central Ward. The Central Ward Health Needs Assessment issued in May 2016 states the Alfred Street and Grand Pier areas, both on the other side of the railway tracks from the Rugby Club, are amongst the 2% most deprived areas of England.

At the other end of the scale, the statistics show over 50% of Graham Road patients currently live over 20 minutes away which will be the same at the new Rugby Club site. But a large proportion of those will be originally Clarence Park Surgery patients who were moved to Graham Road when Clarence Park closed in 2019. At the time there was a patients’ outcry from Clarence Park on the distance to walk to the “new” Graham Road Surgery, and the lack of a convenient bus route. In less than 2 years those patients are told that distance will double.

In recent years Graham Road patients who moved outside the “catchment area” were told they could no longer remain on the surgery’s list and would have to find a new surgery. This is still a hot topic on Facebook with only this week a number of dissenting voices on this imposition, and lack of choice as promised by the NHS. I guess the reason is the expense of doctors making home visits. It makes me wonder whether these distant patients will be “dropped” when relocated to the Rugby Ground site?

The report states a consultation will be held throughout the summer of 2021, with a final proposal to go to NHS England and the Department of Health and Social Care this winter. A consultation on what? The site has been chosen with no alternatives being offered. Perhaps it’s on more important matters like the colour of the wallpaper?

There has been no meaningful consultation as far as Graham Road patients are concerned, they have been left in the dark. I ask HOSP to seriously consider

whether the process so far is “fit for purpose” and meets the requirement to consult the actual patients.

I am one of those patients and a former Chair of Graham Road Surgery Patient Participation Group (PPG).
Thank you.”

4 Dr Martin Hime

" The successful management of the COVID epidemic requires that the prevalence of the virus is kept as low as possible. Vaccination alone will not do this. It has been accepted that an effective locally focussed Test Trace and Isolate (TTI) system is essential for success. Good communication and openness with the population is absolutely essential and that is the reason why I have promoted the following NS Constituency Labour Party motion.

North Somerset CLP calls on the Labour Group at North Somerset Council to campaign for the Test Trace and Isolate system in North Somerset to be well resourced, monitored and accountable to the people of North Somerset. It is vital that an effective system is in place for the long-term control of the epidemic. We call for the Labour Group to obtain the answers to the following questions as part of an on-going campaign to control the epidemic:

- Will new money be coming from central government to finance the service?
- What extra personnel will be required and how will they be trained?
- What are the expected number of contacts and how will non-compliance be dealt with?
- How are local people who are isolated being supported?
- How is the system being monitored and how will the people of North Somerset find information about the service??
- How will North. Somerset Council monitor infection rates in schools when pupils return, given that schools act as vectors of transmission?
- How will North Somerset Council make certain that it will not be held accountable for failures in the national service?"



Draft Minutes

of the Meeting of the

Health Overview and Scrutiny Panel

Thursday, 8th October 2020

held in the Virtual Meeting.

Meeting Commenced: 13:30 Meeting Concluded: 15:25

Councillors:

A Richard Tucker (Chairman)
P Geoffrey Richardson (Vice Chairman)

P Marc Aplin
P Caroline Cherry
P Andy Cole
A Hugh Gregor
P Ruth Jacobs
P Huw James
P Karin Haverson
A Timothy Snaden
A Mike Solomon
A Roz Willis

P: Present
A: Apologies for absence submitted

Other Members (as appropriate):

Georgie Bigg (Co-opted Member)

Also in attendance: Councillor Mike Bell

Health colleagues in attendance: Colin Bradbury, Leslie Ward, Kate Lavington (BNSSG CCG).

Officers in attendance: Officers in attendance: Matt Lenny, Mike Riggall, Leo Taylor, Brent Cross, Sheila Smith (Corporate Services).

HEA Public Discussion (Agenda Item 1)

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The Chairman read out an address from Richard Lawson, a Churchill resident, about a novel Air Dynamics Management system for reducing transmission of Covid-19 in hospitals.

As representatives from UHBW were not present, the BNSSG CCG Area Director for North Somerset would coordinate a written response to the speaker. The CCG had already been in contact with Dr Lawson, and Dr Kennedy, an intensivist specialist at the CCG, had some technical questions for further discussion with him.

Following that, the Chairman read out an address from Helen Thornton, of the Save Weston A&E Campaign Group, who requested that the Panel adhere to the original timeline for the Healthy Weston Review. She also requested information about the Outbreak Investigation at Weston Hospital, as well as information about whether the Council had plans to recruit more public health and regulatory services staff.

In response, the Director of Public Health stated that 85% of Test and Trace contacts in North Somerset were identified, and that there were currently over 60 staff in the Public Health team spread across several statutory areas. The Local Outbreak Management Plan had enabled the Council to hire 11 more staff members. He was happy to provide more detail in a written answer.

HEA 13 Declarations of Interest by Members (Agenda Item 3)

None.

HEA 14 Minutes of the Meeting held on 4th June 2020 (Agenda Item 4)

Resolved: that the minutes of the meeting be approved as a correct record.

HEA 15 Matters referred by Council, the Executive, other Committees and Panels (Agenda Item 5)

None.

HEA 16 Public Health Update (Agenda Item 9)

North Somerset Council's Director of Public Health provided a brief update to accompany his report. The main update points were as follows:

- The local levels of transmission had gone up in August and early September, had fluctuated but were now increasing again. As of the day before this meeting, there were 28 cases per 100,000 population compared to 35 per 100,000 in the South-West and over 100 per 100,000 across England on average. These numbers needed to be treated with some caution, as there was not always full access to testing although as much capacity as possible was being put into the local sites.
- Meetings to review Covid-19 and health protection in general were ongoing.

Questions and comments from members were responded to as follows:

- Neighbouring authorities had shown spikes in levels of infection once the incorrect spreadsheet data had been accounted for, but North Somerset had only had a small increase. Why was that? *It was to do with demographic factors – we did not have the same residential student population.*
- Was there a way for the public to access daily local data on the epidemic? *This was being investigated, and thought was being given as to how to tailor the information to make it more useful and understandable for everybody who had in an interest.*
- Was there any information about the vaccination programme? *Work was ongoing, and NHS England were leading the programme, and locations for mobile vaccination centres were being identified in line with requirements.*

Concluded: That the report be received and that Members' comments be provided to officers and health colleagues in the form of minutes.

HEA 17 Healthy Weston (progress) Update (Agenda Item 6)

The Area Director for North Somerset from the BNSSG Clinical Commissioning Group presented the report on the progress of the Healthy Weston review. In outlining the report, he emphasised the disruption caused to the Healthy Weston programme by Covid-19 – an example of this was the slowdown in the recruitment of new paediatric staff and raised the possibility that the Panel consider delaying the April 2019 date in the light of this.

He responded to Member's comments and queries as follows:

- How had recruitment to the hospital changed due to the pandemic and Brexit? - *The merger with UHB had improved recruitment. Although there were ongoing challenges, such as the current hold on specialist recruitment nationally, the hospital had made good progress.*
- Was there a need to delay the review? some of the proposed Healthy Weston changes at Weston Hospital should have already been made or were in progress. Presumably the CCG was monitoring progress in 'real-time' (could this data be made available to HOSP?) and retaining the April 2021 date could still be a useful point in time to review this progress – albeit recognising that external factors had and could in future yet further impact on the delivery timescales. Taking this into account, it was acknowledged that there is an ongoing monitoring process already in place - *The Area Director confirmed that CCG was amenable to continuing with the April 2021 review on that basis*

Concluded: That the report be noted and that Members' comments be provided to officers and health colleagues in the form of minutes.

At this point, the chairman suggested a brief adjournment to enable health colleagues from UHBW to attempt to join the meeting.

Meeting adjourned: 14:28

Meeting resumed: 14:35

HEA 18 NHS 111 First (Agenda Item 10)

Dr Lesley Ward and Kate Lavington from the BNSSG CCG presented a report updating the Panel on the NHS 111 First scheme. This work had become more urgent in recent months, as there were 300 fewer beds across the CCG area due to Covid mitigations, and thus it was important that patients be directed to the appropriate place for treatment. It was emphasised that the implementation of this across the CCG area would be clinically led, and that the programme would affect all providers of NHS care. Patients would not be prevented from using Accident and Emergency services, but would possibly receive better outcomes and a decrease in delays if they were sent 'heralded' to the correct service in the first place.

Member's queries were responded to as follows:

- How long did the CCG expect it to take the message to use 111 First to get across to service users? *The team was in the process of examining patient expectations and outcomes – e.g. 40,000 patients were sent to a pharmacy in the BNSSG last year, but only 5,000 patients actually attended; the communications team was still deciding how best to reach people.*
- There was concern that patients would miss out on face-to-face contact (usually with GPs) that often resulted in secondary conditions being diagnosed. Was there some way of picking this up in the programme? *GPs would have access to post-event care messages and it would be important to link those up. The scheme had support from the community and mental health providers but this would be looked into in more detail.*
- Did 111 First have an online/ digital offer? *This was challenging, as 111 First and 111 Online did not always work well together when it came to heralding patients and pharmacy dispositions.*
- How easy was it to access the service? Would patients be able to speak to an appropriate person to send them to the right place? What were the measures of success to be? *Rate of answering within 60 seconds and the number of call abandonments would be one of the measures; the evaluation models used in Cornwall and Portsmouth would be added to. Daily clinical huddle meetings would evaluate and pass concerns on to 111 First. The algorithms for sending patients to specific providers would not change drastically, but clinicians would also have sufficient discretion to work alongside the algorithm.*

Concluded: That the report be noted and that Members' comments be provided to officers and health colleagues in the form of minutes.

HEA 19 Weston General Covid-19 Outbreak (Agenda Item 7)

Concluded: that it this Item be deferred to the next meeting of the Panel.

HEA 20 Weston General CQC Inspection Report (Agenda Item 8)

Concluded: that this Item be deferred to the next meeting of the Panel.

HEA The Panel's Work Plan (Agenda Item 11)
20

Concluded: that this Item be deferred to the next meeting of the Panel.

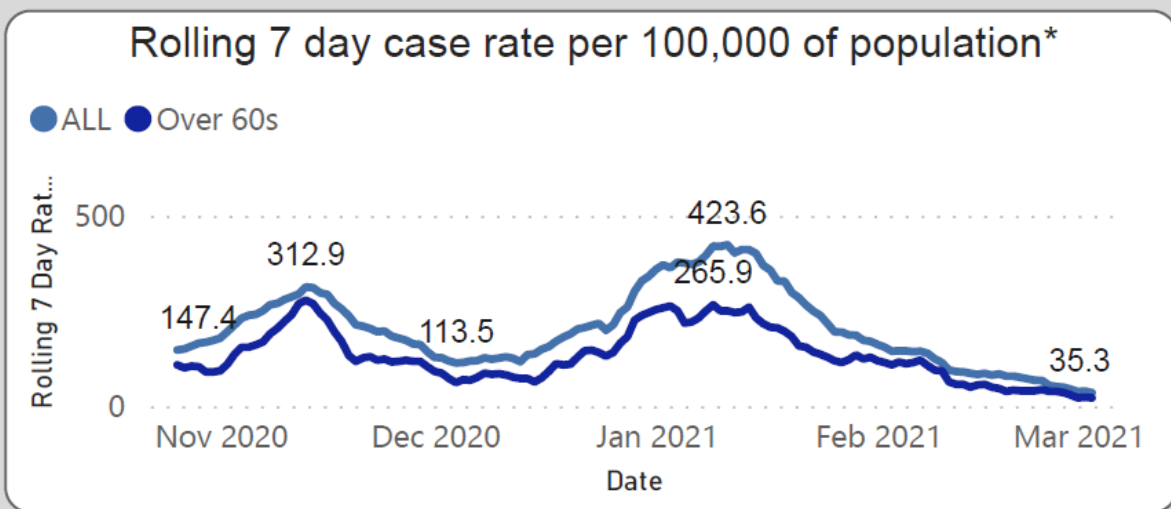
Chairman

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HEALTH OVERVIEW AND SCRUTINY PANEL: PANDEMIC RESPONSE IN NORTH SOMERSET

Overview and update

Matt Lenny, Director of Public Health

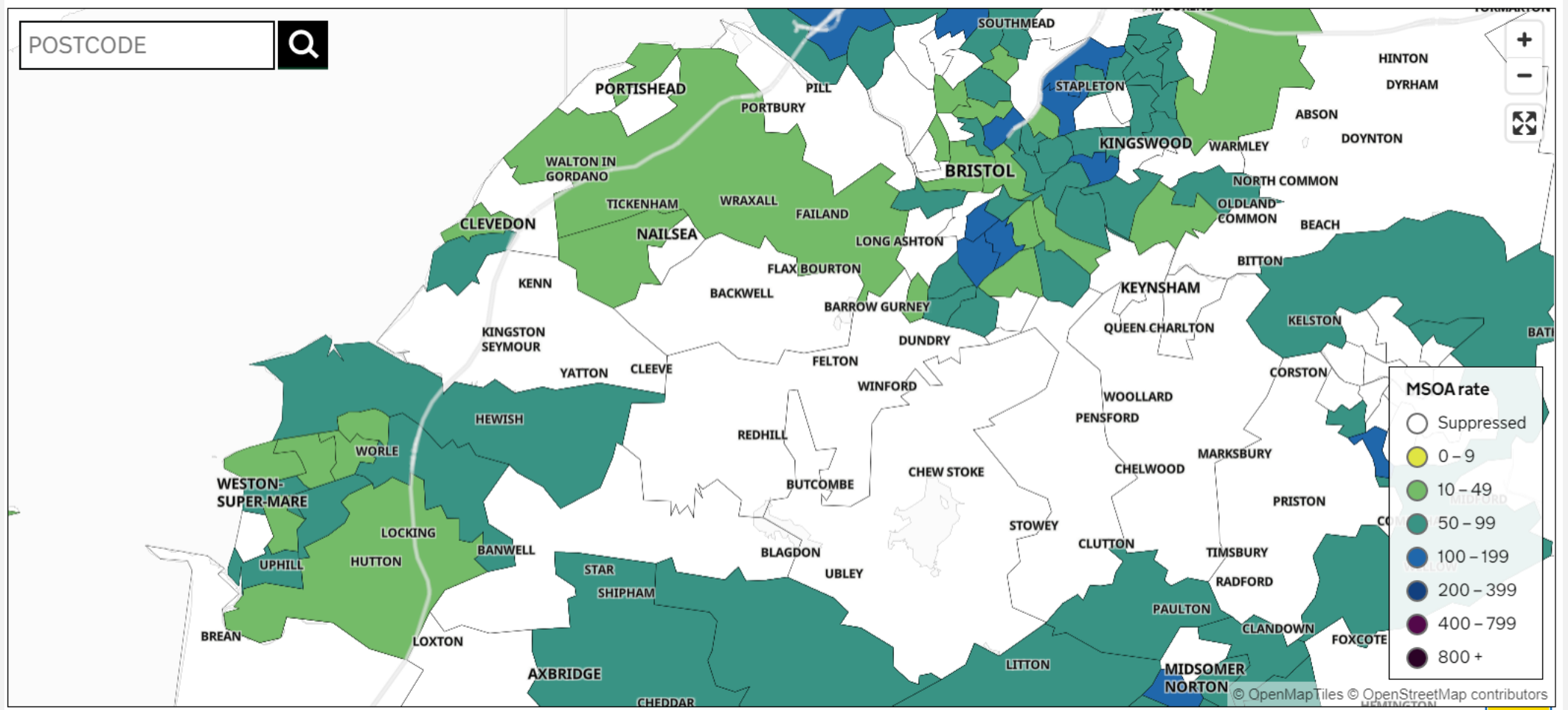


Cases last 7 days in North Somerset for full weeks data

76

7-day rate

	ALL	Over 60s
North Somerset	35.3 per 100,000	21.6 per 100,000
South West	35.8 per 100,000	18.8 per 100,000
England	66 per 100,000	England data not available



<https://coronavirus.data.gov.uk/details/interactive-map>

Individuals testing positive (% of all tests)

Weekly Percentage I...



Current % test positive:

North Somerset:
1.4%

South West:
1.5%

England: **3.1%**

CASES BY AGE

Area	0 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75+
North Somerset	16.3	43.9	67.4	46.0	22.1	12.2
South West	18.0	44.8	59.6	34.3	12.1	18.1

NUMBERS OF CASES

- We have seen a welcome significant drop in rates across North Somerset and the South West compares very favourably to other regions in England
- Reasonable to assume this trajectory will continue, especially with fast roll out of the vaccine and as we move into the spring and summer
- **But** variants of concern need to be watched carefully for transmissibility, clinical impacts and efficacy of the vaccine – have seen a good response in Bristol and South Gloucestershire and again in South Gloucestershire in recent weeks to show we have systems that work.
- Can still expect clusters and outbreaks of cases in more exposed or less vaccinated groups, especially as we begin to unlock – planning to provide a quick and effective outbreak control response e.g. identify cases quickly, isolate effectively and reduce risk of onward transmission.
- Encouraging information about value of vaccine in both reducing health risks (hospitalisation and death) and transmission once you have been vaccinated. More data will emerge over coming weeks and months and learning will be quickly applied.

KEY WORKSTREAMS

Outbreak Management

Health protection response to local clusters or outbreaks of cases.

Break chain of transmission in higher risk locations by setting profile and/or potential to spread

Weekly Incident Management Team meetings to support locations

Testing

Case finding to ensure isolation and break chain of transmission.

Diagnosis to assist clinical management

Reduce risk to key groups with targeted testing.

PCR and Lateral Flow Testing at multiple sites

Contact tracing

Ensure isolation of diagnosed case and give practical advice and support

Define contacts to support further isolation/testing as required

Break chain of transmission

Local enhanced service launched in January

Insight, communication, and engagement

Identify and support key protective behaviours

Understand and address barriers to compliance

Regular updates for key stakeholders

Build community response capital

Enforcement

Use regulatory services powers to ensure business awareness and compliance

Investigate and address breaches

Work alongside Police powers when engagement not successful

Additional presence e.g. Marshalls fund.

Surveillance and intelligence

Monitor trends and address patterns of increased incidence

Model future patterns to prevent/reduce impact where possible

Monitor new variants

Vaccination

NHS England/CCG/Providers lead with wider support for community engagement and messaging. Enable vaccination sites as required.

Community response

North Somerset together; Town and Parish Councils and other local action groups. Vital reach and credibility with those who need support.

COMMUNITY TESTING

Symptomatic

- In place in three sites in North Somerset since summer 2020 – Bristol Airport, Clevedon and Weston Super Mare.

Asymptomatic

- Began in December 2020 with pilot site at Weston College
- Community assisted testing now being offered in three locations – Portishead, Nailsea and Weston Super Mare.
- Families and households with primary school, secondary school and college age children, including childcare and support bubbles, are now encouraged to get rapid Covid-19 tests twice a week. More population groups likely to follow as society unlocks.
- Community sites offer supervised tests, with home-testing kits available to collect from symptomatic sites (currently WSM and Airport), postal kits being delivered direct to homes and workplace testing sites for those who regularly access this type of testing.
- Rapid community testing aims to find people who are infectious with Covid-19 but do not have symptoms. This allows them to isolate, taking the virus out of the community and stopping the spread.

Useful links:

Schools testing –

<https://www.gov.uk/guidance/rapid-lateral-flow-testing-for-households-and-bubbles-of-school-pupils-and-staff#how-to-get-a-rapid-lateral-flow-test>

Community testing –

www.n-somerset.gov.uk/rapidtesting

Example booking page

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< Prev Month

March 2021

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MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11

Somerset Hall, Portishead

Venue Location:
11 The Precinct, [Read more](#)

General Public Lat [Read more](#)
Tests

Available start times

08:30	08:35	08:40	08:45	08:50	08:55
09:00	09:05	09:10	09:15	09:20	09:25
09:30	09:35	09:40	09:45	09:50	09:55
10:00	10:05	10:10	10:15	10:20	10:25
10:30	10:35	10:40	10:45	10:50	10:55
11:00	11:05	11:10	11:15	11:20	11:25

mplybook.cc/v2/#book/location/5/service/10/count/1/provider...

VACCINATION

- Weekly update published each Thursday giving data at Local Authority and Medium Super Output Area level (about 7,000 people in each MSOA). May also soon go down to Lower Super Output Area soon (about 1,500 people).

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

- Weekly updates provided by BNSSG Clinical Commissioning Group on progress, new delivery sites etc.

<https://bnssgccg.nhs.uk/health-advice-and-support/coronavirus-covid-19-vaccination/>

- Overall message is that good progress is being made in North Somerset with BNSSG as one of the top performers in the country. There is lots to celebrate in our response.
- Up to 28 February, 79,445 of our residents have been vaccinated with at least one dose.
- Latest eligibility criteria confirms an age based approach rather than by occupational group

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The key tests for the road map to work

The Four Tests

Test 1



The vaccine deployment programme continues successfully.

Test 2



Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.

Test 3



Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.

Test 4



Our assessment of the risks is not fundamentally changed by new Variants of Concern.

8 March

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Our response:

- Reviewing step-up of home to school transport
- Reviewing comms messaging for outdoor meetings
- Planning underway for higher visitor numbers in key locations e.g. covid community support officers

STEP 1: 8 March

 <p>Schools and colleges are open for all students. Practical Higher Education Courses.</p>	 <p>Recreation or exercise outdoors with household or one other person. No household mixing indoors.</p>	 <p>Wraparound childcare.</p>
 <p>Stay at home.</p>		 <p>Funerals (30), wakes and weddings (6).</p>

29 March

Our response:

- Operations group working on gatherings of more people
- Proactive communication of guidance to those outdoor venues
- Public messaging on rule of 6 and safe behaviours including minimise travel

29 March



Rule of 6 or two households outdoors.
No household mixing indoors.



Outdoor sport and leisure facilities.



Organised outdoor sport allowed (children and adults).



Minimise travel.
No holidays.



Outdoor parent & child groups (up to 15 parents).

STEP 2

At least five weeks after Step 1, no earlier than 12 April.



Indoor leisure (including gyms) open for use individually or within household groups.



Rule of 6 or two households outdoors.
No household mixing indoors.



Outdoor attractions, such as zoos, theme parks and drive-in cinemas.



Libraries and community centres.



Personal care premises.



All retail.



Outdoor hospitality.



All children's activities, indoor parent & child groups (up to 15 parents).



Domestic overnight stays (household only).



Self-contained accommodation (household only).



Funerals (30), wakes, weddings, receptions (15).



Minimise travel.
No international holidays.



Event pilots begin.

12 April

Our response:

- Communication with key settings e.g. retail, businesses, attractions, caravan and camping sites on new guidance and local support
- Coordinate education/enforcement resources across teams and Police for higher risk locations and settings
- Consider hospitality economy impact and opportunities to trade
- Reopen key Council facilities – leisure and libraries using risk assessment approach to be COVID safe

STEP 3

At least five weeks after Step 2, no earlier than 17 May.



Indoor entertainment and attractions.



30 person limit outdoors.
Rule of 6 or two households indoors (subject to review).



Domestic overnight stays.



Organised indoor adult sport.



Most significant life events (30).



Remaining outdoor entertainment (including performances).



Remaining accommodation.



Some large events (except for pilots) - capacity limits apply.
Indoor events: 1,000 or 50%.
Outdoor other events: 4,000 or 50%.
Outdoor seated events: 10,000 or 25%.



International travel - subject to review.

17 May

Our response:

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- Build up to events using detail of guidance and promotion of safe practices
- Working with hospitality industry and accommodation providers
- Manage our open spaces and gatherings well

21 June

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Our response:

- Public messaging around key behaviours still required e.g. protective measures, testing and isolation where needed – living safely with COVID.
- Routine asymptomatic testing.
- Ongoing health protection response – identify and deal with clusters/outbreaks quickly

STEP 4

At least five weeks after Step 3, no earlier than 21 June.
By Step 4, the Government hopes to be able to introduce the following
(subject to review):



No legal limits on
social contact.



Nightclubs.



Larger events.



No legal limit on all
life events.



REPORT TO THE HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING: 18TH MARCH 2021

SUBJECT OF REPORT: HEALTHY WESTON IMPACT MONITORING

OFFICERS PRESENTING: COLIN BRADBURY, AREA DIRECTOR – BRISTOL, NORTH SOMERSET & SOUTH GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP

RECOMMENDATIONS

That HOSP members:

- Agree the proposed approach to monitoring the impact of the changes agreed in the Healthy Weston Decision Making Business Case for the purposes of the HOSP's review, now rescheduled for 3rd June 2021

1. SUMMARY OF REPORT

In October 2019 the Governing Body of the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) agreed the Decision Making Business Case (DMBC) for the Healthy Weston Programme. The DMBC set out a series of proposals developed by senior clinicians and approved by independent experts. These proposals were designed to make the services at Weston General Hospital and the surrounding area more sustainable and better able to meet the needs of the local population. The document included indicative timelines for the delivery of the agreed changes and metrics to monitor their impact.

This paper proposes a way forward in relation to responding to the monitoring requirements set out by the HOSP, using the metrics contained within the Benefits Realisation section of the DMBC as the foundation for this work.

2. POLICY

The Healthy Weston DMBC and supporting appendices are the core reference documents to support this paper. Please see hyperlinks in the "BACKGROUND PAPERS" section below.

3. DETAILS

Following the CCG Governing Body's decision in October 2019 to approve the proposals in the DMBC, the HOSP convened a meeting later that month to consider its response. As a result of that meeting, the HOSP requested a review of the impact of the changes one year post implementation. This was originally scheduled for April 2021, although the HOSP's revised timeline for this review is now June 2021.

The HOSP identified 4 issues that it wished to include within this review. By the same token, the Healthy Weston DMBC included a section related to the monitoring of outcomes following implementation of the proposed changes. The table below lists the HOSP's requirements and cross references them with the monitoring system that is set out in the DMBC.

HOSP review	Relevant DMBC monitoring requirements (pp68-70)
1) The staffing position for urgent and emergency care and the prospect of sustainably staffing a return to a 24/7 rota (including the impact on other specialties and services)	<ul style="list-style-type: none"> • Delivery against the CQC action plan (for the Emergency Department) • Vacancy rates in directly impacted services • Total vacancy rates associated with Weston Hospital • % nursing shifts filled by agency staff • % consultant and junior doctor shifts filled by agency
2) Progress in recruiting primary care staff for the new front door model for the A&E	<ul style="list-style-type: none"> • Delivery against the CQC action plan (for the Emergency Department) • Vacancy rates in directly impacted services <p><i>Note: the new Push Doctor system that is being introduced to ED has an evaluation programme built into the project</i></p>
3) Evaluation of the impact and outputs of the mental health community crisis and recovery centre following the setting up of the new service in Spring 2020	<p><i>Note: the DMBC does not include any specific monitoring requirements for this service, but the CCG has separately instigated a monitoring and evaluation programme, noting that the service model has been modified due to Covid-19 restrictions</i></p>
4) The number of people transferring to care elsewhere in the health system and their experience and outcomes	<ul style="list-style-type: none"> • Number of patients transferred from Weston to other acute trusts (excluding critical care conveyances) • Serious incidents related to patient transfers (excluding critical care conveyances)

4. CONSULTATION

The Healthy Weston programme included a major public consultation exercise, running over the course of the first half of 2019. A summary of the process can be found in Appendix 2 of the DMBC.

5. FINANCIAL IMPLICATIONS

The financial impact of the Healthy Weston proposals are set out in Appendix 6 of the DMBC.

6. RISK MANAGEMENT

The key risk that has been identified is the impact of a delay in implementing the Healthy Weston changes, leading to a loss in momentum in the drive to reform and improve key services on the hospital site. Mitigation takes the form of the monitoring and oversight arrangements agreed between the CCG and UHBW to keep pace and focus on the change agenda.

7. EQUALITY IMPLICATIONS

Delays to implementation could impact on UHBW's ability to better meet national clinical standards/ guidelines for people using services on the Weston Hospital site.

8. OPTIONS

The Healthy Weston DMBC and earlier Pre Consultation Business Case set out all the options that had been considered by senior local clinicians and the rationale behind the consultation proposals and final decisions.

AUTHOR(S)

Colin Bradbury, Area Director – BNSSG CCG
Rob Gittins, Integration Programme Lead – UHBW NHS Foundation Trust

BACKGROUND PAPERS

The Healthy Weston DMBC can be accessed [here](#) and the appendices [here](#)

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REPORT TO THE HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING: 18TH MARCH 2021

SUBJECT OF REPORT: GRAHAM ROAD GP SURGERY RELOCATION PROPOSAL

OFFICERS PRESENTING: COLIN BRADBURY, AREA DIRECTOR – BRISTOL, NORTH SOMERSET & SOUTH GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP AND DR JOHN HEATHER, CLINICAL LEAD FOR WESTON, WORLE AND VILLAGES LOCALITY

RECOMMENDATIONS

That HOSP members:

- Note the update on the project to build a brand new primary care facility to replace the existing Graham Road surgery

1. SUMMARY OF REPORT

The CCG has an opportunity to submit a business case for £3.2m strategic transformation funds to develop a facility to replace the current Graham Road premises which are not fit for purpose in the long term.

A thorough and detailed appraisal of the available estate in Weston, set against a range of criteria including; long term sustainability, ability to support other local services, a fit for purpose environment for staff and patients, access and achievability. In total, 17 different sites were considered which ultimately resulted in a short list of three specific sites.

A panel made up of senior doctors and managers from Pier Health, patient representatives, North Somerset Council and the CCG then applied the criteria outlined above to the three shortlisted sites. The Rugby Club site scored significantly better than the other options overall, including on elements of accessibility criteria such as parking and building access. In total, the Rugby Club option scored 82.5% of the available weighted marks, with the second placed site scoring 47.5%.

2. POLICY

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 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 landlord decided to sell the property. The registered list at Graham Road Surgery currently stands at just over 11,700 patients.

3. DETAILS

In 2018, 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 by Pier Health Group Ltd from the Graham Road Surgery estate.

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

Initially, the timeline for accessing the STP capital was set for draw down no later than 31st March 2022; however since October 2020 this deadline has subsequently been revised by NHS England, 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. A range of site options in and around Weston town centre were considered (17 in total) between June 2019 to June 2020 that would deliver a Full Business Case (FBC) 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 Pier Health Group Ltd, patient representatives and staff from Sirona, North Somerset Council and the CCG. From a shortlist of three viable sites, the Weston Rugby Club was the highest scoring option overall. Working with the developer, Studio Hive and Outline Business Case (OBC) was developed with the Rugby Club as the preferred site option and approved by the CCG's Primary Care Commissioning Committee in July 2020.

The intention to develop a full business case for a new primary care facility on the Weston Rugby Club site was announced publically in December 2020. The next stages of the project include the development of a Full Business Case (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.

4. CONSULTATION

Pier Health will lead a consultation process starting in the Summer of 2021 to put forward a proposal to close the Graham Road surgery, once the new building is completed in Spring 2023. The consultation will involve patients, the public and wider stakeholders in developing a state of the art and sustainable primary care for people registered with the Graham Road practice.

The CCG fully appreciates that there will be some people living in the heart of the town for which this will not mean a marked improvement in their proximity to a GP practice, even though the Rugby Club option is the close to the current surgery. When consulting on the

proposed closure of Graham Road we will be looking to hear ideas and develop mitigations to ensure that the new practice is as accessible as possible.

5. FINANCIAL IMPLICATIONS

The funding envelope for this project is £3.2m. The new facility must comply with national standards for primary care services and also deliver good value for the taxpayer.

6. RISK MANAGEMENT

Any capital programme of this nature carries with it risk. However, one of the attractions to the Rugby Club option is that it was already a major local regeneration project, including plans for new housing, shops and a school. The building of a state of the art new GP surgery can only increase the chances of the wider regeneration project succeeding.

7. EQUALITY IMPLICATIONS

An Equality Impact Assessment (EIA) and a Quality Impact Assessment (QIA) have been drafted as part of the OBC process, both documents have been approved via the Joint Impact Assessment Panel (JIAP) in June 2020. However, as these are live documents, will continue to be updated and revised, informed by the pre-consultation engagement workshops planned from March onwards.

8. OPTIONS

The options appraisal for this site to replace the Graham Road surgery is included as an Annex to this paper

AUTHOR(S)

Colin Bradbury, Area Director – BNSSG CCG

BACKGROUND PAPERS

Annex 1 is a redacted version (as per standard practice, commercially sensitive material has not been included) of the Outline Business Case. This document was prepared in mid-2020 as part of the approval pathway and therefore some timescales and details have been subject to change as the project progresses to a final Full Business Case.

Annex 2 is the latest iteration of the supporting Equality Impact Assessment.

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Outline Business Case for the Central Weston Primary Care Development



**Bristol, North Somerset
and South Gloucestershire**
Clinical Commissioning Group

July 2020

BNSSG CCG
Outline Business Case for the **Central Weston Primary Care Development**

Document control

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Prepared by Bev Letherby, Associate Director, Archus
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Date July 2020

Checked by Clare McInerney, BNSSG CCG

Date July 2020

Revision history

Version	Date	Summary of change/s
1	16 July 2020	Final draft OBC issued to CM & TJ for comment
1	23 July 2020	Final version OBC

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Outline Business Case for the **Central Weston Primary Care Development**

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1 Executive Summary

A previous OBC was prepared in March 2018 for a One Public Estate facility in Central Weston, which was to include a GP facility to accommodate for patients from Clarence Park and Graham Road surgeries along with sufficient capacity to serve anticipated population growth, and to enable the co-location with other service providers. At that time, however, there were no suitable sites available and no preferred option identified. This work underpinned the STP Wave 4 bid that was submitted in the summer of 2018, with the subsequent allocation of £3.2m capital funding in December 2018.

This Outline Business Case (OBC) has been developed following the completion of a detailed Options Appraisal and has been submitted by the Senior Responsible Officer for the Central Weston project to the BNSSG Primary Care and Commissioning Committee for approval.

Approval is sought to prepare a Full Business Case to secure the ring-fenced STP grant of £3.2m for a new primary care facility, which is required to support the rapidly increasing population in the centre of Weston and provide new accommodation for the Graham Road practice population. Various accommodation options have been identified as potentially suitable for the new facility, which are shown in the options framework section of this OBC.

1.1 Strategic Case

There is a clear rationale for this scheme which demonstrates a number of strategic objectives to meet full alignment with the wider strategies of the BNSSG Sustainability and Transformation Plan (STP) and more recently to meet the key requirements of the NHS Long Term Plan for development of integrated services across primary, community, secondary, voluntary sector and local authority care. In March 2017, the former North Somerset CCG (now incorporated into the wider BNSSG CCG) identified the need to assess the potential estate requirements to ensure they continue to meet primary care needs in the Weston area.

This scheme sits alongside the Weston Villages project and both schemes will deliver high quality additional capacity, forming part of the Weston-Super-Mare Primary Care Estates Transformation Programme, which in turn forms part of the wider Healthy Weston Programme.

The vision for primary care in Weston is to:

- Deliver general practice at scale, attracting clinicians to Pier Health PCN and crucially retain their skills by developing a multi-disciplined clinical team around GPs to support a managed practice workload.
- Provide a sustainable and resilient future for Primary Care. This will be achieved by working closely with local stakeholders such as Weston College to develop an assured health and social care workforce pipeline for the locality. Opportunities for integrated working with community and secondary care partners defined in the Healthy Weston programme i.e. Integrated Frailty Service and Same Day Urgent Care facilitates development of General Practice portfolio roles. On a platform of integrated and portfolio working, Weston locality will become a more attractive prospect for newly qualified general practitioners, or for practitioners to North Somerset.
- Develop opportunities to work together as a group of practices, joining up back office functions, creating efficiency – for example the development of a Pharmacy Hub where significant operations may be

located 'off-site' enabling the current practice estate to be freed up to provide versatile space for additional primary care workforce i.e. social prescribers, clinical pharmacists, physiotherapists etc.

- Improve access to Primary Care through the establishment of Pier Health Group, to deliver joined up working and shared workforce to ensure that the population of Weston has access to the care they need, with the community as the default place to receive health and social care. By integrating provision through the Integrated Frailty Service, pressure on urgent care services at Weston General Hospital will be reduced.
- Provide continuity of care to enable improved patient outcomes and support people to manage their long-term conditions better by ongoing, consistent management from the same clinician.
- Support people in Weston to live healthy lives, preventing people from developing long term conditions and supporting those who have diabetes and long term MSK, COPD and mental health conditions to manage their health confidently with their health professionals. This will be enabled by providing LTC education and self-care support and information, working with partners in Community Pharmacy. A preventative approach, identifying those who are at risk of developing LTCs through population health management will ensure that pro-active services such as social prescribing is offered effectively to people at risk of developing long term conditions.
- A new Primary Care facility in Central Weston to re-house the practice population of Graham Road Surgery, with opportunity to co-locate health and social care services provided by partner organisations in Weston and Worle Villages (WW&V) locality, including the voluntary sector. The new facility will support integrated working, with multipurpose clinical areas and in-built versatility to use rooms as community meeting venues – supportive of new models of consultation such as group consultations or hosting social prescribing services.

Changes in the provision of Primary Care in Central Weston

A high level draft Outline Business Case (OBC) was prepared in March 2018 which considered potential primary care development options in Central Weston and Worle. This secured, in principle, £3.2m of STP Wave 4 funding for a new primary care facility in central Weston, subject to FBC approval. At that time, however, there was no suitable building option available.

The previous OBC considered the condition, capacity, appropriateness and sustainability of the primary care estate and its facilities for the delivery of the current and future General Practice and health care provision in Weston-Super-Mare and surrounding area. This included the major new housing developments being undertaken in the areas of Weston Villages and Central Weston and the resultant population changes and impact on the future requirements

At that time, across Weston and Worle, there were a number of growing pressures on the primary care estate. These were due to housing developments in Central Weston, publicly voiced concerns of the coverage of GP services in the town centre and aging buildings within Weston and Worle that were short of space. The closure of the Boulevard practice in 2013 and the relocation of Longton Grove and New Court practices from central Weston to the 168 Locking Road site in 2013, reduced the level of provision within the Central Ward of Weston. Whilst Stafford Group operates Stafford Place in the area, this does not offer a full complement of GP services and the condition of the estate is poor.

This has now been further compounded by the PMS provider for Horizon Health Centre losing that contract through a retender exercise in August 2017 and subsequently handing back both contracts for Graham Road and Clarence Park surgeries to the CCG due to financial difficulties.

BNSSG CCG

Outline Business Case for the **Central Weston Primary Care Development**

Pier Health Group Ltd (PHG) stepped in to provide GP services under a directly awarded APMS contract for both Clarence Park and Graham Road from June 2019. Since then, capacity pressures have been increased further following the withdrawal of the Clarence Park premises by the private landlord which has led to a transfer of the patients registered at that premises to the already over utilised Graham Road site.

Case for Change

People living in more deprived areas experience comparatively poor health, with a lower life expectancy than those living in the least deprived. As well as life expectancy, we know that deprivation itself is a predictor for high levels of urgent and emergency care need and is also associated with higher levels of morbidity and frailty which themselves are also predictive of higher urgent care demands.

The population profile for Central Weston has been assessed to ensure that any equality and diversity impacts have been addressed and provided for. The review shows that the main strategic growth area for North Somerset will be in this area as it equates to a potential of 14,950 new residents. Previously the overall census profile for North Somerset has been added to this population number to give an illustrative example of what the population would be like if it mirrored the overall North Somerset profile.

- The age profile for Central Weston is likely to be much younger than North Somerset with a higher proportion of 0-14 and 25-44 year olds;
- Life expectancy for both males (82.6) and females (87.4) is higher than the North Somerset average (79.8 and 83.5 respectively).

Indicators for health suggest that less than 10% people in Central Weston are likely to have a long-term health problem or disability that limits their day-to-day activities compared to 19% in North Somerset.

Space Requirements

The previous OBC considered existing patient list sizes and predicted housing growth against the NHS England Space Estimator. This table has been updated to show current list sizes as at July 2020, as shown below.

Table 1 - Estimated space requirements

TABLE REDACTED DUE TO COMMERCIAL SENSITIVITY OF INFORMATION

Objectives for the proposed investment

Stakeholder workshops have been held to evaluate the objectives and benefits associated with the options available for this investment. The key benefits were agreed using SMART objectives to assess that they are specific, measurable, achievable, relevant and time-bound. The agreed objectives are that the investment:

- Supports the long term delivery of sustainable services.
- Provide system wide sustainability.
- Provides a fit for purpose environment.
- Provides improved patient access.
- Can be delivered to achieve the STP requirements.

BNSSG CCG

Outline Business Case for the **Central Weston Primary Care Development**

The strategic objectives for this project are to provide new accommodation for the services delivered from Graham Road surgery, with the development of sufficient primary care capacity to respond to the growth in the population of the central areas of Weston.

The specific and measurable investment objectives for this project are as follows:

BNSSG CCG
Outline Business Case for the **Central Weston Primary Care Development**

Table 2 - Specific project aims and objectives

Specific Objective	Aims
The development must support the long term delivery of sustainable services	<ul style="list-style-type: none"> • Provides the required space for primary care services based on existing local need and likely future need and population growth. • Provides secure and stable facility for service providers. • Improves staff retention and recruitment • Improves resilience and sustainability of service providers • Supports integrated Information Management & Technology systems and opportunity for future innovations in service delivery through technology.
The development should provide system wide sustainability	<ul style="list-style-type: none"> • A location and opening hours that reduces unnecessary pressure on other local services, and reduces unscheduled hospital attendances and admissions. • Provides a long term, stable and purpose built facility to underpin the sustainability of primary and community services in North Somerset. • A space that provides the flexibility and opportunity to support new and emerging models of service delivery • Maximises the opportunity to work with other community providers and the voluntary sector
The development should provide a fit for purpose environment	<ul style="list-style-type: none"> • Provides an appropriate environment for staff • Provides facilities that have multiple and flexible use. Have extended access and can be shared between providers • Provides opportunities for further expansion if/when required • Provides accommodation that is compliant with latest building and environmental standards
The development should improve patient access	<ul style="list-style-type: none"> • Improves local community access to healthcare and health promotional activities • Relative distance from existing provision (Graham Road and Clarence Park) • Ease of access for patients, all consulting space can be easily accessed from ground floor level and if ground floor location isn't possible for all consulting space, then at least some must be for patients not able to use a lift. • Adequate on site car parking • Enables provision of services outside of core hours.
The development can be delivered to meet STP requirements	<ul style="list-style-type: none"> • Timeliness - Relative ease and speed of delivery to achieve solution for patients at Graham Road • Provides a solution to NHS estates priorities in the area • Ease of fit out or building works reduces construction programme. • Provides a procurement solution that can be delivered within the STP Capital programme timescales and rules.

Schedule of Accommodation required

A schedule of accommodation has been developed taking into the account the need to meet the future population growth, as identified above, but also to build in sufficient flexibility and capacity for future service models. This has been signed off by the Clinical Options Task and Finish Group and confirms a requirement for circa 1162m2.

BNSSG CCG

Outline Business Case for the **Central Weston Primary Care Development**

1.1.1 Impact of Covid-19

Pre Covid 19

Pier Health has been an early adopter of technology and prior to Covid-19 most practices were using a digital platform called AskMyGP. This encourages patients to access healthcare through the AskMyGP digital frontdoor platform on practice websites. Approximately 70% of all contacts are made online, including contacts from care homes and other health care providers, such as the local hospice team. Patients who are unable to access the internet are still able to telephone practices, with the reception team entering the data onto AskMyGP on their behalf.

The use of digital triage has revolutionised the access to general practice for patients in Weston, with over 80% of users of the new system saying it was better than the previous traditional appointment models.

Using this digital platform prior to Covid-19 approximately a third of all contacts were dealt with by face to face appointments, a third with telephone calls and a third by secure email.

Pier Health has worked with a company called Push Doctor, who provides GP locums working remotely to practices who require them. The GPs will consult patients remotely via video technology to provide high quality primary care consultations recorded on the patients' EMIS record.

An accelerated IT programme due to Covid- 19

When the Covid-19 epidemic began Pier Health Group rapidly realised the benefits of digital triage. It was quickly apparent that a 100% triage process was essential to ensure that patients with possible Covid symptoms weren't being assessed in the same areas as non Covid patients within primary care. The practices that hadn't already started using the AskMyGP digital platform implemented it, with the same standard digital appointment process across the 8 practices that comprise Pier Health Group Partnership.

The number of face to face appointments patients requested dropped dramatically. Instead of the usual third of patients being assessed face to face this fell as low as 5%, with the rest of the contacts being via phone or email.

During Covid 19 remote working has become commonplace, with practices having the digital triage software to allow this to happen. Practices were supplied with laptops to facilitate remote working. Pier also employed local IT expertise to set up their own VPN to allow secure accessible remote working.

The practices within Pier have employed the use of accuRx to allow patient testing to improve efficiency. They have also acquired webcams to allow video consultations and allow virtual nursing home ward rounds.

The impact of Covid-19 on estates

Non purpose built and cramped premises has made social distancing for staff challenging. It has also carried inherent problems with cleaning clinical areas between patient face to face consultations.

Appointment times with the nursing team have had to be extended to allow time for cleaning, which has had an impact on room availability.

BNSSG CCG
Outline Business Case for the **Central Weston Primary Care Development**

1.1.2 Scope of Expansion of Existing Buildings

As part of the previous OBC, in August and September 2017, 6 Facet Surveys were undertaken for each of the nearby primary care buildings, including Graham Road surgery. The following findings were confirmed:

Table 3 - Description of existing surgeries

Surgery	Description
Horizon Health Centre – For All Healthy Living Centre	Purpose built facility over two floors. Owned by a community interest company (CIC). Expansion possible.
Graham Road Surgery	Semi-detached dwelling constructed in 1854. The building is in the ownership of a (CIC). Internal redesign possible.
Tudor Lodge	Detached dwelling constructed in c1930. The building is partner owned. Any expansion will require relocation.
Stafford Place	Detached dwelling constructed in c1910. The building is partner owned and part of the Stafford Medical Group. Any expansion will require relocation.
168 Locking (formerly New Court and Longton Grove)	Building originally built in the 1960's and fully refurbished in 2013. The building is partner owned. Expansion possible.

Graham Road Surgery

Graham Road Surgery was originally a semi-detached dwelling constructed in 1854 and has been extended with a single storey extension to the rear. The building is owned by For All Health Living CIC. The 6 facet estate survey noted that the car park is very small and it is not possible to increase onsite parking provision. Double parking and cars getting blocked in was a frequent occurrence causing a possible pedestrian hazard and delays to surgery sessions. A number of electrical hazard issues were documented including limited electric sockets and staff using portable extension leads and an electrical cupboard without fire detection.

Upon inspection at Graham Road Surgery in May 2019, it was noted that internal reconfiguration had been undertaken to sub-divide two large rooms on the first floor to create four small consultation rooms, which are much smaller than the HBN recommendation of 16m².

This inspection also confirmed there was no potential for further expansion and the car parking issues mentioned above were evident including double parking in the small staff and patient car park.

Revenue - Notional Rent

The revenue envelope available for this scheme is made up of the current rental and business rates for Clarence Park and Graham Road properties, as shown below:

Table 4 - Rent and rates

(REDACTED FOR COMMERCIAL SENSITIVITIES)

1.1.3 Main Risks

The main business and service risks associated with the potential scope of this project are shown below. They are also listed in management section of this OBC. For further details, please see the attached Risk Register in the Appendix A.

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Table 5 - Risks and counter measures

Risk	Mitigation
Unable to deliver project within STP timeframe	Initial due diligence undertaken on preferred option developer. Meeting held with North Somerset Council to confirm position with the preferred option. Developer programme obtained to confirm fast track of detailed design and planning to meet the project timescales. Initial discussions held with NHSI/E to ensure they are sighted on the programme and suggested completion date of July 2022. NHSI/E have confirmed that they are flexible on completion timescales for a good quality option.
FBC approval is delayed by NHSI/E	NHSI/E has confirmed they do not need to formally approve the OBC so this is an internal CCG approval only, however it will be submitted to NHSE for information and comment. Four months have been allowed in the programme for the FBC approval, based upon discussion with the NHSI/E regional leads, including time for DoH final sign off
Impact of Covid on delivery	There is a risk of programme delay caused by another Covid surge and resulting lockdown restrictions. This will be monitored closely and the programme adjusted accordingly to ensure key milestones are deliverable. Any delays will be flagged and discussed with the Central Weston Steering Group and NHSI/E.
Impact of Covid on design	The long term impact of Covid on models of care and potential future building requirements is as yet unknown, i.e. ration of full size consulting rooms to smaller online/telephone booths, and infection control and flow through buildings etc. The building design will be sufficiently flexible to cater to a currently unknown future state.
Planning Application refused	The developer and CCG have held separate discussions with NSC, who have confirmed their support for this scheme. A Pre-Application will be submitted upon OBC approval by the developer to confirm key planning principles.
Actual tendered costs exceed budget	The developer has an external cost advisor appointed. Soft market testing will be undertaken to inform the Pre Tender Estimate prior to the issue of final tender packs.

1.2 Economic Case

A previous high level draft OBC was prepared in March 2018 for a One Public Estate facility in Central Weston, which was to include a GP facility to accommodate patients from Clarence Park and Graham Road surgeries along with sufficient capacity to serve anticipated population growth, enabling co-location with other service providers. At that time, however, there were no suitable sites available and no preferred option identified. This work underpinned the STP Wave 4 bid that was submitted in the summer of 2018, with the subsequent allocation of £3.2m capital funding in December 2018.

In 2019, North Somerset Council (NSC) approached the CCG having acquired an interest in the Sovereign Centre, a shopping centre in Weston town centre, with a view to accommodating the GP facility within this premises. On this basis, the CCG commenced an options appraisal process to with a view to confirm the preferred option leading to this revised OBC. As part of this process, the CCG commissioned a wider site search to ensure all available premises were identified within a long list of options, both within the council ownership and those available within the commercial sector.

The Long-List of Options

An initial site search was undertaken in July 2019 and discussions with NSC identified a long list of options:

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- | | |
|--|--|
| 1. Ground floor Sovereign Centre | 5. Churchill Business Centre |
| 1a. Ground floor Sovereign Centre and Stafford Place Surgery | 6. Heathcarts Industrial Estate |
| 2. Sovereign Centre Roof Top Car Park | 7. Manor Court, Beaufigther Road |
| 3. Dolphin Square Retail Units | 8. Weston Industrial Estates |
| 4a Former Magistrate Court | 9. TJ Hughes building |
| 4b Former Police Station Site (demolished) | 10. Regent House |
| | 11. Vacant land adjacent to Dolphin Square |

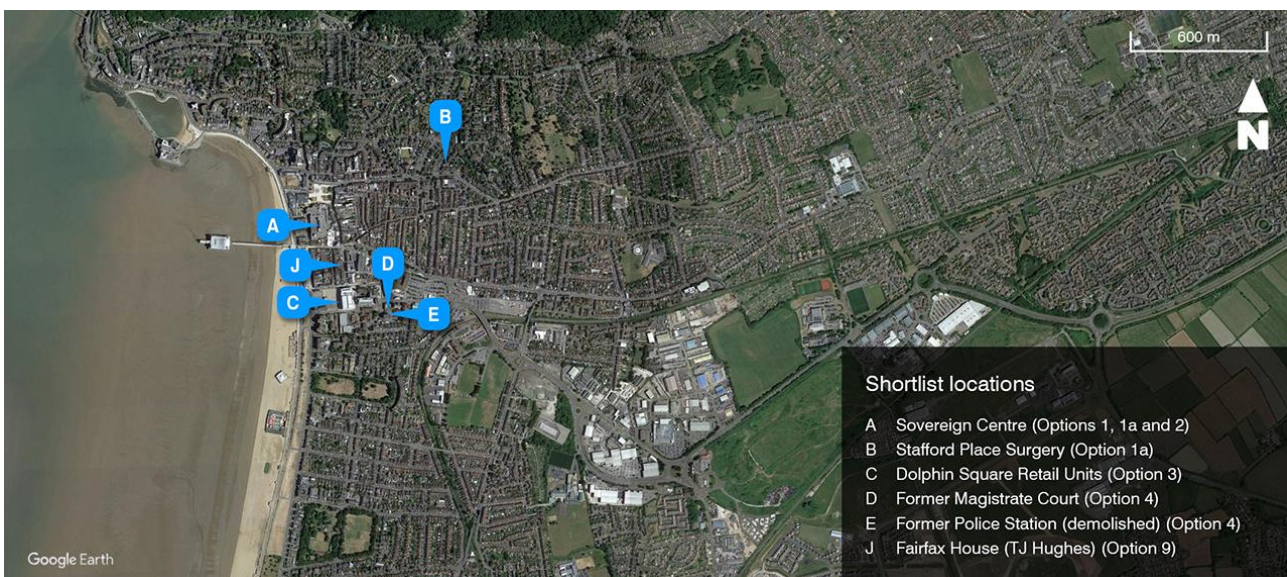
The Short-List of Options

Careful consideration was given of each option included the long-list and the following shortlist of the most suitable properties were taken forward for further consideration.

- Op 1- Small primary care provision in the space available in the food court and adjoining vacant unit on the ground floor of the Sovereign Centre
- Op 1a - GF Sovereign Centre & Stafford Place Surgery;
- Op 2- New Build on Roof Top Car Park in Sovereign Centre;
- Op 3 - Dolphin Square Retail Units;
- Op 4 a and b - Former Magistrate Court & Former Police Station Site (demolished);
- Op 9 -TJ Hughes Building.

The map below shows the locations of the short listed options:

Figure 1 - location of short-listed options



A workshop was held in October 2019 with representatives of the CCG, NSC, GPs, NSCP and the PPG. The short listed options were scored against the agreed benefits. This identified that the preferred option was the TJ Hughes building.

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There were a number of events that occurred following the October 2019 options workshop that had a significant impact on the evaluation process.

TJ Hughes

In order to further understand the likely costs to fit out the TJ Hughes Building, Structural and Mechanical & Electrical feasibility surveys were obtained. On the basis of these findings, indicative fit out costs were obtained which estimated the cost to fit out of all three floors as circa (REDACTED). The cost for just the ground and first floor was circa (REDACTED). This was clearly unaffordable.

Discussions were held with NSC who advised that they did not have any available budget to support this scheme as a joint venture.

Sovereign Centre

In order to further understand the likely costs of this option, Structural and Mechanical & Electrical feasibility studies were obtained. A modular supplier with a local proven track record, Premier Modular, were also approached to undertake a viability assessment and provide indicative costs. These were provided with a range of between (REDACTED) to (REDACTED).

At the same time, more detailed operational discussions were held with the GPs which identified a concern regarding ambulance access and patient evacuation in a medical emergency. The Sovereign Centre management team and the estates lead at South West Ambulance NHS Trust were approached to further understand this issue and potential operational solutions.

It was confirmed that the height of the car park ramps were too low to enable direct ambulance access and the existing public lifts were too short to accommodate a standard ambulance stretcher. Therefore, the option of providing a new, dedicated lift from Salisbury Terrace at an estimated additional costs of at least (REDACTED) was considered, though this additional cost and securing planning approval for this presented a significant risk.

Dolphin Square Units

The agent of the Dolphin Square units advised that these units were being withdrawn from the market as a new tenant had been identified.

The Magistrates Court

NSC advised that they were exploring their own options for re-developing this site and were no longer able to offer it to the CCG.

Introduction of new options

Following the inconclusive options appraisal, several additional options became available and were duly considered.

The former M&S building

The project team had been aware of the vacant M&S unit located on the periphery of the Sovereign Centre as this was investigated when compiling the long list of options following the initial site search. This was quickly discounted, however, as it was part of a portfolio of properties in the process of disposal, the terms of which were subject to a Non-Disclosure Agreement.

However, in December 2019 the CCG was approached and advised the building was no longer included in the portfolio disposal, and worked with NSC to consider joint use of the space. The CCG developed concept

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drawings to consider accommodating the GP practice in this development. The concept drawings developed are shown below.

However, this option was withdrawn in April 2020 as NSC were unable to make a financially viable business case to the NSC executive.

The Victoria Methodist Church

This former Methodist Church is located adjacent to the Magistrates Court and is being considered for disposal.

The disadvantage of this option, however, was that there was no information available on existing building condition, structure and services. It was likely that planning permission would be more complex due to the nature of the existing use and there were concerns over the ability to deliver this within the required programme and budget. For these reasons, this option was not taken forward for further consideration.

Alternative units at Dolphin Square

Continued dialogue with the letting agent identified a number of individual units on the ground and first floor on the Oxford Street side that could be acquired and merged into a single lease. The two ground floor units comprised of a former restaurant and an empty shell which had yet to be let.

This accommodation extended to circa 778m² so was smaller than the previous unit, there was also concern about the deep plan nature of the ground floor units and lack of natural light, although the first floor benefitted from two aspects of windows, so good natural daylight.

Weston Rugby Club

The Weston Rugby Club development comprises of a number of commercial and residential units in on land currently owned by the Rugby Club, in return for a new club house for the with enhanced recreational and changing facilities for the local community. There is also a site identified for a school which would be developed by NSC.

Discussions held with Studio Hive, the developer, has indicated that circa 1095m² of ground and first floor accommodation could be made available on a shell and core basis within Block B. On the basis that the STP money would cover the cost of the fit out, estimated at (REDACTED) with the balance of available funds provided as a bullet payment contribution to offset the annual rent. The annual rent paid by the GP's would be circa (REDACTED), in line with the current rent at Graham Road and Clarence Park premises.

Second Options Appraisal Workshop: June 2020

Due to the significant changes from the Options Appraisal workshop in October 2019, the Central Weston Steering Group agreed that a new workshop was required to consider the following shortlisted options;

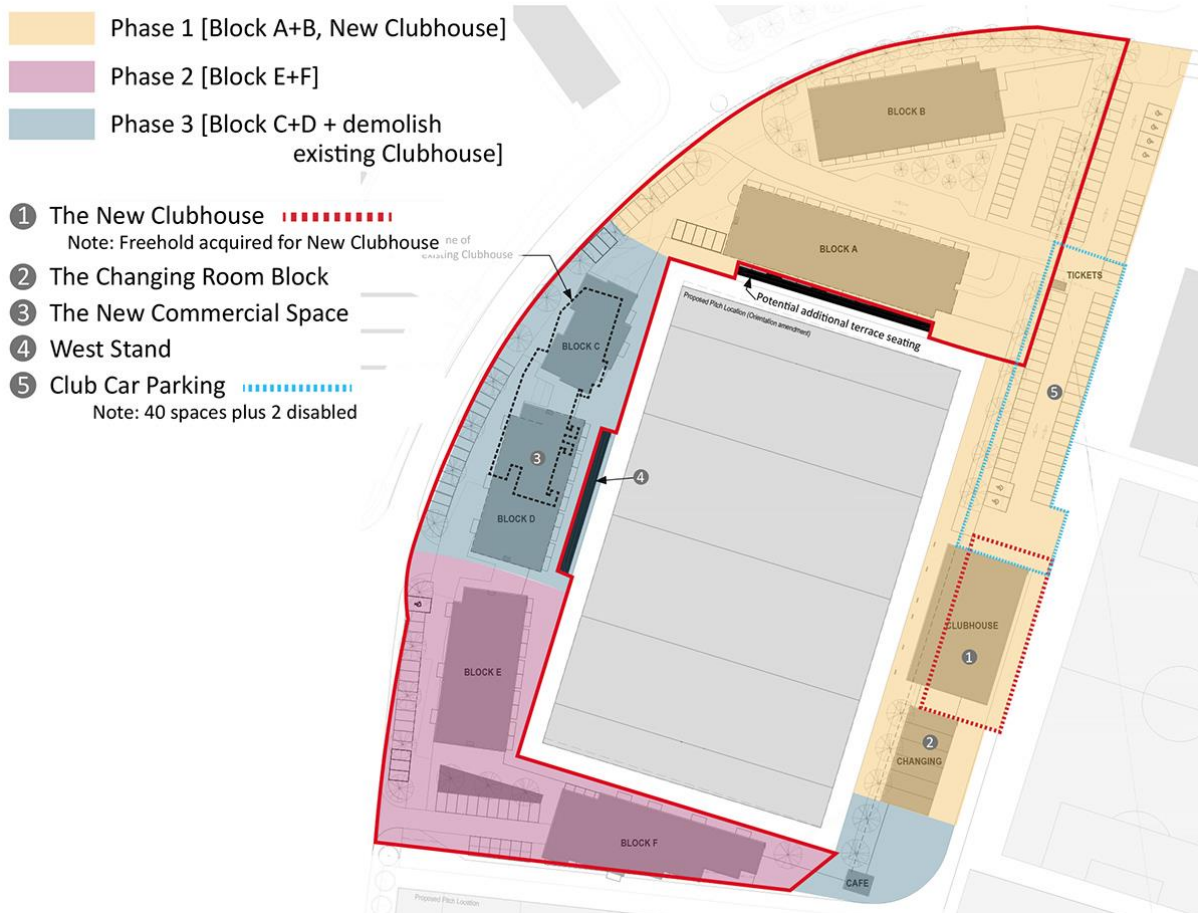
- i) Dolphin Square new retail units
- ii) Sovereign Centre roof top modular option
- iii) Weston Rugby Club shell & core fit out

This workshop was held on 15th June which comprised of a presentation of the short listed options followed by a moderation meeting on 22nd June to review the individual scores and confirm consensus overall scores. The full evaluation worksheet can be found Appendix B.

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The qualitative evaluation process undertaken clearly identified the Weston Rugby Club as the preferred option.

Figure 2 - Weston Rugby Club plan (Preferred option)



1.3 Commercial Case

The freehold Weston Rugby Club site is currently owned by the RFC. Studio Hive (the developer) intends to provide a new clubhouse for the rugby club and undertake improvements to the public recreation spaces, including new changing facilities, in return for a long lease if the land surrounding the rugby club i.e. 999 years and the opportunity for a wider commercial and residential development. A Special Purpose Vehicle (SPV) has been created called Atlas HIVE, which will be purchasing the long lease interest following planning consent. Atlas Hive as an SPV sits alongside its sister company Atlas Land which is a company owned by the equity investor who partners Studio HIVE on projects such as this.

The site currently has restrictive covenants upon it which prevents development; however there is a tripartite agreement between NSC (the beneficiary of the covenant), WSM RFC and Atlas HIVE to enable the development. NSC will forego their covenants in exchange for provision of an access route to a future primary school site on their retained land. This has been approved in principle by the NSC Executive Board and legal agreements have been drafted pending execution which is anticipated by the end July 2020.

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Existing GP contract arrangements

As outlined earlier in this case, Pier Health Group Ltd stepped in after the provider delivering general medical services at Horizon Health Centre chose not to bid for services during a retender exercise in August 2017 and subsequently handing back both contracts for Graham Road and Clarence Park surgeries to the CCG due to financial difficulties. The existing APMS contracts with Pier Health Group Ltd to deliver services from Graham Road and Horizon Health Centre expire in the June 2021 and the CCG is considering contracting and procurement options to put the contract on a more sustainable longer term footing.

In order to satisfy the developer’s financial requirements, they have indicated that they would expect a covenant strength equivalent to an NHS organisation which, in primary care terms, is an “in perpetuity” GMS contract. The CCG is currently reviewing which organisation would be best placed to hold the Head lease

Initial discussions have been held with NHS PS Ltd who have indicated an interest in principle with this approach.

Proposed Lease Structure

It is proposed that there will be an Agreement for Lease and a Lease for a term of 20 years for the part ground and part first floor of Block B prior to commencement of construction.

Potential for risk transfer

BNSSG CCG has a risk management process that is described in the Management Case. The Senior Responsible Officer and the Central Weston Steering Group currently act as joint owners of the project Risk Register for this scheme. Responsibilities for risks identified are then allocated on the associated risk register. The project risk register can be found in Appendix A.

The risk of the costs over running for the development will be transferred to the developer once the Guaranteed Maximum Price has been agreed and construction stage commenced.

The table below provides an assessment of how the associated risks might be apportioned:

Table 6 - Risk transfer matrix

Risk Category	Allocation		
	Public (STP)	Private (the developer)	Shared
1. Design risk		✓	
2. Construction and development risk		✓	
3. Transition and implementation risk			✓
4. Availability and performance risk		✓	
5. Operating risk		✓	
6. Variability of revenue risks			✓
7. Termination risks		✓	
8. Technology and obsolescence risks	✓		
9. Control risks		✓	
10. Residual value risks		✓	
11. Financing risks			✓

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Risk Category	Allocation		
	Public (STP)	Private (the developer)	Shared
12. Legislative risks		✓	
13. Other project risks		✓	

1.4 Finance Case

REDACTED FOR COMMERCIAL SENSITIVITY

1.5 Management Case

Programme and Project Management Arrangements

The project will be managed in accordance with PRINCE 2 methodology. The Central Weston Steering Group has the responsibility to drive forward and deliver the outcomes and benefits of this development. Members will provide resource and specific commitment to support the project manager to deliver the outline deliverables.

Project Programme

The key project milestones are shown below.

Table 7 - Key milestones

Key Milestone	Date completed
OBC approval	July 2020
Pre-App Planning Application Submitted	August 2020
RIBA Stage 2 Design	October 2020
Full Planning Application Submitted	October 2020
Full Planning Approval	December 2020
Tenders Returned	January 2021
RIBA Stage 4 Design	February 2021
FBC submitted	March 2021
FBC approval	June 2021
Contract Award	June 2021
Completion and Handover	July 2022

The programme indicates completion by spring 2023. NHSI/E has indicated that there is flexibility to accommodate this programme within the STP funding arrangements.

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Outline Business Case for the **Central Weston Primary Care Development**

1.6 Recommendation

BNSSG PCCC are asked to formally approve the recommendation of this business case; that the **Preferred Option** for the Central Weston Primary Care Development is **Weston Rugby Club** and that the CCG can proceed to prepare a Full Business Case for approval of STP funding by NHSI/E based on demonstrated affordability and achievability.

2 Strategic Case

2.1 Background and Approvals

This Outline Business Case (OBC) has been developed following the completion of a detailed Options Appraisal and has been submitted by the Senior Responsible Officer for the Central Weston project to the BNSSG Primary Care and Commissioning Committee for approval.

Approval is sought to prepare a Full Business Case to secure the ring-fenced STP grant of £3.2m for a new primary care facility, which is required to support the rapidly increasing population in the centre of Weston and provide new accommodation for the Graham Road practice population.

This OBC has been produced using the agreed standards and Five Case model format for business cases and in line with the Better Business Case guidance.

2.2 Rationale and Objectives

There is a clear rationale for this scheme which demonstrates a number of strategic objectives to meet full alignment with the wider strategies of the BNSSG Sustainability and Transformation Plan (STP) and more recently to meet the key requirements of the NHS 10-year plan for development of integrated services across primary, community and local authority care. In March 2017, the former North Somerset CCG (now incorporated into the wider BNSSG CCG) identified the need to assess the potential estate requirements to ensure they continue to meet primary care needs in the Weston area.

This scheme sits alongside the Weston Villages project and both schemes will deliver high quality additional capacity, forming part of the Weston-Super-Mare Primary Care Estates Transformation Programme, which in turn forms part of the wider Healthy Weston Programme. There is also potential for the development of Worle Health Centre, which has OBC approval, which can be delivered in the future as the final scheme in this transformation programme.

2.3 Strategic and policy context

2.3.1 Introduction

This section documents an overview of the strategic context in which the CCG provides its primary care services, its strategic guiding principles, directives and policies that ensure the operational, clinical and managerial objectives are met. It will provide an overview of primary care and the strategic objectives of the CCG, to highlight current care service delivery and set the context for this business case. The strategic context gives an overview of the driving policies and guidance documents at National, Regional and Local level that are driving the changes in future service provision.

BNSSG CCG was formed on 1 April 2018 following the mergers of Bristol CCG, North Somerset CCG and South Gloucestershire CCG. The CCG covers a wide range of commissioning services including becoming a fully delegated commissioner of Primary Care services.

In addition to this the CCG is responsible for the commissioning of emergency and urgent care (to include ambulance services and a GP ‘out-of-hours service’, community health services, acute and elective hospital services, maternity and children’s services, mental health and a learning disabilities services.

2.4 National Context

2.4.1 Healthier Together

The NHS England Five Year Forward View (5YFV) published in October 2014 announced plans to create Sustainability and Transformation planning areas across England (known as STPs) to realise the key aims of improved health and wellbeing for everyone, better quality of care and sustainable finances. In 2016 Healthier Together formed as the Bristol, North Somerset and South Gloucestershire STP producing a multi-year Sustainability and Transformation Partnership (STP) plan, demonstrating how their local services will evolve and become more sustainable over the next five years.

Ten local health and care organisations sit on the Healthier Together Board, with the partnership going beyond this, working with public, patients, staff and voluntary sector to shape the future of our local health and care services, helping drive genuine and sustainable transformation in patient experience and health outcomes for the longer-term.

This scheme is already listed as a priority project aligned with the STP objectives in the October 2016 STP Plan Submission. It is integral to the ‘Healthy Weston’ vision and will complement the exciting proposals for services delivered on the Weston Hospital site and in the community. The scheme is compliant with the Carter Report¹ to support efficiencies with integrated sharing of premises and services to improve proficiency and reduce costs.

2.4.2 NHS Long-Term Plan 2019

One key message that runs through the NHS Long Term Plan is that there should be shared clinical pathways across primary and secondary care, with resources fairly directed to where the care would be best delivered. This is supported by the British Medical Association² with 94% of GPs supporting more collaborative and coordinated working.

The Long-Term Plan set the ambition that every part of the country should be an integrated care system (ICS) by 2021, accelerating the work started by the STPs, with collaboration and integration of service provision across health and social care at a place based level circa 250,000 to 500,000 population depending on local factors such as demography and need.

This work follows years of partnership between NHS and council teams at different levels, building upon long history of planning and providing person-centred care for residents and on councils’ strategic plans to improve health and wellbeing, and learning from vanguard ICS sites across the country. ICS’s bring together local organisations is a pragmatic and practical way to deliver the ‘triple integration of primary and specialist care, physical and mental health and health with social care.

¹ Review of operational productivity with NHS providers June 2016

² British Medical Association. Caring, supportive, collaborative? Doctors’ views on working in the NHS. November 2018.

The NHS Long Term plan talks about looking beyond healthcare provision, noting that the NHS has a wider role to play in influencing the shape of local communities to increase the capacity and responsiveness of the primary, community and intermediate care services to those who are clinically judged to benefit the most. This will help prevent unnecessary admissions to hospitals and residential care, as well as ensure a timely transfer from hospital to community.

NHS Long Term Plan - Preventing illness and tackling health inequalities

The NHS will increase its contribution to tackling some of the most significant causes of ill health, with a particular focus on the delivery of care within primary care for groups of people most affected by these problems.

Through the development of modern primary care facilities more integrated working and health care packages can be delivered to support timely care, delivered by flexible teams working across primary care and local hospitals, developed to meet local needs, including GPs, allied health professionals (AHPs), district nurses, mental health nurses, therapists, re-enablement teams and voluntary services.

2.5 Regional Context

2.5.1 Primary Care Networks 2019

From April 2019, GP practices in England have had changes to contracts mandating them to join a Primary Care Network (PCN), with an overall objective to improve patient outcomes, reduce the current pressures faced by individual practices and improve the working environment for primary care teams - working together with neighbouring practices, community and local authority and social care services to find efficiencies and deliver a wide range of services to patients. All GP practices are to come together in geographical networks covering populations of approximately 30–50,000 patients if they are to take advantage of additional funding attached to the new GP contract. This size is consistent with the size of localized services which exist in many places in the country, but much smaller than most GP Federations. NHS England has expressed the view that 30,000 is a firm lower limit for population size, except in areas of extreme rurality, but the upper limit could be more flexible.

These Primary Care Networks form a key building block of the [NHS long-term plan](#) for people to be able to access network-based services. GP practices will be working together at scale for a range of reasons, including improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system. While GP practices have been finding different ways of working together over many years – for example in super-partnerships, federations, clusters and networks – the NHS long-term plan and the new GP contract, puts into place a more formal structure around this way of working to make the best use of suitably designed primary care facilities that can be used more effectively and efficiently.

The Additional Reimbursable Roles Scheme (ARRS) is a key element of the Network Contract DES that contractually brings together primary care networks. New health and care roles are being brought into the general practice workforce over the next four years, with social prescribing link worker and clinical pharmacist roles being funded from 2019/20, progressing to reimbursement of care navigators and physiotherapists in 20/21 and mental health workers and emergency paramedics in 21/22. The expansion of the primary care workforce will require appropriate infrastructure, including capacity in GP estate to enable these new practitioners to provide services, alleviating pressure from GPs and nurse caseloads. The flexibility of new accommodation to enable new forms of access, for example social prescribing events and HBN compliant consulting rooms that can also be used as physiotherapy treatment rooms is crucial to ensure that

the new workforce can practice appropriately and safely. By 2023/24 Pier Health PCN will have access to reimbursement for indicative whole time equivalent of 39.52 additional roles.

2.5.2 Development of Integrated Care Partnerships

Integrated localities have been in development since 2017/18 at place level footprints within the Healthier Together STP. Six localities have formed with leadership from general practice, working in an informal basis with partner health and social care providers to develop locality transformation schemes for integration of services based on population health needs. In alignment the Long-Term plan ambition to join up health and care systems to improve population health and offer well-coordinated and efficient services to those who need them, it is proposed that integrated care partnerships (ICP) will formalise the locality partnerships into constituted entities responsible for delivering joined up care as part of an integrated care system. This will support collaboration of provider partners to establish a population health and value based model of care at place and neighbourhood level.

The Kings Fund describes ICPs as alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete, including hospitals, community services, mental health services and GPs, with involvement from social care and independent and third sector providers. Integrated care systems will broadly provide a strategic planning mechanism with responsibility for population health management, planning, finance and performance management, ensuring equity, and driving transformational change at system level.

There are no fixed views on the most appropriate model for ICPs in BNSSG, and options for establishing ICPs will be considered with system partners during 2020/21, with implementation of an agreed model by April 2022.

In Weston Worle & Villages locality, Pier Health Group have taken a leading and formative role in the development of a locality, place based partnership in Weston and are integral, alongside the community service provider Sirona and voluntary sector partners in integrating delivery of care, making the community the default setting for people's health and care. Primary Care Networks form the building block for establishing integrated care partnerships; this proposal is in strategic alignment with developing facilities that promote integrated models of care with general practice at the core, within a development that will have wider social prescribing opportunities to promote activity and healthy lifestyles.

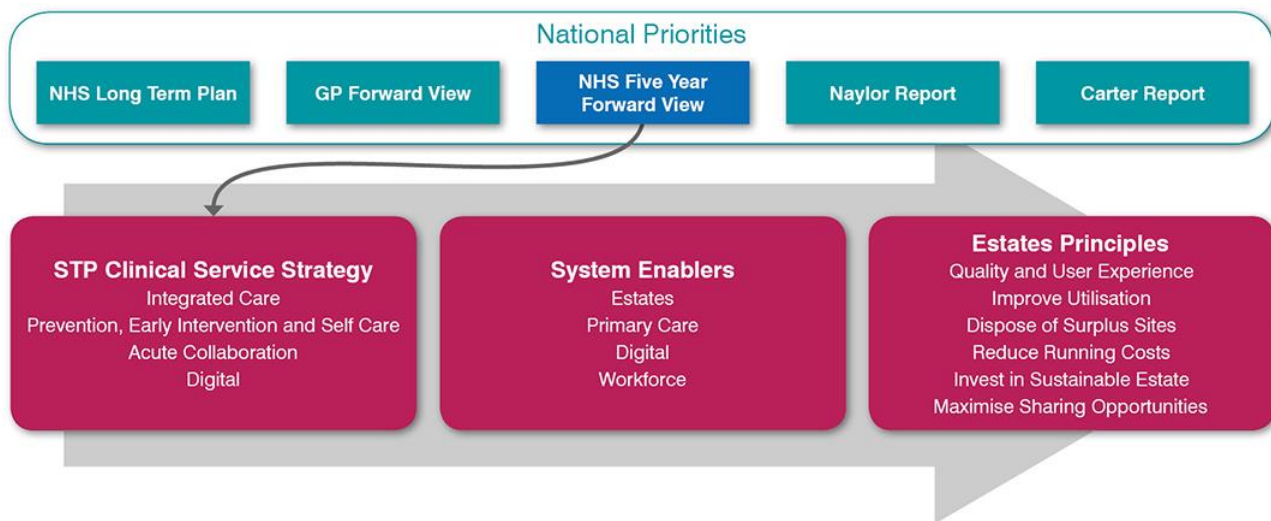
2.5.3 Healthier Together BNSSG Primary Care Strategy

The Healthier Together BNSSG Primary Care Strategy focuses on Primary Care sustainability and transformation over the next five years, with the aim of ensuring a high quality, resilient and thriving Primary Care service at the heart of an integrated health and social care system by 2024. The strategy has four major priorities: Models of care, Quality and Resilience, Developing the Workforce and Infrastructure and the Seven "First Wave" system restoration work includes six task and finish work streams.

The work streams will be delivered by four separate System Enablers; Estates, Primary Care, Digital and Workforce. The Estates work stream has six key principles (as shown in the figure below). Healthier Together Capital Plans are articulated below to show how the plans enable the clinical service strategies and achieve patient benefits. The Central Weston primary care development is shown as one of the top priorities within the STP.

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Figure 3 - Healthier Together STP System Enablers



2.6 Local context

The strategic drivers for this scheme are fully aligned with having a clear clinical evidence base and support for proposals from commissioners and the wider national strategies as described above, the regional strategies of BNSSG STP, and the local strategies of the PCN and integrated for integrated service delivery across primary care. The proposal also meets the strategic need for service change in that it meets the consistency with the current and prospective need for patient choice and plans for public and patient engagement in the final design proposals.

2.6.1 Healthy Weston Primary Care Strategy

The vision for primary care in Weston is to:

- Deliver general practice at scale, attracting clinicians to Pier Health PCN and crucially retain their skills by developing a multi-disciplined clinical team around GPs to support a managed practice workload.
- Provide a sustainable and resilient future for Primary Care. This will be achieved by working closely with local stakeholders such as Weston College to develop an assured health and social care workforce pipeline for the locality. Opportunities for integrated working with community and secondary care partners defined in the Healthy Weston programme i.e. Integrated Frailty Service and Same Day Urgent Care facilitates development of General Practice portfolio roles. On a platform of integrated and portfolio working, Weston locality will become a more attractive prospect for newly qualified general practitioners, or for practitioners to North Somerset.
- Develop opportunities to work together as a group of practices, joining up back office functions, creating efficiency – for example the development of a Pharmacy Hub where significant operations may be located ‘off-site’ enabling the current practice estate to be freed up to provide versatile space for additional primary care workforce i.e. social prescribers, clinical pharmacists, physiotherapists etc.
- Improve access to Primary Care through the establishment of Pier Health Group, to deliver joined up working and shared workforce to ensure that the population of Weston has access to the care they need, with the community as the default place to receive health and social care. By integrating provision through the Integrated Frailty Service, pressure on urgent care services at Weston General Hospital will be reduced.

- Provide continuity of care to enable improved patient outcomes and support people to manage their long-term conditions better by ongoing, consistent management from the same clinician.
- Support people in Weston to live healthy lives, preventing people from developing long term conditions and supporting those who have diabetes and long term MSK, COPD and mental health conditions to manage their health confidently with their health professionals. This will be enabled by providing LTC education and self-care support and information, working with partners in Community Pharmacy. A preventative approach, identifying those who are at risk of developing LTCs through population health management will ensure that pro-active services such as social prescribing is offered effectively to people at risk of developing long term conditions.
- A new Primary Care facility in Central Weston to re-house the practice population of Graham Road Surgery, with opportunity to co-locate health and social care services provided by partner organisations in Weston and Worle Villages (WW&V) locality, including the voluntary sector. The new facility will support integrated working, with multipurpose clinical areas and in-built versatility to use rooms as community meeting venues – supportive of new models of consultation such as group consultation or hosting social prescribing services.

2.6.2 Changes in the provision of Primary Care in Central Weston

The previous high level draft Outline Business Case considered the condition, capacity, appropriateness and sustainability of the primary care estate and its facilities for the delivery of the current and future General Practitioner and health care provision in Weston-Super-Mare and surrounding area. This included the major new housing developments being undertaken in the areas of Weston Villages and Central Weston and the resultant population changes and impact on the future requirements

At that time, across Weston and Worle, there were a number of growing pressures on the primary care estate. These were due to housing developments in Central Weston, publicly voiced concerns of the coverage of GP services in the town centre and aging buildings within Weston and Worle that were short of space. The closure of the Boulevard practice in 2013 and the relocation of Longton Grove and New Court practices from central Weston to the 168 Locking Road site in 2013, reduced the level of provision within the Central Ward of Weston. Whilst Stafford Group operates Stafford Place in the area, this does not offer a full complement of GP services and the condition of the estate is poor.

This has now been further compounded by the PMS provider for the Locality Health Centre losing that contract through a retender exercise in August 2017 and subsequently handing back both contracts for Graham Road and Clarence Park surgeries to the CCG due to financial difficulties.

Pier Health Group Ltd (PHG) stepped in to provide GP services under a directly awarded APMS contract for both Clarence Park and Graham Road from June 2019. Since then, capacity pressures have been compounded further following the withdrawal of the Clarence Park premises from the private landlord which has led to the patients registered at that premises relocating to the already over utilised Graham Road site.

2.7 Case for Change

2.7.1 Population Needs

People living in more deprived areas experience comparatively poor health, with a lower life expectancy than those living in the least deprived. As well as life expectancy, we know that deprivation itself is a predictor for high levels of urgent and emergency care need and is also associated with higher levels of morbidity and frailty which themselves are also predictive of higher urgent care demands.

The population profile for Central Weston has been assessed to ensure that any equality and diversity impacts have been addressed and provided for. The review shows that the main strategic growth area for North Somerset will be in this area as it equates to a potential of 14,950 new residents. Previously the overall census profile for North Somerset has been added to this population number to give an illustrative example of what the population would be like if it mirrored the overall North Somerset profile.

However, it is likely that this new build housing will attract a different demographic profile and based on advice from North Somerset Council's research and monitoring department it was agreed the closest population match would be that of the Locking Castle area, which has seen similar new build development, but with sufficient time to have passed to allow an established resident population. Therefore, Census data for four Lower Layer Super Output Areas (LSOA) in Locking Castle have been used to model the population age structure, ethnicity and long-term health problems for the new population of Central Weston ensuring that future health developments preferred from this Business Case take the following into account ;

- The age profile for Central Weston is likely to be much younger than North Somerset with a higher proportion of 0-14 and 25-44 year olds;
- Life expectancy and fertility rates Life expectancy for both males (82.6) and females (87.4) is higher than the North Somerset average (79.8 and 83.5 respectively);

Indicators for health suggest that less than one in ten people in Central Weston are likely to have a long-term health problem or disability that limits their day-to-day activities compared to 19% in North Somerset. Levels of bad and very bad health (2.3%) will also be lower than the North Somerset average (5.3%) meaning that there are fewer carers in Weston Villages (6.1%) than in North Somerset (11%). It is therefore expected from the above figures that disease prevalence figures will be lower in the area compared to Central Weston and Worle. One in eight people are recorded as having hypertension (13%), 7% suffer from diabetes, 4% from coronary heart disease and 3% from stroke and Chronic Obstructive Pulmonary Disease .

Consideration of the clinical requirements and the way primary care services are delivered is especially important in Central Weston, given the expected growth and changing demographic profile.

2.7.2 Supporting patient choice and access

The scheme supports greater patient choice on where and how they may access care in an area where GP lists in surrounding practices are becoming overcrowded and being delivered in a number of buildings that are not conducive to the requirements of future primary and community care provision.

This scheme will support greater patient choice on where and how to access care in order to improve the quality and safety of service provision. By working together in a more integrated and cohesive way, and a focus on proactive health management across the entire system more directed services will be provided making services more locally thought through to be more efficient and cost effective.

Over the next few years, the CCG Healthy Weston Programme, working in close collaboration with local providers, key stakeholders, service users and the public, will deliver a new and innovative model of care for the local population in Weston Super Mare that will transform the way services are delivered and provide a framework for other areas across BNSSG.

This business case supports these objectives through the provision of a new health facility that will support these new models of care. The proposed health centre will be designed to support a more cohesive way of joint working across multi-professional groups to better meet the needs of the local population. For the local workforce, the facility will provide exciting and more varied job opportunities, including a stronger role for the voluntary sector, through the creation of new roles and the ability to work more fluidly across organisational boundaries as capacity is freed up in other local practices, allowing for new models of care to be delivered.

2.7.3 Delivering the ambitions of the NHS Long Term Plan

Since the completion of the previous OBC, the NHS Long Term Plan has been published. The plan talks about looking beyond healthcare provision, noting that the NHS has a wider role to play in influencing the shape of local communities. One key message that runs through the NHS Long Term Plan is that there should be shared clinical pathways across primary and secondary care, with resources fairly directed to where the care would be best delivered. This is supported by the British Medical Association with 94% of GPs supporting more collaborative and coordinated working.

Integrated Care is a collaboration of services working together to deliver health and social care in different ways and embedding these principles within local planning guidance for the primary and community estate must be demonstrated to ensure newly designed environments and future developments have a focus on design that supports prevention and wellbeing.

This scheme meets the objectives of the Long Term Plan in that it enables development of the primary and community estate in Central Weston that demonstrates groups of local organisations and the NHS are working together to develop services, and turn them into local actions to improve services and the health and wellbeing of the communities they serve for the next 10 years. The key objectives and value for money principles of this plan include that the estate will;

- Demonstrate the Local NHS organisation is increasingly focused on population health and local partnerships with local authority-funded services;
- Will enable increase in the delivery of 'out-of-hospital' care through primary and community health services working together;
- Give opportunity to promote people to have more control over their own health, and more personalised care locally when they need it;
- Provide a fit for purpose estate to enable transformation through digitally-enabled primary and outpatient care;
- Support the ambition to reduce the increasing pressure on emergency hospital services through changes in patient pathways and access.

Doing things differently - working as 'Integrated Care Systems', to plan and deliver services which meet the needs of communities will give people more control over their own health and the care they receive within primary and community care. Collaboration between GPs, their teams and community services, as 'primary care networks', give opportunity for the community estate to provide for an increased range of services provided jointly, and increase the focus on NHS organisations working together with their local partners.

2.8 Objectives for the proposed investment

Stakeholder workshops have been held to evaluate the objectives and benefits associated with the options available for this investment. The key benefits were agreed using SMART objectives to assess that they are specific, measurable, achievable, relevant and time-bound. The agreed objectives are that the investment:

- Supports the long term delivery of sustainable services.
- Provide system wide sustainability.
- Provides a fit for purpose environment.
- Provides improved patient access.
- Can be delivered to achieve the STP requirements.

The strategic objectives for this project are to develop primary care capacity to respond to the needs of the growth in the population of Central Weston. The specific and measurable investment objectives for this project are as follows:

Table 8 - Specific project aims and objectives

Specific Objective	Aims
The development must support the long term delivery of sustainable services	<ul style="list-style-type: none"> • Provides the required space for primary care services based on existing local need and likely future need and population growth. • Provides secure and stable facility for service providers. • Improves staff retention and recruitment • Improves resilience and sustainability of service providers • Supports integrated Information Management & Technology systems and opportunity for future innovations in service delivery through technology.
The development should provide system wide sustainability	<ul style="list-style-type: none"> • A location and opening hours that reduces unnecessary pressure on other local services, and reduces unscheduled hospital attendances and admissions. • Provides a long term, stable and purpose built facility to underpin the sustainability of primary and community services in North Somerset. • A space that provides the flexibility and opportunity to support new and emerging models of service delivery • Maximises the opportunity to work with other community providers and voluntary sector
The development should provide a fit for purpose environment	<ul style="list-style-type: none"> • Provides an appropriate environment for staff • Provides facilities that have multiple and flexible use. Have extended access and can be shared between providers • Provides opportunities for further expansion if/when required • Provides accommodation that is compliant with latest building and environmental standards
The development should improve patient access	<ul style="list-style-type: none"> • Improves local community access to healthcare and health promotional activities • Relative distance from existing provision (Graham Road and Clarence Park) • Ease of access for patients, all consulting space can be easily accessed from ground floor level and if ground floor location isn't possible for all consulting space, then at least some must be for patients not able to use a lift. • Adequate on site car parking • Enables provision of services outside of core hours.

Specific Objective	Aims
The development can be delivered to meet STP requirements	<ul style="list-style-type: none"> • Timeliness - Relative ease and speed of delivery to achieve solution for patients at Graham Rd • Provides a solution to NHS estates priorities in the area • Ease of fit out or building works reduces construction programme. • Provides a procurement solution that can be delivered within the STP Capital programme timescales and rules.

2.9 Project Benefits

As set out above, over time, there has been a reduction in the number of GP practices based in the centre of Weston and the area would benefit from a central purpose built facility.

For some time now, the public, and local councillors through the Health Overview and Scrutiny Committee have expressed concerns with the coverage of primary care services central Weston.

This time of change, however, presents an opportunity for the development of a modern, fit for purpose facility to be developed in the centre of Weston from which a primary care offering can be provided, ideally alongside council services.

The key benefits of the project are listed below:

- The project aligns with BNSSG operational plans and with the commissioning priorities of the BNSSG Sustainability and Transformation Plans.
- The new development within Central Weston will provide the required space for primary care services and in the localities based on current and expected population growth.
- The new development will provide a primary care estate that is fit for current requirements across Weston Super Mare and able to provide facilities for multiple and flexible use enabling collaboration between organisations, the council, NHS and others.
- The project will maximise the opportunity for Primary Care to work with other community providers and the voluntary sector and will enable new models of care to be implemented and care to be delivered in different ways.
- The new developments will enable patients living within Central Weston to receive care close to home and therefore improve local access to healthcare.
- The development will be able to provide a solution that can be delivered within the programme timescales.

The agreed objectives and benefits tie in to the agreed six key principles for the BNSSG estate, as follows:

1. Improve quality and user experience.
2. Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery.
3. Identify opportunities for disposal, rationalisation, re-purposing of buildings and disposal of surplus land to generate STP capital receipts and additional housing units.
4. Financially sustainable and helps reduce overall costs of running the estate.

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5. Invest in estate, which is sustainable, and supports new models of care.
6. Collaborate with partner organisations

2.9.1 Clinical Benefits

There are a number of added clinical benefits enabling measurement of improved outcomes and patient experience. Work has been undertaken between the CCG and the Locality Clinical and Practice Management Leads to quantify the clinical benefits resulting from this project, these include:

- Improved patient experience and access to integrated primary care;
- Improved patient environment;
- More efficient use of time and resources;
- Improved staff morale and ease of recruitment and retention;
- Increased opportunity for learning, development and training.

Currently patients moving into new housing surrounding Weston Super Mare are having to register with existing Practices outside the immediate area, as well as adding pressure to current more central GPs, therefore adding pressure to central practices. The CCG expects to establish a trajectory for list size growth at the new Practice that reflects the demographic changes driven by local housing development and will agree access performance or the service.

2.9.2 Associated Benefits

The investment and spending objectives are clearly linked to the associated benefits for the local population of Weston. This is demonstrated as part of the Weston Sustainability Programme from which the Commissioning Context for North Somerset was developed. The Commissioning Context for this development was realised. It is recognised across health and social care that the area of Weston Super Mare provides for an exciting opportunity to transform local services in order to better meet the changing needs of the local population in the delivery of personalised care, where services are easily accessible within an area of increasing need coupled with the plan for more integrated working to address a number of significant challenges around both clinical and financial sustainability. Improving General Practice (GP) resilience and capacity for access to primary care services is a key priority and it is within this context that the current challenges of the increased demand for services and restricted options for growth need to be addressed.

There are a number of health service needs that are supported and will be delivered as a result of this investment.

2.10 Activity and Capacity Analysis

2.10.1 Space Requirements

The previous OBC considered existing patient list sizes and predicted housing growth against the NHS England Space Estimator. This table has been updated to show current list sizes as at July 2020, as shown below.

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Table 9 - Estimated space requirements

TABLE REDACTED DUE TO COMMERCIAL SENSITIVITY OF INFORMATION

The list size at Graham Road as at July 2020 is 11,994 which is circa 2,000 lower than the combined total for Clarence Park and Graham Road surgery in January 2018. It is important to note, however, that the growth in Weston continues to rise.

Information from the CCG suggests that due to continuing poor experience of patients that access these surgeries based on the general environment and reduced option for development of services, an increasing number of patients are re-registering elsewhere. This can be seen by significant rises in patient numbers at Riverbank (who have moved into the new St Georges site) and the continuing increase at other locally provided surgeries. This has also been influenced by the Weston Villages developments.

It can therefore be concluded that once a new site is available for patients that live within the catchment of Clarence Park and Graham Road surgeries, they are more likely than not to return along with locally driven growth from new housing developments.

In light of this the future patient numbers that need to be provided for will be based on the original assessment of 7353 patients for Clarence Park and 11,910 patients at Graham Road by 2027 onwards.

2.10.2 Schedule of Accommodation required

A schedule of accommodation has been developed taking into the account the need to meet the future population growth, as identified above, but also to build in sufficient flexibility and capacity for future service models.

This has been signed off by the Clinical Options Task and Finish Group and confirms a requirement for circa 1162m² as set out below.

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Table 10 - Schedule of accommodation

Weston Central Health and Wellbeing Centre Target Schedule of Accommodation			
Public Spaces	Unit area allowance	Number	Net M2
Entrance and reception			
Entrance foyer	15	1	15
Reception (size based on number of places)	20	1	20
Office: 14-person	4.5	14	63
Interview rooms - multi-use and (telephone consultations)	8	4	32
Waiting area (size based on number of places)	40	1	40
Subwait areas	8	1	8
Play area	12	1	12
WC: semi-ambulant	2.5	2	5
WC: independent wheelchair	4.5	2	9
WC: semi-ambulant staff	2.5	2	5
Baby change room	5	1	5
Infant feeding room	5	1	5
Parking bay (secure pushchair store)	6	1	6
Clinical spaces			
C/E room: double-sided couch access General Practitioner	16	12	192
C/E room: double-sided couch access ANP / Midwifery for flexible use	16	5	80
C/E room: double-sided couch access HCA / Flexible use	16	2	32
Treatment room: double-sided couch access Phlebotomy (Cubicles x 2)	18	1	18
Subwaiting areas	10	2	20
Telephone Triage	2	5	10
Treatment rooms (option to increase size of 1 to (20) - minor ops	18	4	72
Clinical waste / dirty utility	8	1	8
Clean utility and clean storage	12	1	12
Specimen WC	5	1	5

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Administration			
Administration Records/ Coding (4 X person)	4.5	4	18
Practice mgt office	8	1	8
Office: 2 person (including IAPT or other service)	10	3	30
Conference room	25	1	25
Counselling room	16	1	16
Health Education / Multi Purpose/Meeting Room	24	1	24
Health Education Store	10	1	10
Support Spaces- shared	0	0	0
Wellbeing area	22	1	22
Training / student resource room	10	1	10
Storage (shared)	8	3	24
Sub Total			861
Allowance of 35% for engineering and circulation			301.35
			1162.35

2.10.3 Impact of Covid-19

Pre Covid 19

Pier health has been an early adopter of technology and prior to Covid-19 most practices were using a digital platform called AskmyGP. This encourages patients to access healthcare through the AskmyGP digital front door platform on practice websites. Approximately 70% of all contacts are made online, including contacts from care homes and other health care providers, such as the local hospice team. Patients who are unable to access the internet are still able to telephone practices, with the reception team entering the data onto AskMyGP on their behalf.

The use of digital triage has revolutionised the access to general practice for patients in Weston, with over 80% of users of the new system saying it was better than the previous traditional appointment models.

Using this digital platform prior to Covid-19 approximately a third of all contacts were dealt with by face to face appointments, a third with telephone calls and a third by secure email.

Pier Health has worked with a company called Push Doctor, who provides GP locums working remotely to practices who require them. These locums GPs will consult patients remotely via video technology to provide high quality primary care consultations recorded on the patients' EMIS record.

An accelerated IT programme due to Covid- 19

When the Covid-19 pandemic began Pier Health Group rapidly realised the benefits of digital triage. It was quickly apparent that a 100% triage process was essential to ensure that patients with possible Covid symptoms weren't being assessed in the same areas as non Covid patients within primary care. The practices that hadn't already started using the AskMyGP digital platform started implemented it and so now there is a similar standard digital appointment process across the 8 practices that comprise Pier Health Group.

The number of face to face appointments requested dropped dramatically. Instead of the usual third of patients being assessed face to face this fell as low as 5%, with the rest of the contacts being via phone or email.

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During Covid 19 remote working has become commonplace, with practices having the digital triage software to allow this to happen. Practices were supplied with laptops to facilitate remote working. Pier also employed local IT expertise to set up their own VPN to allow secure accessible remote working. The practices within Pier have employed the use of accuRx to allow patient testing to improve efficiency. They have also acquired webcams to allow video consultations and allow virtual nursing home ward rounds.

The impact of Covid-19 on estates

Having non purpose built and cramped premises has made social distancing for staff challenging. It also has carried inherent problems with cleaning clinical areas between patient face to face consultations. Appointment times with the nursing team have had to be extended to allow time for cleaning between patients, which has had an impact on room availability.

2.10.4 Existing Estate Review

As part of the previous OBC, in August and September 2017, 6 Facet Surveys were undertaken for each of the nearby primary care buildings, including Graham Road surgery. The following findings were confirmed:

Scope of Expansion of Existing Buildings

Table 11 - Description of existing surgeries

Surgery	Description
Horizon Health Centre – For All Healthy Living Centre	Purpose built facility over two floors. Owned by a community interest company (CIC). Expansion possible
Graham Road Surgery	Semi-detached dwelling constructed in 1854. The building is in the ownership of a (CIC). Internal redesign possible
Tudor Lodge	Detached dwelling constructed in c1930. The building is partner owned Any expansion will require relocation.
Stafford Place	Detached dwelling constructed in c1910. The building is partner owned and part of the Stafford Medical Group. Any expansion will require relocation.
168 Locking (formerly New Court and Longton Grove)	Building originally built in the 1960’s and fully refurbished in 2013. The building is partner owned. Expansion possible

Graham Road Surgery

Figure 4 - Graham Road surgery map

Graham Road Surgery was originally a semi-detached dwelling constructed in 1854 and has been extended with a single storey extension to the rear. The building is owned by For All Health Living CIC. The 6 facet estate survey noted that the car park is very small and it is not possible to increase onsite parking provision.



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Double parking and cars getting blocked in was a frequent occurrence causing a possible pedestrian hazard and delays to surgery sessions. A number of electrical hazard issues were documented including limited electric sockets and staff using portable extension leads and an electrical cupboard without fire detection.

Upon recent inspection at Graham Road Surgery in May 2019, it was noted that internal reconfiguration had been undertaken to sub-divide two large rooms on the first floor to create four small consultation rooms, which are much smaller than the HBN recommendation of 16m².

This inspection also confirmed there was no potential for further expansion and the car parking issues mentioned above where witnessed whilst on site created by double parking, were evident including double parking in the small staff and patient car park.

2.10.5 Revenue - Notional Rent

The revenue envelope available for this scheme is made up of the current rental and business rates for Clarence Park and Graham Road properties, as shown below:

Table 12 - Rent and rates

REDACTED DUE TO COMMERCIAL SENSITIVITY

2.11 Main Risks

The main business and service risks associated with the potential scope of this project are shown below. They are also listed in management section of this OBC. For further details, please see the attached Risk Register in the Appendix A.

Table 13 - Risks and counter measures

Risk	Mitigation
Unable to deliver project within STP timeframe	Initial due diligence undertaken on preferred option developer. Meeting held with North Somerset Council to confirm position with the preferred option. Developer programme obtained to confirm fast track of detailed design and planning to meet the project timescales. Initial discussions held with NHSI/E to ensure they are sighted on the programme and suggested completion date of July 2022. NHSI/E have confirmed that they are flexible on completion timescales for a good quality option.
FBC approval is delayed by NHSI/E	NHSI/E has confirmed they do not need to formally approve the OBC so this is an internal CCG approval only, however it will be submitted to NHSE for information and comment. Four months have been allowed in the programme for the FBC approval, based upon discussion with the NHSI/E regional leads, including time for DoH final sign off
Impact of Covid on delivery	There is a risk of programme delay caused by another Covid surge and resulting lockdown restrictions. This will be monitored closely and the programme adjusted accordingly to ensure key milestones are deliverable. Any delays will be flagged and discussed with the Central Weston Steering Group and NHSI/E.
Impact of Covid on design	The long term impact of Covid on models of care and potential future building requirements is as yet unknown, i.e. ration of full size consulting rooms to smaller online/telephone booths, and infection control and flow through buildings etc. The building design will be sufficiently flexible to cater to a currently unknown future state.

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Risk	Mitigation
Planning Application refused	The developer and CCG have held separate discussions with NSC, who have confirmed their support for this scheme. A Pre-Application will be submitted upon OBC approval by the developer to confirm key planning principles.
Actual tendered costs exceed budget	The developer has an external cost advisor appointed. Soft market testing will be undertaken to inform the Pre Tender Estimate prior to the issue of final tender packs.

2.12 Constraints

The project is subject to the following constraints:

- A limited budget of £3.2m of STP monies has been allocated to this programme;
- Deadline for expenditure of any STP monies (was March 2022 but NHSI/E has confirmed flexibility to deliver a quality project);
- Planning permission will be required;

2.13 Dependencies

The project is subject to the following dependencies that will be carefully monitored and managed throughout the lifespan of the scheme:

- Formal approval of funding through STP;
- Full Business case approval by NHSI with sign off with completed technical drawings;
- The projects will be delivered within the cost envelope;
- Completion of legal documentation between Weston Rugby Club, Studio Hive and NSC (the detail is set out in the Commercial Case);
- Final approval of full planning permission.

3 Economic Case

3.1 OBC background

A previous high level draft OBC was prepared in March 2018 for a One Public Estate facility in Central Weston, which was to include a GP facility to accommodate patients from Clarence Park and Graham Road surgeries along with sufficient capacity to serve anticipated population growth, and to enabling the co-location with other service providers. At that time, however, there were no suitable sites available and no preferred option identified. This work underpinned the STP Wave 4 bid that was submitted in the summer of 2018, with the subsequent allocation of £3.2m capital funding in December 2018.

In 2019, North Somerset Council (NSC) approached the CCG having acquired an interest in the Sovereign Centre, a shopping centre in Weston town centre, with a view to accommodating the GP facility within this premises. On this basis, the CCG commenced an options appraisal process to with a view to confirm the preferred option leading to this revised OBC. As part of this process, the CCG commissioned a wider site search to ensure all available premises were identified within a long list of options, both within the council ownership and those available within the commercial sector.

3.2 The Long-List of Options

An initial site search was undertaken in July 2019 and discussions with NSC identified a long list of options:

Figure 5 - location of long-list of options



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- | | |
|--|--|
| 1. Ground floor Sovereign Centre | 5. Churchill Business Centre |
| 1a. Ground floor Sovereign Centre and Stafford Place Surgery | 6. Heathcarts Industrial Estate |
| 2. Sovereign Centre Roof Top Car Park | 7. Manor Court, Beaufigther Road |
| 3. Dolphin Square Retail Units | 8. Weston Industrial Estates |
| 4a Former Magistrate Court | 9. TJ Hughes building |
| 4b Former Police Station Site (demolished) | 10. Regent House |
| | 11. Vacant land adjacent to Dolphin Square |

The table below summarises the advantages and disadvantages of each option and identifies those options taken forward to the Short List for further evaluation.

Table 14 - Summary of options, advantages v disadvantages

Advantages	Disadvantages	Short List
Option 1. Ground floor Sovereign Centre		
Area is immediately available. Direct “street front” access onto Salisbury Terrace. Public WCs are provided within the facility without loss of clinical space.	Does not address the primary care space requirements for sustainable services and population growth. Deep plan nature prohibits natural daylight into clinic rooms. Split levels within area has an impact on design.	Y
Option 1a. Ground floor Sovereign Centre and Stafford Place Surgery		
Area is immediately available. Direct “street front” access onto Salisbury Terrace. Public WCs are provided within the facility without loss of clinical space. Use of former surgery Allocated parking for staff at Stafford Place Surgery	Does not address the primary care space requirements for sustainable services and population growth. Deep plan nature prohibits natural daylight into clinic rooms. Split within area has an impact on design.	Y
Option 2. New Build on Sovereign Centre Roof Top Car Park		
Whole facility located on single floor. Public access via immediately adjacent shopping centre lifts and stairs before entering the facility. Separate access possible from roof top car park. Purpose built accommodation using off-site modular construction but to achieve 60 year life. Faster delivery circa 6 months from design to construction completion. Able to provide natural daylight to all clinic rooms. Area can be made available without cost or time associated with re-provision of existing tenants. Un-used car park area: no need to re-plan vehicular access. Public WCs are included within the facility design. No impact on loss of retail space or first floor car parking. Increased footfall to the retail units	Likely to be greater distance from other council services to be located in the centre. Greater travel distance for public accessing the facility on foot. Unusual arrangement and facility may feel isolated from high street.	Y

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Advantages	Disadvantages	Short List
Option 3. Dolphin Square Retail Units		
<p>Area is immediately available and located in new centrally located development.</p> <p>Able to achieve design to provide natural daylight to clinical rooms due to modern construction.</p> <p>New retail units for rent and currently finished to shell, therefore fit-out could start immediately.</p> <p>Increased footfall to other retail units.</p>	<p>Commercial landlord, may not be willing to wait until FBC approved if other tenants wish to take units without assurances / contract. Though Landlord is keen to have an NHS tenant.</p> <p>No on-site parking.</p>	Y
Option 4. Former Magistrate Court & Former Police Station Site (demolished)		
<p>Area is immediately available.</p> <p>Part of former police station site can be utilise for new build.</p>	<p>Opportunity cost for the council for residential development on former police station site.</p> <p>Might require significant work (cost) to bring the premises up to clinical standards</p>	Y
Option 5. Churchill Business Centre		
<p>Freehold is available.</p>	<p>Premises too far away from Central Weston.</p> <p>The unit will be too small for our needs due to the construction of the building limited space caused by supporting structure.</p> <p>Would need to buy tenants out of their leases for unknown amount as their lease end's range between 2020 and 2023.</p>	N
Option 6. - Heathcarts Industrial Estate		
<p>Area is immediately available.</p> <p>Large warehouse units to rent.</p>	<p>Premises too far away from Central Weston and not easily accessible via public transport.</p>	N
Option 7. - Manor Court, Beaufighter Road		
<p>Units are immediately available.</p>	<p>Premises too far away from Central Weston and not easily accessed via public transport.</p> <p>Tenants have taken some of the units, splitting up the units and removing potential for contiguous space.</p>	N
Option 8. - Weston Industrial Estates		
<p>Area is immediately available.</p> <p>Large warehouse units to rent.</p>	<p>Premises too far away from Central Weston and not easily accessed via public transport.</p>	N
Option 9. - TJ Hughes building		
<p>Is immediately available and unlikely landlord has competing interest as has been vacant for 9 + years.</p> <p>Structural design is open with limited structural supports in the way, making fit-out easier.</p> <p>Able to achieve design to provide natural daylight to clinical rooms on Ground Floor.</p> <p>Large loading bay can be used as ambulance loading / unloading.</p> <p>Landlord open to 25 year lease, however repairing obligations would need to be fully worked through with solicitors due to age and condition of property.</p>	<p>Might need significant refurbishment to bring the premises up to clinical standards as the building has been vacant for at least a decade.</p> <p>Complex negotiations may be required if only part of the building required.</p> <p>Building requires additional asbestos removal.</p> <p>No on-site parking, however street parking immediately outside and NCP nearby.</p>	Y

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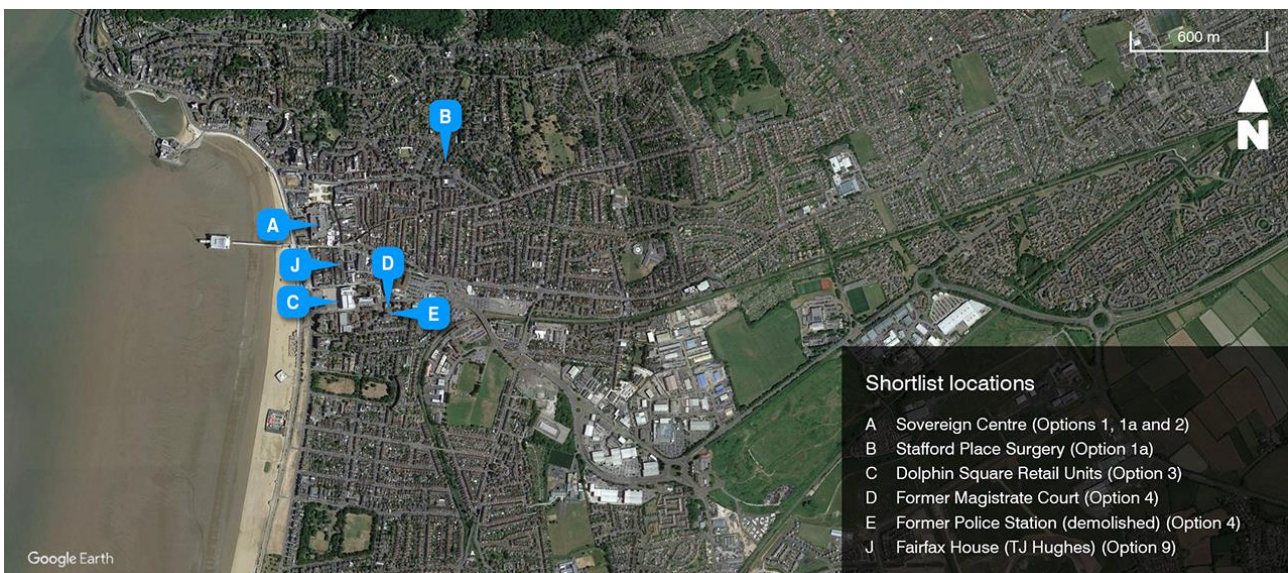
Advantages	Disadvantages	Short List
Option 10. - Regent House		
Situated in Weston High Street.	The available unit is far too small for requirements needed and no additional space is available within the Department for Work & Pensions above now or in the future. The available unit has structural pillar in front of front entrance.	N

3.3 The Short List

Careful consideration was given of each option included the long-list and the following shortlist of the most suitable properties were take forward for further consideration.

- Op 1- Small primary care provision in the space available in the food court and adjoining vacant unit on the ground floor in the Sovereign Centre
- Op 1a – Ground floor Sovereign Centre & Stafford Place Surgery;
- Op 2- New Build on Roof Top Car Park in Sovereign Centre;
- Op 3 - Dolphin Square Retail Units;
- Op 4 - Former Magistrate Court & Former Police Station Site (demolished);
- Op 9 -TJ Hughes Building.

Figure 6 - map of short-listed options



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3.3.1 Option 1 – Sovereign Centre ground floor

Figure 7 - Option 1 location



The empty food court area is immediately available for occupation and so could be delivered within a reasonably short time frame. The actual fit-out works were estimated to take around 3 months on site with an overall programme for design, planning, procurement and fit out extending to around 7-8 months.

There are significant disadvantages with this option, however. The deep plan nature of the accommodation with the single façade with windows impacts on the availability of natural daylight and affects all of the clinical rooms in the current layout. There are split level issues in the area that may also impact on design.

The Council are keen to integrate this facility into the wider shopping centre with its main access off the internal concourse which is likely to present issues with out of hour's access as the main shopping centre is closed at 5.30pm.

Staff facilities can be accommodated in this layout, including WC, changing, shower and staff rest but dedicated patient WCs cannot be accommodated without a reduction of clinical accommodation. However, the public toilets for the shopping centre are immediately adjacent to the proposed Phase 1 area. Compliance would need to be confirmed with NHS England. Concept floor layout drawings were prepared by Osmond Trick's architects as shown below.

Figure 8 - Option 1a concept plan



3.3.2 Option 1a – GF Sovereign Centre and Stafford Place Surgery

Please see description of GF Sovereign Centre in Option 1.

Figure 9 - Option 1a site locations



Stafford Place Surgery is one of the surgeries serving central Weston. It is part of Stafford Medical Group and the branch of Locking Castle Medical Centre. Stafford Place Surgery, being an older style property in the town centre, has no parking spaces for patients at all, however there is ample parking a short distance from the surgery. Patients can enter via a level side entrance and assistance can be provided if required. Elderly or disabled patients can request to be seen in a downstairs consulting room if stairs are a problem. Stafford Medical Group decided to close Stafford Place Surgery due to the surgery not to be adequate for CQC clinical requirements.

However, the surgery is still an adequate space for non-clinical activities and can become a place for a back office function as it would provide some staff parking.

3.3.3 Option 2 – New Build on Sovereign Centre Roof Top Car Park

This option was identified following a meeting with the council's Asset Manager. It is possible to re-open a blocked off double door way onto the front half of the roof top car park to create an internal pedestrian option from the existing lifts and stairs core into a new build structure on the roof top car park. This could be delivered by way of a fast track modular construction with the majority of the building work undertaken off site but to create a new build option but to a building standard with an asset life of 60 years.

There are lots of advantages with this option. Additional foot fall will be brought to the retail units as a result of this new facility with no impact on existing retail space and minimal impact on car parking as the roof top car park is significantly underused. A fit for purpose building can be created with natural daylight into all clinical rooms. This will be the fastest solution to deliver in the Sovereign Centre. However, the Council has expressed concern at the lack of integration into the wider shopping centre with this option and there is potential conflict with the council's own emerging plans for the use of the roof space. Concept floor layouts were also prepared for this option as shown below.

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Figure 10 - Option 2 - concept plan



3.3.4 Option 3 – Dolphin Square Retail Units

Figure 11 - Option 3 site location



This development is known as Dolphin Square and is adjacent to the vacant Dolphin Square land explored and discounted in the previous options report.

Built circa 2017, the premises consist of 2 floors, with Cineworld on the first floor and retail / leisure units to let on the ground floor. Current occupiers within the ground floor are Nando’s, Pizza Express and Anytime Fitness and the majority of the units have been let. The following units are available as options:

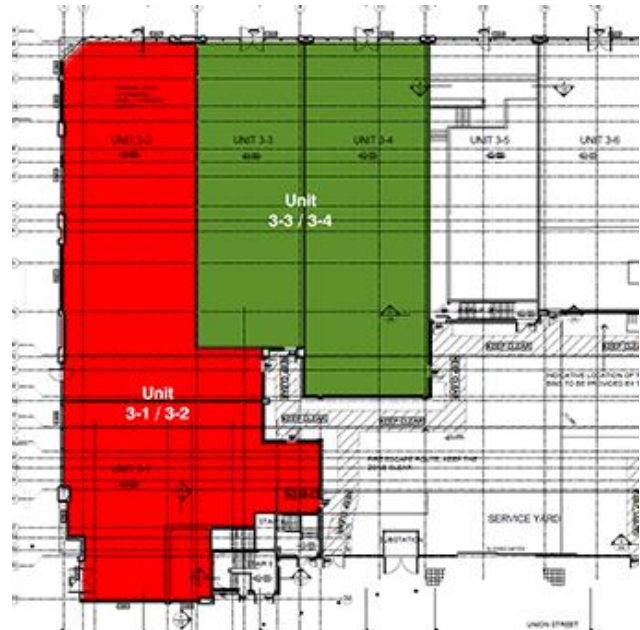
- Unit 3-1, 381 m² (has interest from leisure operator, however LL keen to have NHS);
- Unit 3-2, 517 m² (has interest from leisure operator, however LL keen to have NHS);
- Unit 3-3, 333 m²;
- Unit 3-4, 441 m² (currently let, however may have the opportunity to take back the unit).

The building is of a modern construction and therefore the units are separated by a non-structural block partition, allowing the units to be combined to create larger units. The units are currently sat as a shell, meaning limited preliminary works would be required and our clinical fit out could be achieved in a shorter amount of time than some of the other options. There is no on-site parking and patients would need to use on-street and the multi-storey car park opposite.

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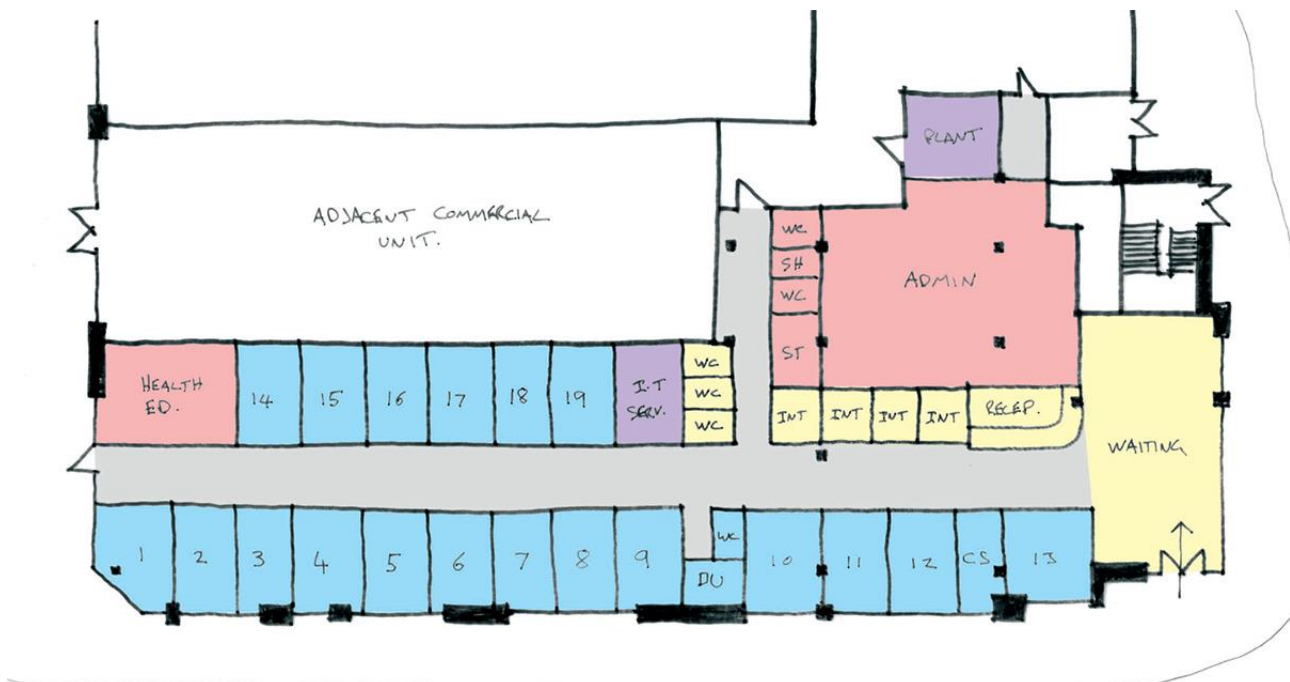
DETAILS OF NEGOTIATION AND QUOTED COSTS HAVE BEEN REDACTED OUT OF RESPECT FOR COMMERCIAL SENSITIVITIES OF OTHER PARTIES.

Figure 12 - Option 3 as existing photo and plan



Further exploration of this option was recommended due to the flexibility of the building and central location. Concept floor layouts were developed, as shown below

Figure 13 - Option 3 concept plan

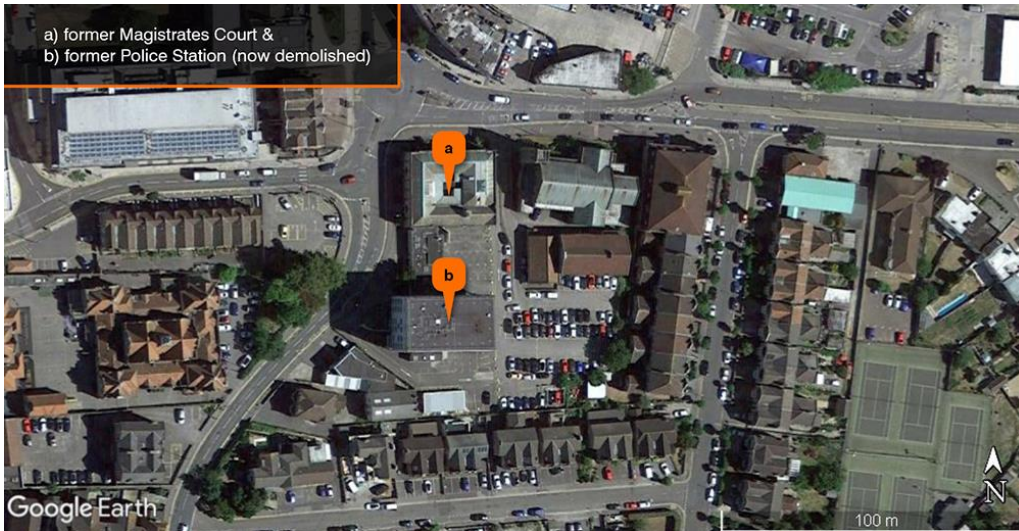


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3.3.5 Option 4 – Former Magistrate Court and Former Police Station Site (demolished)

Figure 14 - Option 4 site locations



Magistrates' court and integral police station built in 1934; remodelled and extended circa 1970. Constructed with Portland stone ashlar with slate hipped roof with copper flats in simplified Neo-Classical style. The former magistrate court is rectangular, almost square, plan building with police station and cells on the ground floor and courts on first floor.

In about 1970 a separate police station (not included) was built at the rear (south).

The land of the former Police Station extends to approximately 0.37 ha (3,968 m²). The Land Register entry confirms that this site was acquired by the Council in March 2016 for £900,000. We understand that this site is still within the ownership of the Council but is also earmarked for residential development.

Initial inspection from the architects suggest that this could be an exciting opportunity with a mix of refurbishment and new build but more investigation is required to confirm potential building and listing constraints.

This site was withdrawn by NSC before concept designs were produced.

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3.3.6 Option 9 - TJ Hughes building

Figure 15 - Option 9 site location



The property comprises a former department store with a secondary frontage to St James Street and is situated in a busy location near The Dolphin Square leisure development. Nearby retailers include Superdrug, New Look and McDonald's. The premises has been vacant for approximately 9 years and was acquired at auction by the current landlord.

The building consists of 3 floors and a small basement, with the ground and first floor currently available to lease:

- Ground: 1,167 m²
- First: 1,157 m²
- Combined: 2,324 m²

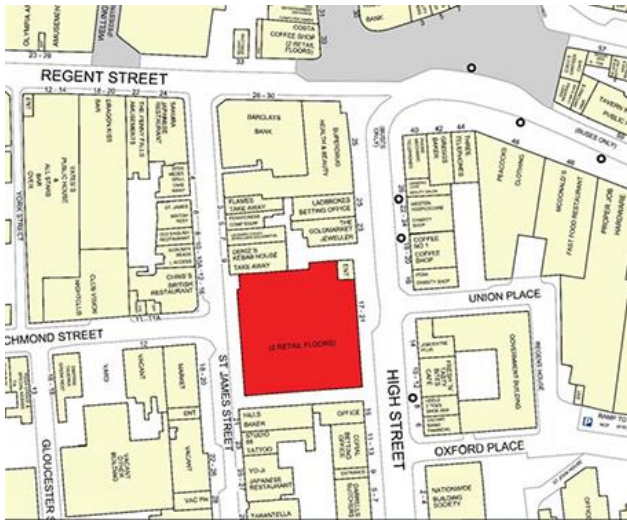
There is no on-site parking; however on-street parking is available directly outside the building or in the NCP High Street multi-storey car park just behind Regent House, opposite of TJ Hughes. The property benefits from a dedicated loading bay which is currently accessed via roller shutter and is considered adequately sized to accommodate an ambulance to load / unload patients.

The property was visually inspected the premises to ascertain its suitability for conversion to clinical and administrative space. The ground floor has been fully stripped back to the shell and the first floor only contains some limited partitioning, which is accessed by stairs, escalator and multiple lifts. An abundance of natural lighting within the premises could be possible once un-boarding of windows and replacement glazing is installed. The nature of the buildings' construction means there is limited structural supporting columns, which would allow an unhindered clinical / admin fit-out.

A report provided by the agent confirms that brown asbestos (Amosite) is present within the premises. The report notes that the previous removal of the fit-out is considered to have been done poorly, leading to the report recommending a full clean and removal of left over asbestos by a licensed contractor throughout the premises.

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Figure 16 - Option 9 as existing plan and photo



The landlord has recently acquired planning permission to convert the second floor and roof into residential dwellings, thus only the ground and first floor is available to lease. The agent has noted that the landlord is open to not implementing this plan if the whole building can be let to a tenant, however the additional floors would be surplus to our requirements. Initial discussions were held with the Landlords agent regarding leasing the ground and first floors and we have been provided indicative terms for a 25 year lease:

- Rent – REDACTED FOR COMMERCIAL SENSITIVITY;
- Lease – REDACTED FOR COMMERCIAL SENSITIVITY
- Review – REDACTED FOR COMMERCIAL SENSITIVITY
- Repair – Effective Fully Repairing and Insuring by way of service charge calculated on a pro rata basis;
- Property taken as seen but self-contained to ground floor only.

These premises could provide a good option, however could require a high level of investment and time to convert to adequate clinical / administrative space. Concept floor layouts were prepared, as shown below.

Figure 17 - Option 9 concept plans



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3.3.7 Qualitative Assessment

A workshop was held in October 2019 with representatives of the CCG, NSC, GP's, NSCP and PPG. The short listed options were scored ³against the agreed benefits. An overall score was given for each objective, incorporating the following sub-elements:

Objective 1 - Supports the long term delivery of sustainable services

- Provides the required space for primary care services based on existing local need and likely future need and population growth;
- Provides secure and stable facility for service providers;
- Improves staff retention and recruitment;
- Improves resilience and sustainability of service providers;
- Supports integrated Information Management & Technology systems and opportunity for future innovations in service delivery through technology.

Objective 2 - Provides system-wide sustainability

- A location and opening hours that reduces unnecessary pressure on other local services, and reduces unscheduled hospital attendances and admissions;
- Provides a long term, stable and purpose built facility to underpin the sustainability of primary and community services in North Somerset;
- A space that provides the flexibility and opportunity to support new and emerging models of service delivery;
- Maximises opportunity to work with other community providers and voluntary sector.

Objective 3 - Provide a fit for purpose environment

- Enables clinical care to be delivered in estate that is fit for purpose;
- Provides an appropriate environment for staff;
- Provides facilities that have multiple and flexible use. Have extended access and can be shared between providers;
- Provides opportunities for further expansion if/when required;
- Provides accommodation that is compliant with latest building and environmental standards.

Objective 4 - Patient access

- Improves local community access to healthcare;
- Relative distance from existing provision (Graham Road and Clarence Park);
- Ease of patient access, all consulting space can be easily accessed from GF level and if GF location isn't possible for all consulting space, then at least some must be for patients not able to use a lift;
- Adequate on site car parking;
- Enables provision of services outside of core hours;
- Enables seamless transition between services reducing duplication.

Objective 5 - Achievability

- Timeliness - Relative ease and speed of delivery to achieve solution for patients at Graham Road
- Provides a solution to NHS estates priorities in the area
- Ease of fit out or building works reduces construction programme.
- Provides a procurement solution that can be delivered within the STP Capital programme timescales and rules - Mar 21

The overall scores were as follows:

Table 15 - Options Qualitative Benefits Analysis

Objective	Weighting % (W)	Option 1		Option 2		Option 3		Option 4		Option 5		
		score	W x S	score	W x S	score	W x S	score	W x S	score	W x S	
1	Supports the long term delivery of sustainable services	23.5	1	2.4	0	0.0	6	14.1	8	18.8	5	11.8
2	Provides system-wide sustainability	23.5	4	9.4	0	0.0	7	16.5	9	21.2	4	9.4
3	Provide a fit for purpose environment	20.6	2	4.1	3	6.2	9	18.5	10	20.6	7	14.4
4	Patient access	17.6	2	3.5	4	7.1	3	5.3	6	10.6	7	12.4
5	Achievability	14.7	0	0.0	3	4.4	6	8.8	6	8.8	8	11.8
				19.4		17.6		63.2		80.0		59.7

³ Scoring matrix: 0-2 - Does not meet requirements; 3-4 - Below satisfactory; 5-8 – Satisfactory; 9-10 - Exceeds expectations

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This shows that at that time the preferred option was the TJ Hughes building.

3.3.8 Changes affecting the viability of options

There were a number of events that occurred following the October 2019 options workshop that had a significant impact on the evaluation process.

TJ Hughes

In order to further understand the likely costs to fit out the TJ Hughes Building, Structural and Mechanical & Electrical feasibility surveys were obtained. On the basis of these findings, indicative fit out costs were obtained which estimated the cost to fit out of all three floors as circa (REDACTED). The cost for just the ground and first floor was circa (REDACTED). This was clearly unaffordable.

Discussions were held with NSC who advised that they did not have any available budget to support this scheme as a joint venture.

Sovereign Centre

In order to further understand the likely costs of this option, Structural and Mechanical & Electrical feasibility studies were obtained. A modular supplier with a local proven track record, Premier Modular, was also approached to undertake a viability assessment and provide indicative costs. These were provided with a range of between (REDACTED) to (REDACTED).

At the same time, more detailed operational discussions were held with the GPs which identified a concern regarding ambulance access and patient evacuation in a medical emergency. The Sovereign Centre management team and the estates lead at South West Ambulance NHS Trust were approached to further understand this issue and potential operational solutions.

It was confirmed that the height of the car park ramps were too low to enable direct ambulance access and the existing public lifts were too short to accommodate a standard ambulance stretcher. Therefore, the option of providing a new, dedicated lift from Salisbury Terrace at an estimated additional costs of at least (REDACTED) was considered, though this additional cost and securing planning approval for this presented a significant risk.

Dolphin Square Units

The agent of the Dolphin Square units advised that these units were being withdrawn from the market as a new tenant had been identified.

The Magistrates Court

NSC advised that they were exploring their own options for re-developing this site and were no longer able to offer it to the CCG.

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3.3.9 Introduction of new options

The former M&S building

Figure 18 - Former M&S building concept plans



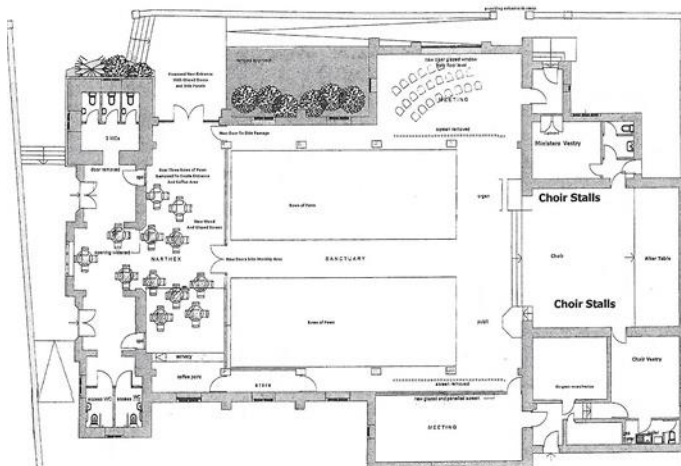
The project team had been aware of the vacant M&S unit located on the periphery of the Sovereign Centre as this was investigated when compiling the long list of options following the initial site search. This was quickly discounted, however, as it was part of a portfolio of properties in the process of disposal, the terms of which were subject to a Non-Disclosure Agreement.

However, in December 2019 the CCG was approached and advised the building was no longer included in the portfolio disposal, and worked with NSC to consider joint use of the space. The CCG developed concept drawings to consider accommodating the GP practice in this development. The concept drawings developed are shown below.

However, this option was withdrawn in April 2020 as NSC were unable to make a financially viable business case to the NSC executive.

The Victoria Methodist Church

Figure 19 - Victoria Methodist Church existing plan and photo



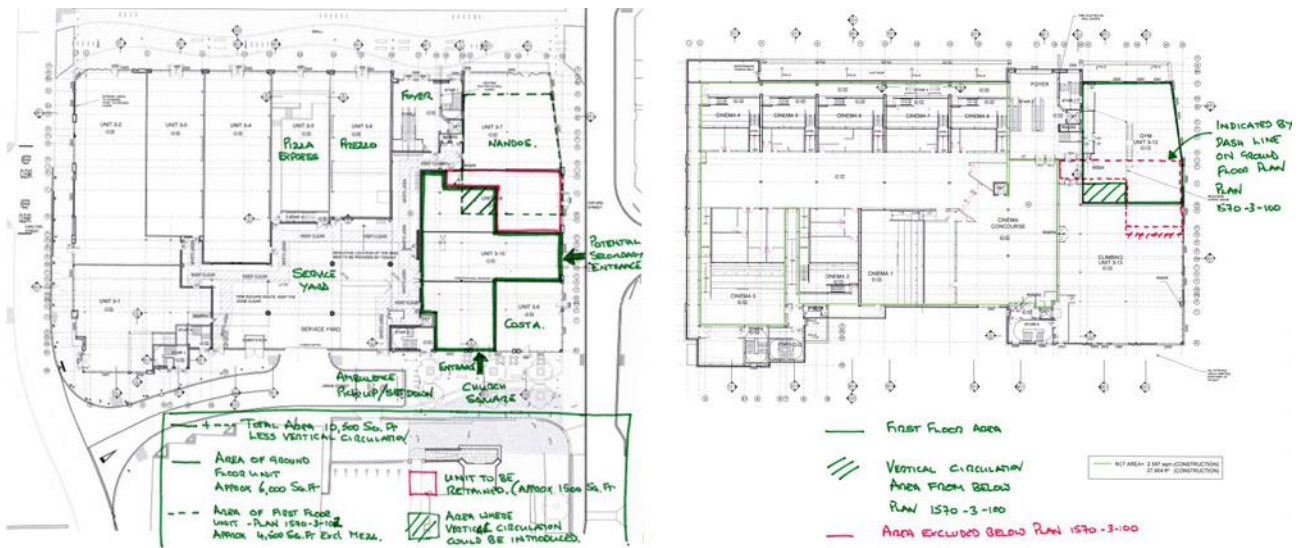
This former Methodist Church is located adjacent to the Magistrates Court and is being considered for disposal. The disadvantage of this option, however, was that there was no information available on existing building condition, structure and services. It was likely that planning permission would be more complex due to the nature of the existing use and there were concerns over the ability to deliver this within the required programme and budget. For these reasons, this option was not taken forward for further consideration.

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Alternative units at Dolphin Square

Continued dialogue with the letting agent identified a number of individual units on the ground and first floor on the Oxford Street side that could be acquired and merged into a single lease. The two ground floor units comprised of a former restaurant and an empty shell which had yet to be let.

Figure 20 - Alternative Dolphin Square units concept plans and existing photos



This accommodation extended to circa 778m² so was smaller than the previous unit, there was also concern about the deep plan nature of the ground floor units and lack of natural light, although the first floor benefitted from two aspects of windows, so good natural daylight.

Weston Rugby Club

The Weston Rugby Club development comprises of a number of commercial and residential units in on land currently owned by the Rugby Club, in return for a new club house for the with enhanced recreational and changing facilities for the local community. There is also a site identified for a school which would be developed by NSC.

Discussions held with Studio Hive, the developer, has indicated that circa 1095m² of ground and first floor accommodation could be made available on a shell and core basis within Block B. On the basis that the STP money would cover the cost of the fit out, estimated at (REDACTED DUE TO COMMERCIAL SENSITIVITY) with the balance of available funds provided as a bullet payment contribution to offset the annual rent. The annual rent paid by the GP's would be in line with the current rent at Graham Road and Clarence Park premises.

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Figure 21 - Weston Rugby Club site redevelopment elevation concept plans



3.3.10 Second Options Appraisal Workshop

Due to the significant changes from the Options Appraisal workshop held in October 2019, the Central Weston Steering Group agreed that a new workshop was required to consider the following options;

- Dolphin Square - new retail units;
- Sovereign Centre - roof top modular option;
- Weston Rugby Club - shell and core fit out.

This workshop was held on 15 June with representatives of the CCG, NSC, GP's, NSCP and PPG. This comprised of a presentation of the short listed options followed by a moderation meeting on 22 June to review the individual scores and confirm consensus overall scores. The same Investment Objectives Criteria that were used to assess the previous options were applied to these 3 new options. A summary of the scores are shown in the following table:

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Objective	Investment Objective	Description	Option 1 - Do Nothing			Option 2 - Roof Top + GF Sovereign Centre			Option 3 - Dolphin Square			Option 4 - Rugby Club		
			Weight (%)	Moderated Weighted Score (%)	Moderated Score (1-4)	Weight (%)	Moderated Weighted Score (%)	Moderated Score (1-4)	Weight (%)	Moderated Weighted Score (%)	Moderated Score (1-4)	Weight (%)	Moderated Weighted Score (%)	Moderated Score (1-4)
1	Supports the long term delivery of sustainable services	Provides the required space for primary care services based on existing local need and likely future need and population growth.	15	3.75	1	15	11.25	3	15	3.75	1	15	15	4
		Provides secure and stable facility for service providers												
		Improves staff retention and recruitment												
		Improves resilience and sustainability of service providers.												
2	Provides system-wide sustainability	Supports integrated Information Management & Technology systems and opportunity for future innovations in service delivery through technology	15	3.75	1	15	7.5	2	15	7.5	2	15	15	4
		A location and opening hours that reduces unnecessary pressure on other local services, and reduces unscheduled hospital attendances and admissions												
		Provides a long term, stable and purpose built facility to underpin the sustainability of primary and community services in North Somerset												
		A space that provides the flexibility and opportunity to support new and emerging models of service delivery												
3	Provide a fit for purpose environment	Maximises the opportunity to work with other community providers and the voluntary sector	25	6.25	1	25	12.5	2	25	12.5	2	25	18.75	3
		Enables clinical care to be delivered in estate that is fit for purpose												
		Provides an appropriate environment for staff												
		Provides facilities that have multiple and flexible use. Have extended access and can be shared between providers												
3	Patient access	Provides opportunities for further expansion if/when required	25	6.25	1	25	6.25	1	25	12.5	2	25	18.75	3
		Provides accommodation that is compliant with latest building and environmental standards												
		Improves local community access to healthcare												
		Relative distance from existing provision (Graham Road and Clarence Park)												
4	Achievability	Ease of access for patients, all consulting space can be easily accessed from ground floor level and if ground floor location isn't possible for all consulting space, then at least some must be for patients not able to use a lift.	20	5	1	20	10	2	20	10	2	20	15	3
		Adequate on site car parking												
		Enables provision of services outside of core hours.												
		Timeliness - Relative ease and speed of delivery to achieve solution for patients at Graham Road												
			25.00			47.50			46.25			82.50		

The qualitative evaluation process clearly identified Weston Rugby Club as the preferred option.

3.3.11 Economic Appraisal of the preferred option

The previous GEM guidance has been replaced by Capital Investment Appraisal (CIA) in the Better Business Case guidance. However, discussions with the NHSI/E team has confirmed that a CIA is not required to support this business case due to the relatively low value and that a refresh of the Value for Money template that supported the original STP bid would be sufficient.

However, for the purposes of this business case, financial economic modelling has been undertaken to test the affordability of the preferred option.

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A summary of the economic findings is shown below indicating how many years of rental at (REDACTED) are available as a result of the available up front capital bullet payment for each option and the whole economic model is included as Appendix C.

Table 16 - Economic Modelling Summary Overall findings

TABLE REDACTED TO PROTECT COMMERCIAL INTEREST AND SENSITIVITIES OF RELEVANT PARTIES

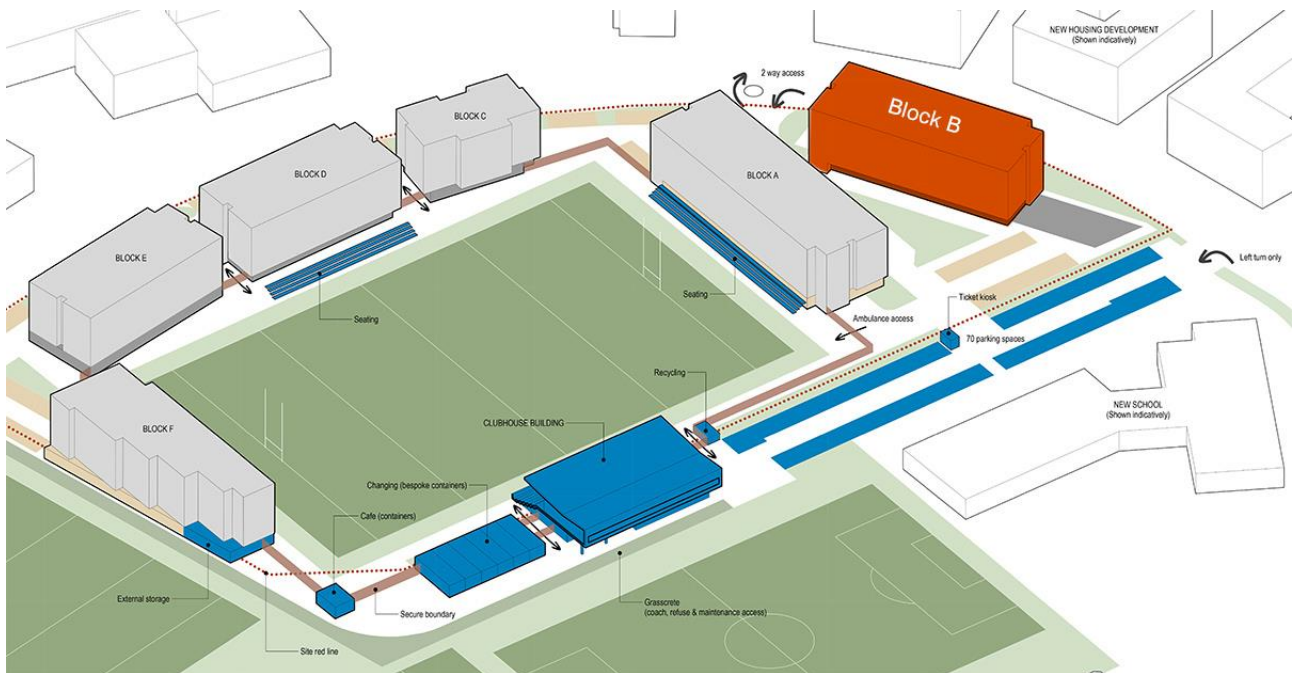
The option which offers the best value for money and is considered the preferred option from a purely financial perspective is **Weston Rugby Club**.

3.3.12 The Preferred Option

The preferred option is the fit out of the majority of the ground and first floors of Block B, a new building to be constructed as part of the proposed development at the Weston Rugby Club. The remainder of the space on the first floor will be marketed available for office use with the upper floors as residential.

The freehold Weston Rugby Club site is currently owned by the RFC. Studio Hive (the developer) intends to provide a new clubhouse for the rugby club and undertake improvements to the public recreation spaces, including new changing facilities, in return for a wider commercial and residential development.

Figure 22 - Weston Rugby Club site redevelopment plan



The key objectives of the development are as follows:

- Develop the underutilised land around the existing pitch with a housing led development to provide over 200 new homes and associated commercial space
- Improve club facilities - creation of new clubhouse and associated facilities
- Create opportunities for income generating assets and to enable the club to have a sustainable future

The site plan below shows the total development proposed and the location of Block B.

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Initial discussions have been held with between the developer and the CCG which has resulted in the in principle offer of circa 1095m² of clinical and administrative accommodation which an indicative layout as shown below. This unit will come with circa 29 dedicated parking spaces. There is also the opportunity to share parking spaces with the Rugby Club, providing additional spaces for the GP surgery during core week day hours and additional spaces for the Rugby Club outside of core week day hours and weekends, subject to sessional use agreements.

Figure 23 - Weston RFC site proposed layout plans



This fit out will be procured by the developer on behalf of the NHS to an agreed specification, i.e. in compliance with Health Building Notes (HBNs), Health Technical Memorandum (HTMs) etc.

The internal design of the building will be undertaken with a view to maximising flexibility, creating adaptable and fit space for the future emerging models of care. This will range from larger, flexible spaces to accommodate larger group consultation sessions down to smaller spaces created for clinicians to undertake online/telephone consultations. This could also create capacity within the building along with bookable consulting rooms for bringing patients in for face to face consultations.

This is going to be a significant investment for the NHS and so it is vital that a fit for purpose space is created that can quickly adapt, recognising what is currently a somewhat unknowable future. Whilst we are still learning from the recent Covid impact, we do know that this will leave a lasting change in practice operations. There is also the new models of care and PCN working that were in train before Covid which will continue to evolve.

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3.3.13 Planning Status

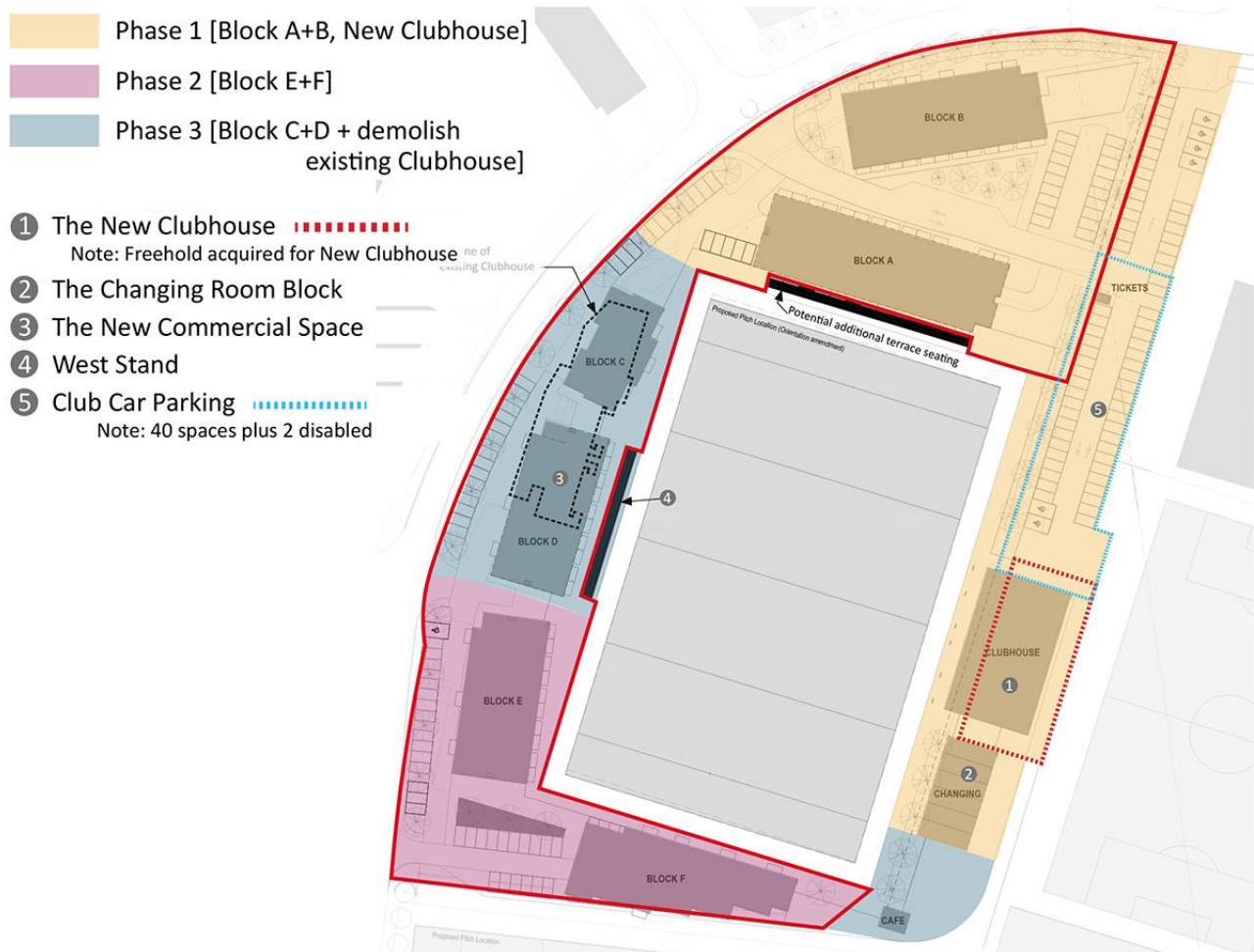
This block is part of a much wider Master Planning process and the CCG has sought re-assurance that its requirements for the GP facility can be delivered independently and within the required FBC timelines.

The developer has confirmed this and intends to submit a pre-application as soon as possible, targeting by the end of July 2020.

Upon approval of this OBC, they will then prepare and submit an Outline Planning application with full details for Block B containing the proposed GP surgery and area surrounding plus access into the site including the access road and proposed parking on the Recreation ground. The Outline Planning application may also include Block A-to be confirmed. The intention is to submit this in October 2020 and secure Planning Consent in February 2021 including completed s.106 agreement.

Reserved matters applications would then follow the Outline Planning Consent for the Clubhouse (early 2021), following agreement with WSM RFC of the design and then subsequent phases, first block B (if full details are not included in Outline Planning Application) and then phase 2 and 3-see plan below.

Figure 24 - Weston RFC redevelopment phases plan



4 Commercial case

4.1 Introduction

This section of the business case outlines the proposed procurement strategy, in relation to the delivery of the preferred option, the development at the Weston Rugby Club, as outlined within the Economic Case. Commercial Feasibility and Scope

The freehold Weston Rugby Club site is currently owned by the RFC. Studio Hive (the developer) intends to provide a new clubhouse for the rugby club and undertake improvements to the public recreation spaces, including new changing facilities, in return for a long lease if the land surrounding the rugby club ie. 999 years and the opportunity for a wider commercial and residential development.

A Special Purpose Vehicle (SPV) has been created called Atlas HIVE, which will be purchasing the long lease interest following planning consent. Atlas Hive as an SPV sits alongside its sister company Atlas Land which is a company owned by the equity investor who partners Studio HIVE on projects such as this.

The site currently has restrictive covenants upon it which prevents development; however there is a tri-partite agreement between NSC (the beneficiary of the covenant), WSM RFC and Atlas HIVE to enable the development. NSC will forego their covenants in exchange for provision of an access route to a future primary school site on their retained land. This has been approved in principle by the NSC Executive Board and legal agreements have been drafted pending execution which is anticipated by the end July 2020.

4.2 Existing GP contract arrangements

As outlined earlier in this case, Pier Health Group Ltd stepped in after the provider delivering general medical services at Horizon Health Centre chose not to bid for services during a retender exercise in August 2017 and subsequently handing back both contracts for Graham Road and Clarence Park surgeries to the CCG due to financial difficulties. The existing APMS contracts with Pier Health Group Ltd to deliver services from Graham Road and Horizon Health Centre expire in the June 2021 and the CCG is considering contracting and procurement options to put the contract on a more sustainable longer term footing.

4.3 Proposed Lease Structure

It is proposed that there will be an Agreement for Lease and a Lease for a term of 20 years for the ground and first floor areas of Block B. In order to satisfy the developer's financial requirements, they have indicated that they would expect a covenant strength equivalent to an NHS organisation which, in primary care terms, is an "in perpetuity" GMS contract. The CCG is currently reviewing which organisation would be best placed to hold the Head lease

Initial discussions have been held with NHS PS Ltd who have indicated an interest in principle with this approach.

4.4 Required Services and Procurement Strategy

The commercial arrangements and contracts for the construction of the building will be managed by the developer who will deliver the ground and first floor areas to a shell & core at their cost.

The developer would competitively tender the project, with full detailed design to allow a full and proper tender to be submitted. This would be a single stage tender with a fixed price Design & Build JCT contract approach applied to mitigate the risk. The developers' approach is to eliminate any project risks as far as possible prior to entering into a Building Contract.

The fit-out construction works will then be delivered within the agreed Guaranteed Maximum Price, currently estimated at (REDACTED), to be paid from the STP monies. The risk of cost overrun is transferred to the developer once the Guaranteed Maximum Price (GMP) has been agreed and the construction stage is commenced.

If this development was not to proceed, the developer would own the designs, at the point of termination, and be liable for costs up to that point (with the exclusion of any contribution of pre-FBC project costs from the NHS if applicable), in line with contractual commitments made during commissioning of the project.

Key external advisors in relation to the pre-development stages pre-construction services have already been appointed by the developer, as follows:

Table 17 - Key External Advisors and Construction Services

Role	Organisation
Pre-construction to OBC	
Business case preparation	BNSSGCCG – Project Manager - Supported by Archus
Project Management	Studio Hive
Mechanical and electrical consultants	REDACTED DUE TO COMMERCIAL SENSITIVITY
Architects	REDACTED DUE TO COMMERCIAL SENSITIVITY
Structural engineers	REDACTED DUE TO COMMERCIAL SENSITIVITY
Cost consultants	REDACTED DUE TO COMMERCIAL SENSITIVITY
Planning Consultants	REDACTED DUE TO COMMERCIAL SENSITIVITY
Construction and Technical Design	
Owner	Atlas HIVE
Building contractor	To be appointed
Structural engineers	To be appointed
Mechanical and electrical contractor	To be appointed
Architect final design	As above
Final design BREAAAM assessment	N/A
Cost Consultant	As above

4.5 Building Research Establishment Environmental Assessment Method (BREEAM)

BREEAM is the leading and most widely used environmental assessment method for buildings and communities. It addresses wide ranging environmental and sustainability issues and enables developers and designers to prove the environmental credentials of their buildings to planners and clients. BREEAM sets standards for best practice in sustainable design and has become the de facto measure to assess a building's environmental performance; it provides clients, developers, designers and others with the following:

- Market recognition for low environmental impact buildings;
- Assurance that best environmental practice is incorporated into a building development;
- Inspiration to find innovative solutions that minimise the environmental impact;
- A benchmark that is higher than regulation;
- A tool to help reduce running costs, improve working and living environments;
- A standard that demonstrates progress towards corporate and organisational environmental objectives.

BREEAM will not apply to this scheme as the fit-out costs are below the threshold of £2m.

4.6 Potential for risk transfer

BNSSG CCG has a risk management process that is described in the Management Case. The Senior Responsible Officer and the Central Weston Steering Group currently act as joint owners of the project risk register for this scheme. Responsibilities for risks identified are then allocated on the associated risk register. The project risk register can be found in Appendix A.

The risk of the costs over running for the development will be transferred to the developer once the Guaranteed Maximum Price has been agreed and construction stage commenced.

The table below provides an assessment of how the associated risks might be apportioned:

Table 18 - Risk transfer matrix

Risk Category	Allocation		
	Public (STP)	Private (the developer)	Shared
1. Design risk		✓	
2. Construction and development risk		✓	
3. Transition and implementation risk			✓
4. Availability and performance risk		✓	
5. Operating risk		✓	
6. Variability of revenue risks			✓
7. Termination risks		✓	
8. Technology and obsolescence risks	✓		
9. Control risks		✓	

Risk Category	Allocation		
	Public (STP)	Private (the developer)	Shared
10. Residual value risks		✓	
11. Financing risks			✓
12. Legislative risks		✓	
13. Other project risks		✓	

4.7 Proposed Charging Mechanisms

Payment for the proposed development will be arranged through an STP contribution to cover the cost of the internal fit-out, currently estimated at (REDACTED). The balance of the STP money after fees will be transferred to the developer via the GP's by way of a bullet payment in lieu of rent. The initial rent at new GP facility will be within the existing revenue envelop and in line with the STP funding target.

4.7.1 District Valuation Service

The role of the District Valuer is to assess the current market rent (CMR) of the proposed scheme and advise on the amount that the Primary Care Organisation should reimburse. This provides an early indication of the likely rent for the project and where appropriate the expected CMR to ensure that the scheme proposed is affordable to NHS England.

4.8 Personnel Implications (including TUPE)

TUPE Regulations will not apply to this investment as no undertakings will transfer between employing entities. However, staff will be required to move from an existing surgery and local arrangements of risks and benefits will be explored in the Full Business Case.

4.9 Procurement Implementation Timescales

An indicative programme has been provided by the developer which has been reviewed by the CCG and the ability to spend ETTF contribution by March 2021 has been factored into the recommended allocation.

A summary of the key project milestones for each project is shown in the table below and the detailed programme information for the scheme can be found in Appendix D.

Table 19 - Summary Milestones for each Practice in Scope

Key Milestone	Date completed
OBC approval	July 2020
Pre-App Planning Application Submitted	August 2020
RIBA Stage 2 Design	October 2020
Full Planning Application Submitted	October 2020
Full Planning Approval	December 2020

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Key Milestone	Date completed
Tenders Returned	January 2021
RIBA Stage 4 Design	February 2021
FBC submitted	March 2021
FBC approval	June 2021
Contract Award	June 2021
Completion and Handover	July 2022

These timelines have been discussed with the NHSI regional leads who have acknowledged that completion is beyond the original STP funding expenditure deadline of March 2022. They have confirmed that NHSI/E is able to be flexible with this level of funding to deliver a quality scheme that it has confidence can be delivered.

4.10 Transitional and Decant Arrangements

No decant is required at the lease on the existing surgery at Graham Road will enable occupation the practice until the new premises are complete in the summer of 2022.

5 Financial case

THIS SECTION OF THE REPORT HAS BEEN REDACTED DUE TO COMMERCIAL SENSITIVITY

6 Management case

6.1 Programme and Project Management Arrangements

The project will be managed in accordance with PRINCE 2 methodology. The Central Weston Steering Group has the responsibility to drive forward and deliver the outcomes and benefits of this development. Members will provide resource and specific commitment to support the project manager to deliver the outline deliverables.

6.2 Project Benefits

The STP has established six key principles for estates, which will be tested against any estate proposals, to ensure it:

1. Improve quality and user experience.
2. Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery.
3. Identify opportunities for disposal, rationalisation, re-purposing of buildings and disposal of surplus land to generate STP capital receipts and additional housing units.
4. Financially sustainable and helps reduce overall costs of running the estate.
5. Invest in estate, which is sustainable, and supports new models of care.
6. Collaborate with partner organisations

6.3 Project Reporting Structure

The reporting organisation and the reporting structure for the project are as follows.

Central Weston Steering Group

The Central Weston Steering Group is responsible for the successful implementation of the Central Weston Primary Care Project. It is there to ensure the Project Delivery arrangements are progressing the priorities, plans and project delivery in line with the overarching plan agreed by the Steering Group.

The Steering Group monitors progress against programme to ensure that all established Task and Finish sub groups are progressing agreed areas of work and that there is effective alignment across the scope of the project. The Steering Group oversees the work streams and documentation for the production of this Outline Business Case and subsequent Full Business Case. Specifically the Steering Group will:

- Ensure robust project governance is established to monitor the project plan and objectives;
- Take responsibility for delivering the project within the parameters set within the business case;
- Provide high level direction on stakeholder involvement and monitoring project level management of stakeholders;
- Provide the strategic direction for the project;

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- Ensure continuing commitment of stakeholder support;
- Make key stage decisions;
- Undertake monthly progress monitoring;
- Maintain oversight of the Project Risk Register, Issues and Action Log to ensure that risks and issues are being effectively managed;
- Ensure strong stakeholder engagement in the Programme such that there can be confidence in the ability to progress service changes identified.

The Steering Group meet monthly and comprise a core membership as follows:

Table 20 - members of the steering group

Senior Responsible Officer (Chair)	Area Director – North Somerset, BNSSG CCG
Project Director	Head of Locality – Weston, Worle and Villages, BNSSG CCG
Project Lead/Technical Estates	Estates Manager, BNSSG CCG
Project Manager	Associate Director, Archus Ltd
Project Administrator	Programme Coordinator, BNSSG CCG
Finance lead	Assistant Head of Finance, Primary and Community Care, BNSSG CCG
IT Lead	Digital Business Partner – Corporate Services, BNSSG CCG
Comms Lead	Senior Communications Officer, BNSSG CCG
GP Representatives	Pier Health Group
Patient Participation	Partnership and Engagement Manager, BNSSG CCG

Also in attendance:

- NHSI/E - Ant Burn, Vince Chalmers.

Clinical Options Task and Finish Group

A Clinical Options Task and Finish Group was established in June 2019 and was responsible for the consideration and evaluation of the clinical options for delivery at the new primary care facility as part of the wider Central Weston Primary Care Project.

The group reported directly to the Clinical Weston Steering Group. Specifically the Task & Finish Group was established to:

- Consider the various clinical options for core GMS services including planned population growth to 2027;
- Consider additional services that could be delivered from the new facility alongside the core GMS services;
- Confirm potential income and wider system saving benefits of providing these additional services from the new facility;

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- Manage comprehensive stakeholder engagement via a series of workshops to evaluate the options;
- Sign off a schedule of accommodation developed as a result of the options evaluation;
- Provide a final recommendation to the Central Weston Steering Group.

The Clinical Options Task and Finish Group membership was follows:

Table 21 - Clinical Options Task and Finish Group membership

Senior Responsible Owner (SRO)	Area Director (North Somerset)
Project Lead	Head of Locality Development, North Somerset
Technical Estates	Estates Manager, BNSSG CCG
Project Manager	Associate Director, Archus Ltd
Locality Lead	Locality Development Manager
Weston Area NHS Trust	Business Development Manager
Pier Health	The Milton Surgery
North Somerset Community Partnership	Director of Nursing and Therapies
North Somerset Council	Head of Transformation & Policy / Early Years and Children's Centres Services Lead

6.4 Outline Project Roles and Responsibilities

Key Project delivery roles are described below:

- **Senior Responsible Owner (SRO):** The SRO has overall responsibility for project delivery at executive level.
- **Project Lead:** The Project Lead is responsible for the management of the project and chairs the Central Weston Steering Group meetings.
- **Project Manager:** The Project Manager will have day to day responsibility for, the delivery of the projects. The provision of appropriate reports on status to the Project Lead. The management of risks and issues and escalation of appropriate matters for the Steering Group direction/approval. Monitoring, co-ordinating and controlling the work of the various Task and Finish Groups. Stakeholder Engagement

6.4.1 Community Involvement

A Communications and Patient and Public Involvement plan is in being developed to support the project and consider opportunities to involve patients, service users and carers in the design of the facility and the clinical model. The working draft of the Communications and Engagement plan is included in Appendix F.

The new Pier Health PCN PPG is represented on the site evaluation process and will be key members of the Central Weston estate project team to inform the design of the facility. The wider membership of the PPG will also act as the reference group to advise on involvement and wider communication as the project progresses. The Communications and Patient and Public Involvement plan also identifies key stakeholders for the project including providing regular updates to the North Somerset Health Overview Panel as our statutory consultee and to the Weston super Mare MP. The overall communications objectives are set out below:

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- To publicise the options being announced and inform people living in Weston-Super-Mare about the developments on the new primary care facility going into central ward;
- To keep the public, patients and stakeholders informed about the developments of the project;
- To draw links to the Healthy Weston programme and highlight the positive impact it will have on primary care services in Weston;
- To keep patients at Graham Road Surgery up-to-date on progress;
- To 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;
- To ensure people understand this new facility supports the needs of the Weston population;
- To respond promptly and effectively to requests for information from patients, members of the public and stakeholders;
- To 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.

6.4.2 Equality Impact Assessment

An EIA for the scheme has been initiated and will be monitored and revised accordingly as the full details of the project become clearer. The current version of the document can be found in Appendix G.

6.5 Project Programme

The key project milestones are shown below. The detailed programme has been prepared and can be found in Appendix D.

Table 22 - Key Milestones

Key Milestone	Date completed
OBC approval	July 2020
Pre-App Planning Application Submitted	August 2020
RIBA Stage 2 Design	October 2020
Full Planning Application Submission	October 2020
Full Planning Approval	December 2020
Tenders Returned	January 2021
RIBA Stage 4 Design	February 2021
FBC submitted	March 2021
FBC approval	June 2021
Contract Award	June 2021
Completion and Handover	July 2022

The programme indicates completion by July 2022.

6.6 Outline Arrangements for Change and Contract Management

Change management associated with the project will be managed by PMG through the project delivery team.

6.7 Outline Arrangements for Risk Management

A risk management framework has been implemented to provide a comprehensive risk assessment and control framework for each individual project. This details who is responsible for the risks and the required counter measures.

The reporting will follow the PRINCE2 process of checkpoint, highlight and exception reports. The condition will be indicated by using red, amber or green (RAG) colour code as outlined below.

Table 23 - Risk register scoring

Score	Probability	Impact
5	Almost certain	Severe
4	Likely	Major
3	Possible	Moderate
2	Unlikely	Minor
1	Rare	None

Score	RAG	Definition
15 – 20	R	Corrective action urgently required
7 – 14	A	Condition requires corrective action which has been implemented
6 or less	G	Condition is on programme or within budget therefore no special action is required

The risk register for the project is monitored by the project delivery team and reported monthly to the respective senior management teams within the CCG and the council. The focus of risk management will address broadly:

- Non-delivery of project outcomes as defined in stages of the project plan;
- Threats to the completion of the project within cost and time (managed on a day-to-day basis by the members of the project delivery team).

The Key Risks are outlined in the table below.

Table 24 - Risks and counter measures

Risk	Mitigation
Unable to deliver project within STP timeframe	Initial due diligence undertaken on preferred option developer. Meeting held with North Somerset Council to confirm position with the preferred option. Developer programme obtained to confirm fast track of detailed design and planning to meet the project timescales. Initial discussions held with NHSI/E to ensure they are sighted on the programme and suggested completion date of July 2022. NHSI/E have confirmed that they are flexible on completion timescales for a good quality option that has a high degree of confidence in delivery.
FBC approval is delayed by NHSI/E	NHSI/E has confirmed they do not need to formally approve the OBC so this is an internal CCG approval only, however it will be submitted to NHSE for information and comment. Four

Risk	Mitigation
	months have been allowed in the programme for the FBC approval, based upon discussion with the NHSI/E regional leads, including time for DoH final sign off
Impact of Covid on delivery	There is a risk of programme delay caused by another Covid surge and resulting lockdown restrictions. This will be monitored closely and the programme adjusted accordingly to ensure key milestones are deliverable. Any delays will be flagged and discussed with the Central Weston Steering Group and NHSI/E.
Impact of Covid on design	The long term impact of Covid on models of care and potential future building requirements is as yet unknown, i.e. ration of full size consulting rooms to smaller online/telephone booths, and infection control and flow through buildings etc. The building design will be sufficiently flexible to cater to a currently unknown future state.
Planning Application refused	The developer and CCG have held separate discussions with NSC, who have confirmed their support for this scheme. A Pre-Application will be submitted upon OBC approval by the developer to confirm key planning principles.
Actual tendered costs exceed budget	The developer has an external cost advisor appointed. Soft market testing will be undertaken to inform the Pre Tender Estimate prior to the issue of final tender packs.

6.8 Outline Arrangements for Post Project Evaluation

The outline arrangements for post implementation review (PIR) and project evaluation review (PER) will be established in accordance with best practice and are as follows:

The CCG will ensure that a thorough post project evaluation is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project. These will be of benefit to:

- The CCG - utilising the knowledge for future primary care capital schemes
- Other key local stakeholders – to inform their approaches to future projects
- The NHS more widely – to test whether the policies and procedures used in this procurement have been used effectively
- Contractors – to understand the healthcare environment better

The evaluation will examine the following elements, where applicable:

- The quality of the documentation prepared by the PMG for the requirements of contractors and suppliers
- Communications and involvement during procurement and the effectiveness of advisers utilised on the scheme
- The efficacy of NHS guidance in delivery the scheme
- Perceptions of advice, guidance and support from NHSE and NHS Estates in progressing the scheme

Formal post project evaluation reports will be compiled by project staff and reported to the Board to ensure compliance to stated objectives.

6.8.1 Post Implementation Review (PIR)

This review ascertains whether the anticipated benefits have been delivered. The review is recommended to be timed to take place immediately after the new health centre opens and then 2 years later to consider the benefits planned.

A benefits realisation plan will be developed as part of the full business case stage and implementation of the operational policy to demonstrate how the benefits have been realised.

6.8.2 Project Evaluation Reviews (PERs)

The project evaluation review will appraise how well the project was managed and whether or not it delivered to expectations. It is timed to take place during the construction phase and will form part of the post project design evaluation. It will compare the current design assessment undertaken during the FBC project phase with the final operational building.

6.9 Recommendation

BNSSG PCCC are asked to formally approve the recommendation of this business case; that the **Preferred Option** for the Central Weston Primary Care Development is **Weston Rugby Club** and that the CCG can proceed to prepare a Full Business Case for approval of STP funding by NHSI/E based on demonstrated affordability and achievability.

Signed

PRINT NAME

Senior Responsible Owner, Project Team

Date:

Appendices



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Outline Business Case for the **Central Weston Primary Care Development**

Appendix A - Project Risk Register

REDACTED DUE TO COMMERCIAL SENSITIVITY

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Outline Business Case for the **Central Weston Primary Care Development**

Appendix B - Options Appraisal Moderated Scores pack

REDACTED DUE TO COMMERCIAL SENSITIVITY

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Outline Business Case for the **Central Weston Primary Care Development**

Appendix C – Economic Model

REDACTED DUE TO COMMERCIAL SENSITIVITY

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Outline Business Case for the **Central Weston Primary Care Development**

Appendix D - Detailed programme

REDACTED DUE TO COMMERCIAL SENSITIVITY

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Outline Business Case for the **Central Weston Primary Care Development**

Appendix E - Indicative Development Appraisal

REDACTED DUE TO COMMERCIAL SENSITIVITY

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Outline Business Case for the **Central Weston Primary Care Development**

Appendix F – DRAFT Communications and Engagement Plan

REDACTED DUE TO COMMERCIAL SENSITIVITY

BNSSG CCG
Outline Business Case for the **Central Weston Primary Care Development**

Appendix G – DRAFT Equality Impact Assessment

UPDATED EIA ATTACHED SEPARATELY

ARCHUS

ADVISORY • INVESTMENT • DEVELOPMENT





Equality Impact Assessment

Relocation of GP services from Graham Road to a new primary care facility at the Weston Rugby Club development

Version 5 02.03.21



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 eg: 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.

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 existing Graham Road GP Surgery in Weston.

3. If existing, please provide more detail

What results are intended and why is it needed?

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 relocation 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 prior to that service closure.

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)

Negative

Please provide reasons for your answer and any mitigation required

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

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

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

Please provide reasons for your answer and any mitigation required

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

Please provide reasons for your answer and any mitigation required

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

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

Please provide reasons for your answer and any mitigation required

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

Please provide reasons for your answer and any mitigation required

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

Sex (Positive, Negative, Neutral)

Neutral/Positive

Please provide reasons for your answer and any mitigation required

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 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

Please provide reasons for your answer and any mitigation required

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).

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

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

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.

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

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.

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

Full Name

Comments from Equality Lead

Date Approved

DRAFT

Part 2: FULL EQUALITY IMPACT ASSESSMENT

Step 2: Scoping of the Equality Impact Assessment

This section of the form is about understanding how this proposal will impact different groups and individuals

EIA Status (New, Existing, Other, None)

What aspects of the project are particularly relevant to equality?

E.G. Policy statement or referral or access criteria, communication with patients, equity of access to service, patients experience or stakeholder engagement

What evidence is already available that will help in the development of both the project and the EIA?

Sources of data and information may include: Equality Monitoring Data, Demographic Data (Inc. Census), Recent and previous engagement work, Annual reports, Ad-hoc audits, JNSA, Healthwatch reports, PALS, Complaints/Feedback, EDS2 and similar work elsewhere.

Do you require further information to gauge the probability and / or extent of any adverse impact on protected groups? (Yes/No)

Think about how you might get this information. E.G. New consultation activities or benchmarking.

Which communities and groups have been or will need to be consulted or involved in the development /review of the project/service?

This will help to identify engagement opportunities set out in the Patient and Public Involvement Plan

Step 3: Equality Analysis

This section is about bringing together all of your equality information in order to make a judgement about what the likely effect of the policy, practice or service will be on the equality duty and whether you need to make any changes to the policy, practice or service.

Be wary of general conclusions. It is not acceptable to simply conclude that a policy will universally benefit all patients, service users or employees regardless of any protected characteristic, without having evidence to support that conclusion.

This section will detail the following:

- Actual or potential positive outcomes/impacts in relation to the public sector equality duty?
- Actual or potential negative outcomes/impacts?
- Actual or potential neutral outcomes/impacts?

Please state actions which have already been taken to remove or minimise the potential for adverse outcomes/impacts and to maximise positive outcomes/impacts:

Consider the following questions in your response:

- Could the proposal disadvantage people from a particular group?
- Could any part of the proposal discriminate unlawfully?

- *How does the proposal advance equality and foster good relations, including participation in public life?*
- *Are there other projects or policies that need to change to support the effectiveness of this proposal?*
- *Actual or potential neutral outcomes/impacts?*

Assessment of the legality of the proposal - Consider the following questions in your response:

- Could the proposal disadvantage people with a particular protected characteristic?
- Could any part of the proposal discriminate unlawfully?
- Are there other proposals, projects or policies that need to change to support the effectiveness of this proposal?

What is the outcome of the Equality Impact Assessment?

No major change (Yes/No)

The EIA demonstrates the project plan is robust. The evidence shows no potential for discrimination and opportunities to promote equality have been identified and implemented

Adjust the project proposals/plan (Yes/No)

To remove barriers or to better promote equalities.

This might mean to introducing measures to mitigate the potential effect.

Continue the project (Yes/No)

Despite potential for adverse impact or missed opportunities to promote equality, provided you have satisfied yourself that it does not unlawfully discriminate

The EIA identified actual or potential unlawful discrimination (Yes/No)

Changes have been made to the project to remove unlawful discrimination.

Step 4: Monitoring, Evaluation and Review

This section is about looking at how the actual impact of the proposal will be reviewed regularly throughout the project life-cycle.

Provide details of how the actual impact of the project will be monitored?

Consider the following questions in your response:

- How you will measure the effects of the project?
- When the policy/ practice will be reviewed and what could trigger an early revision
- Who will be responsible for monitoring and review?
- What type of information is needed for monitoring and how often it will be analysed?
- How to engage relevant stakeholders in implementation, monitoring and review

Step 5: Decision Making

This EIA will be used to inform the decision making process. Use this section to record the relevant decision making information

Provide an outline of the decisions made relating to this proposal

Is the proposal going ahead as planned? If not, what is different?

How was this Equality Impact Assessment referred to in the final decision?

The system must demonstrate it has paid due regard to the conclusions drawn from this EIA, regardless of whether the impact is positive, negative or neutral. Please provide an explanation to accompany your response

Date the decision was made

Will this personal data include sensitive personal data? (Yes/No)

Full EIA Impact Assessment Approval – Please email Sharon.Woma@nhs.net for approval

Full Name

Comments from Equality Lead

Date Approved

DRAFT



Contact us:

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

bnssg.htpmo@nhs.net

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North Somerset Health Overview & Scrutiny Panel

Graham Road GP surgery relocation proposal

Page 133
13th March 2021



Overview

- NHS England have awarded Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) £3.2m of capital money to enable the closure of the existing Graham Road Surgery and relocation of services to the new facility
- 17 potential sites were considered, with an evaluation of shortlisted sites in June 2020. The evaluation was conducted by representatives from Pier Health Group, patients, Sirona, North Somerset Council and the CCG
- The Rugby Club site scored 87.5% of available weighted scores, with the second placed option scoring 47.2%
- A period of engagement and consultation on the closure of the Graham Road Surgery and relocation to the new facility is planned over Summer 2021
- A final proposal is planned to go to NHS England and the Department of Health and Social Care this winter

Site suitability criteria

The principles followed for identifying a suitable site to replace the Graham Road surgery building were based on the “Six Strategic Estates Principles” set out in the Healthier Together (BNSSG) Estates Strategy 2019 - 2024:

1. Improve quality and user experience.
2. Make best use of the existing buildings and create working environments that are modern and flexible and therefore improve service delivery
3. Take opportunities to dispose of land and buildings where appropriate, to generate funds for Healthier Together and enable sites to be put to good use in the community
4. Deliver best value for money for the taxpayer
5. Invest in buildings that help services work together better
6. Work in partnership to maximise regeneration opportunities

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Sites considered

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- Sovereign Centre – Ground floor
- Sovereign Centre – Roof top
- Dolphin Square retail units
- TJ Hughes building
- Former M&S building
- Former Magistrates' Court
- Victoria Methodist Church
- Police Station site (demolished)
- Vacant land adjacent to Dolphin Square
- Rugby Club development, Sunnyside Road
- Reconfiguration of part of first floor of Sovereign Centre car park
- Modular build on NSC owned land
- Churchill Business Centre
- Heathcarts Industrial Estate
- Manor Court, Beaufighter Road
- Weston Industrial Estates
- Regent House

Sites evaluated in June 2020

Of the 17 site options assessed, the majority of considered sites were not viable for progression to full evaluation due to not meeting **affordability, achievability and access** requirements.

Three final options were taken to final evaluation in June 2020:

- Sovereign Centre - modular build on top storey of car park
- Weston Rugby Club development
- Commercial units on Dolphin Square

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'Do Nothing' option was also evaluated i.e. retaining current service provision at the Graham Road premises.

- The evaluation followed a two stage process. Presentations were provided on each site from the respective developers or property owners, with scoring undertaken individually by panel members. A second panel meeting was convened to moderate the individual scores to arrive at the final, agreed score for each site.
- The process was supported by a Senior Procurement Manager, who also chaired the moderation session.

Weston Rugby Club development

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*Masterplan (February 2021)
Indicative Masterplan-subject to design development and therefore change*

An exciting new housing scheme for the Sunnyside Road and Locking Road car parks has been proposed in conjunction with Homes England (HE). The HE site will see a new development that will dramatically improve access to the town centre, providing approximately 400 high quality, contemporary homes including apartments and houses.

The development will be a catalyst for the regeneration of Sunnyside Road area and also Station Gateway, providing new homes and workplaces boosting housing and employment.

Weston Rugby Club – proposed Primary Care facility

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WSM RFC Regeneration - October 2018

Indicative Masterplan-subject to design development and therefore change

The inclusion of a primary care facility in the development has enabled acceleration of the development programme and Station Gateway regeneration; subject to full planning and approval of a full business case, Studio Hive intend to construct Block A first to deliver the new facility by spring 2023.

Opportunities at the new site

Within the Block A footprint a ~1,100m² state of the art health care facility would be constructed to a high quality specification, designed with clinicians, bespoke to the health and care needs of the local population.

Built over two floors, the space would support new models of joined up health and care, with the potential to co-locate community and mental health services, for example:

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A triage room has been specified in the layout, providing designated space for video and telephone consultations to be provided

There are further opportunities to be explored in consideration of the site's proximity to recreational and green spaces and links to the new Rugby Club sporting facilities. This could include:

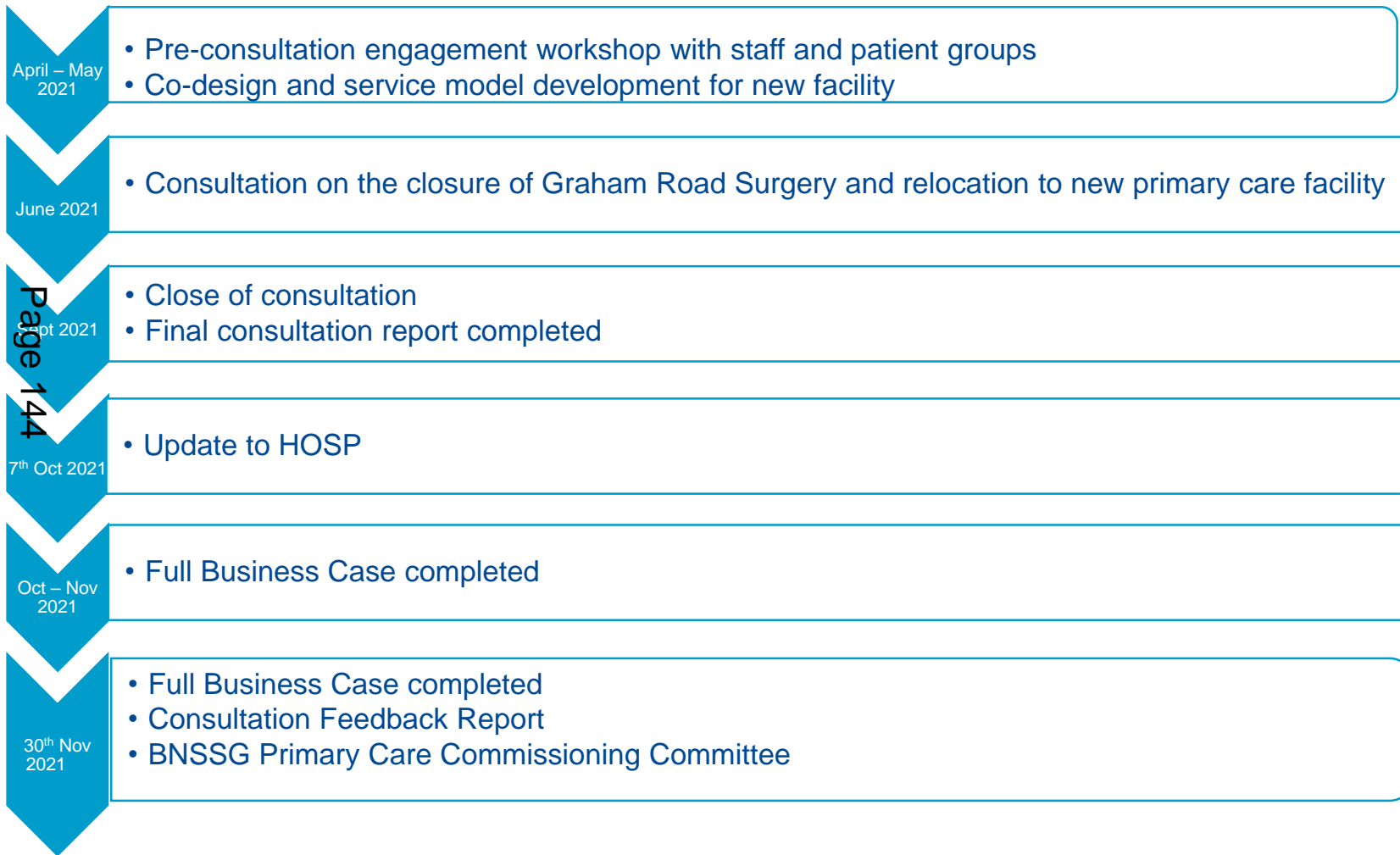
- Increased social prescribing opportunities
 - Garden allotments
 - Patient use of sports ground and gym facilities planned as part of the wider development
- Securing the future of the Graham Road in-house pharmacy, that would be lost if the new location was too close to an existing pharmacy in the town centre

We also know that modern, purpose built facilities are helpful in attracting new clinical staff to come and work in the local area

Conclusion

- This project provides an exciting opportunity to build a state of the art GP surgery, replacing a facility that we know is not sustainable in the long term
- This change would become part of a much bigger regeneration project to build significant numbers of new houses and public amenities on and around the Rugby Club site
- We are aware that there are long-standing concerns about the access to health care for people living in very centre of town, which a project like this could only ever partially address
- The CCG are committed to working with North Somerset Council, Pier Health, patient groups and other local partners to assess the level of ongoing unmet need across the whole of Weston as part of a strategic review of estates that covers the whole of BNSSG

Consultation & Engagement timeline (subject to approval)



Questions

Appendix A

Impact on walking times of relocation of Graham Road to site on Sunnyside Road

Table 1a: Total Patients per time band (Walking)

Mins	Graham Road	New Site (approx)
5	895	76
10	2725	2588
15	1863	2393
20	1107	1553
Over 20mins	5,131	5,111
Total	11,721	11,721

Table 1b: Proportion of total registrations

Mins	Graham Road	New Site (approx)
5	8%	1%
10	23%	22%
15	16%	20%
20	9%	13%
Over 20mins	44%	44%
Total	100%	100%

Table 1c: Culmulative Proportion

Mins	Graham Road	New Site (approx)
5	7.6%	0.6%
10	30.9%	22.7%
15	46.8%	43.1%
20	56.2%	56.4%
Over 20mins	100%	100%



Appendix B Evaluation criteria

The criteria and weighting for scoring different options was co-designed with members of Graham Road PPG and representatives from Pier Health Group, NSC and Sirona. All panel members received support and training in order to score the final shortlisted options.

Supports the long term delivery of sustainable services (15% weighting)	Provides system-wide sustainability (15% weighting)	Provide a fit for purpose environment (25% weighting)	Patient access (25% weighting)	Achievability (20% weighting)
<ul style="list-style-type: none">• Provides the required space for primary care services based on existing local need and likely future need and population growth• Provides secure and stable facility for service providers• Improves staff retention and recruitment• Supports integrated Information Management & Technology systems and opportunity for future innovations in service delivery through technology	<ul style="list-style-type: none">• A location and opening hours that reduces unnecessary pressure on other local services, and reduces unscheduled hospital attendances and admissions• Provides a long term, stable and purpose built facility to underpin the sustainability of primary and community services in North Somerset• A space that provides the flexibility and opportunity to support new and emerging models of service delivery• Maximises the opportunity to work with other community providers and the voluntary sector	<ul style="list-style-type: none">• Enables clinical care to be delivered in estate that is fit for purpose• Provides an appropriate environment for staff• Provides facilities that have multiple and flexible use. Have extended access and can be shared between providers• Provides opportunities for further expansion if/when required• Provides accommodation that is compliant with latest building and environmental standards	<ul style="list-style-type: none">• Improves local community access to healthcare• Relative distance from existing provision (Graham Road and Clarence Park)• Ease of access for patients, all consulting space can be easily accessed from ground floor level and if ground floor location isn't possible for all consulting space, then at least some must be for patients not able to use a lift• Adequate on site car parking• Enables provision of services outside of core hours	<ul style="list-style-type: none">• Timeliness - Relative ease and speed of delivery to achieve solution for patients at Graham Road• Provides a solution to NHS estates priorities in the area• Ease of fit out or building works reduces construction programme• Provides a procurement solution that can be delivered within the STP Capital programme timescales and rules - Mar 22

Whilst location is an important factor, it could never be the only thing taken into consideration in a project like this

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North Somerset Council

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 18 March 2021

Subject of Report: North Somerset Specialist Adult Substance Misuse (drug and alcohol) treatment services

Town or Parish: Town

Officer/Member Presenting: Matt Lenny, Director of Public Health

Key Decision: No

Reason: To provide evidence and information about the effectiveness of We Are With You (WAWY), the North Somerset specialist adult substance misuse treatment provider. To identify areas for improvement to support successful recovery from substance misuse

Recommendations:

1. Comment on the performance of the North Somerset specialist adult substance misuse treatment service
2. Support the recommendation that North Somerset Council officers continues to work with partners to improve access to mental health assessment and treatment for people with substance misuse problems.
3. Request further scrutiny of progress of recommendation 2 at a future HOSP meeting-

1. Summary of Report:

This report describes the services provided by We Are With You North Somerset. It sets out several performance metrics and outlines how the service has developed and been amended during the pandemic. Some of the key challenges facing the service are highlighted and three recommendations are proposed.

2. Policy

N/A

3. Details

3.1. Introduction:

“Estimates show that the social and economic costs of alcohol-related harm amount to £21.5billion, while harm from illicit drug use costs £10.7billion

The combined benefits of drug and alcohol treatment amount to £2.4billion every year, resulting in savings in areas such as crime, quality-adjusted life years (QALYs) improvements and health and social care. Quality-adjusted life years (QALYs) are measures of life expectancy and quality of life used in health economic evaluations and resource allocations.

Alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years.

Drug treatment reflects a return on investment of £4 for every £1 invested, which increases to £21 over 10 years.” (Alcohol and drug prevention, treatment and recovery: why invest? PHE)

This report describes the performance of the North Somerset adult specialist drug and alcohol treatment – provided by WAWY – during the first year of operations. In order to provide a context in which the performance data can be considered, some additional information relating to contract details; levels of local need; and service user demographics has been supplied.

3.2. Contract details and service overview:

WAWY (formerly Addaction) have been providing specialist substance misuse (drug and alcohol) treatment services in North Somerset since 2015.

The current contract, awarded following a competitive tender, commenced on 1 April 2020 and is expected to operate for 5 years (with the option to extend by a further 2 years).

The current contract value is £1,450,000 p.a. This compares to £1,873,181 in 2015. The service is fully funded from the Public Health grant.

The service employs 35 staff and has over 800 active clients at any one time.

The main service is based at 35 The Boulevard, Weston-super-Mare, and (during non-covid times) is open Monday, Tuesday and Thursday 8am to 5pm and Wednesday and Friday 8am to 8pm. WAWY provide outreach appointments across North Somerset. During the Covid pandemic much of the service has been provided on the phone and internet.

Under the current contract WAWY delivers:

- Specialist, adult, community-based drug and alcohol treatment for people who are experiencing drug and or alcohol issues, their families, friends and careers.

- The programmes provided by We Are With You include a range of evidence based interventions which seek to support recovery from substance misuse and to minimise harms:
 - psycho-social therapies, both in one-to-one and group formats
 - pharmacological treatments such as methadone substitution and community detoxification
 - facilitation of inpatient detoxification and residential treatment
 - support with physical health needs and common mental health issues
 - Naloxone training and kits to prevent harm from opiate overdose
 - specialist needle exchange service
 - Blood borne virus testing with Hepatitis C treatment provided on site by staff from UHB
 - Joint working with partner organisations such as social care; primary care; maternity health; police; prisons; and homelessness services.

3.3. Substance Misuse Treatment Performance

3.3.1. CQC Inspections:

The CQC has not conducted a review of the WAWY service whilst operating under the current contract, however in February 2019 the CQC completed a full inspection of the (then Addaction) service, this review concluded that the service was GOOD.

On the 23rd March 2021 the CQC will be conducting a ‘desk-based review’ of the WAWY service.

3.3.2. Numbers engaged in treatment:

The table below provides the number of people both newly engaging with WAWY and the total number engaged in the service for each complete financial quarter of 2020/21.

After a decrease at the beginning of the financial year the numbers entering and engaged in the service picked back up and exceeded those in the quarter before the new contract started (Q1 19/20, 160 new and 796 active; Q4 19/20, 151 new and 840 active).

It is interesting to note the increase in people accessing the ‘unstructured’ element of the service. This growth in numbers of people accessing unstructured treatment may be the result of an enhanced ‘remote/virtual/digital’ service offer (this will be discussed later in the paper).

	1 Apr – 30 Jun 20		1 Jul – 30 Sept 20		1 Oct – 31 Dec 20	
	New Episodes	Total active	New Episodes	Total active	New Episodes	Total active
Unstructured (T2)	47	107	89	147	79	166
Structured (T3)	50	686	85	701	66	675
TOTAL	97	793	174	848	145	841

In addition to treating the people with the drug and/or alcohol problem, WAWY works with family members and friends. Between Jan 2020 and Dec 2020 360 appointments were delivered to families and friends.

WAWY also train and support many volunteers. Between Jan 2020 and Dec 2020 27 individuals volunteered with the service giving 2050 hours of time. All volunteers complete a 3-day training course before beginning to work within the service.

3.3.2.1. Service user demographics:

The demographic breakdown of the current WAWY caseload is listed below

- Male – 63% Female – 37%
- White British – 84%
- Age – 13.6% 35 to 39, 18.3% 40 to 44, 16.6% 45 to 49, 13.6% 50 to 54

3.3.2.2. Length of time in structured treatment:

Drug and/or alcohol dependency is a ‘chronically relapsing condition’, with between 40% and 75% of individuals returning to problematic use after a period of abstinence/controlled use. Because of this, coupled with the complex and interrelated problems that many service users face

The average length of time in structured treatment for opiate users in North Somerset is 4.9 years (compared with 5.2 nationally). The average length of time in treatment for non-opiate users in North Somerset is 1.5 years (compared with 0.7 years nationally). It is important to note the protective factors treatment provides, these include: reduced risk of overdose or death; and reduced risk of infections. Engaging with specialist treatment also minimises other societal harms such as: crime; child safeguarding; homelessness; and unemployment.

3.3.2.3. Substances used:

The number of people engaged in the WAWY service because of a drug problem exceeds the number engaged for an alcohol problem (in Q3 drug users = 65% of individuals in treatment), however this ratio is reversed when new presentations are considered, with more alcohol users entering treatment than drug users (in Q3 56% of new presentations were alcohol users).

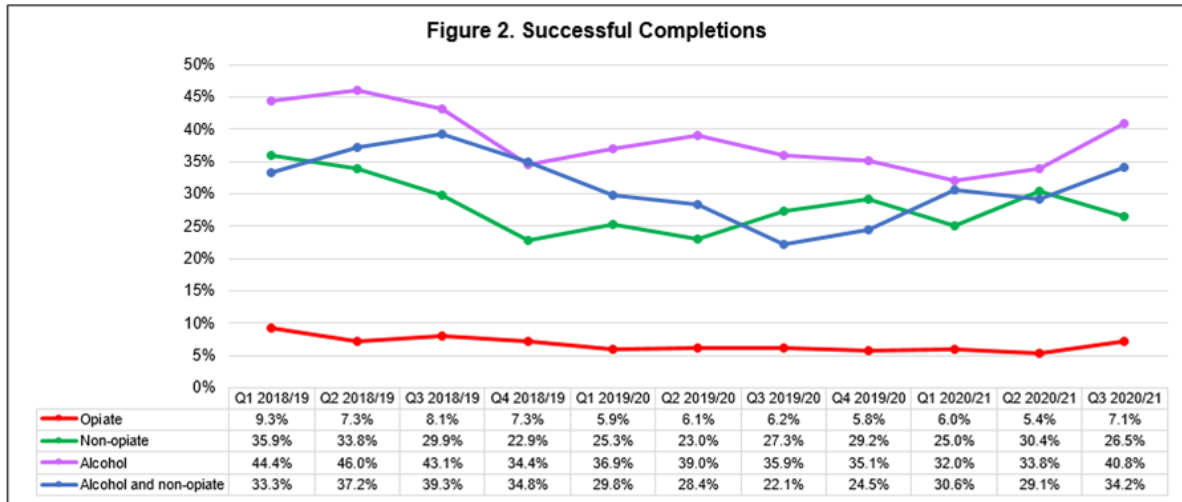
It is important to note that many WAWY service users will have “poly” substance misuse problems, i.e. they will be addicted to or dependent on various different drugs or experiencing problems with both drugs and alcohol.

3.3.3. Successful completions:

The graph below shows the % of people, as a proportion of all those in treatment in Addaction and WAWY, who complete successfully (a success is defined as ‘leaving

treatment in a planned way' plus being drug free or an occasional user of alcohol or cannabis).

The long-term decline in successful completions appears to have halted with an indication that performance is improving (a pattern which is reflected nationally).



3.3.3.1. North Somerset successful completions compared with SW and National (funnel plot graphs located in Appendix A):

The funnel plots (in Appendix A) show the performance of the North Somerset treatment system compared with both the other South West Local Authorities and all Local Authorities. It is important to note that the data used in these funnel plots relates to the 'treatment system' and as such it will be affected by various treatment services; however, this data can be confidently used as a proxy measure for the performance of WAWY.

The funnel plots cover the period Jan' 2020 to Dec' 2020. The X-axis = % and Y-axis = treatment numbers.

The funnel plots show that North Somerset's performance in relation to opiate and alcohol users is better than the regional and national averages, but in relation to non-opiate users the North Somerset performance is below the national average. This is, in part, due to the small cohort size but work has been done in order to improve successful completions for this group.

3.3.4. Representations:

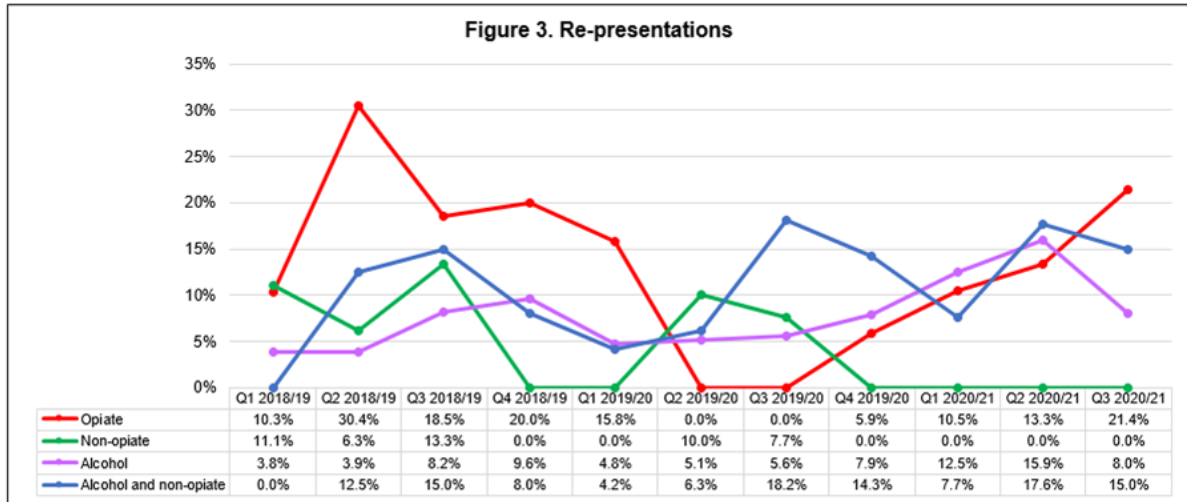
The graph below shows the proportion of people whom after successfully completing treatment return within 6 months.

This is a measure of long term, sustained recovery. The lower the proportion the better.

It is important to note that this uses retrospective data (successful completions from the previous 12 months).

Because of the small numbers used this measure is very volatile. For example, the proportion of opiate representations in Q3 20/21 (21.4%) relates to 3 out of 14 case,

had there been one less opiate representation North Somerset would have been in the top quartile (7.14% to 0%)



3.3.5. Blood Borne Viruses interventions:

Around 75% of new Hepatitis C (HCV) are linked to injecting drug use and as such drug treatment services offer an important mechanism for detecting and treating HCV.

WAWY provides comprehensive HCV testing and treatment; a WAWY service can now receive the entire testing and treatment pathway in North Somerset. The

success of the WAWY HCV interventions can be seen in the performance data below (this data covers the period 1/4/2020 to 31/12/2020):

	WAWY NS	National average
Offered and accepted - not yet had a test	21.4%	10.1%
Offered and accepted – had a hep C test	8.1%	2.8%

3.3.6. Naloxone:

Naloxone is a medication which can reverse the effects of an opiate overdose. WAWY train people in the use of Naloxone and distribute Naloxone kits. The table below shows the number of kits dispensed by WAWY each month:

Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov	Dec 20	Jan 21
65	46	37	19	33	40	42	56	41	36	35	32	52

3.3.7. Service developments during the 1st year:

Listed below are some of the key developments and pieces of work that WAWY has undertaken during the 1st year of operations:

- WAWY worked with the YMCA to introduce a rapid pathway into treatment for homeless individuals, this involves the WAWY assessment document being completed by YMCA staff.
- WAWY have advised on the development of working protocols for the new Crisis Cafe (a drop-in, mental health support service provided by Second Step).
- Development, in partnership with AWP, of a process to conduct joint assessments and an escalation process so that WAWY can appeal a decision not to provide mental health care.
- WAWY has assisted AWP in the provision of a hospital-based alcohol service. This work has been completed with no additional income for WAWY. As part of this work WAWY volunteers will be following up individuals seen by AWP when they return to the community.
- WAWY have, and continue, to provide a work space for the community outreach nurses during lockdown.
- Large scale training of partner agencies, including a recent online training session with approximately 150 police staff.
- A Covid fund, provided by the Big Lottery Covid fund has been used to support service users with such things as telephones, food, clothes, cleaning items, and bikes.

3.4. Impact of Covid and service response:

Listed below are the main changes made to the WAWY service in response to the Covid pandemic:

- Circa 300 individuals had their prescribing regimes relaxed. To date we have had no reports of critical incidents linked to this change in prescribing.
- The majority of interventions were moved online or onto the phone.
- The physical WAWY building has remained open throughout the pandemic, staffed by a small number of individuals. This has been essential for services users requiring medication reviews, high risk service users, and it has provided a base for other services to operate from (as mentioned above).

3.4.1. The use of the WAWY webchat service:

The increased online presence of WAWY services appears to have resulted in the engagement with some demographics that have historically been less likely to engage with WAWY, specifically women and individuals living in more affluent areas. Some key outcomes from the WAWY webchat service are listed below:

- 182 chats from NS from 1st Jan 2020 - 31st December 2020
- 85 chats about alcohol or drugs
- 17 for mental health
- 32 from concerned others
- 5 interested volunteers
- 39 Professionals
- 4 existing service users of NS
- Average chat length: 20mins
- 97% satisfaction
- 9% identify as part of LGBTQ+ community
- 49% said covid-19 played a role in contacting our service
- 68% identified as female, 29% males, 1% other, 1% prefer not to say
- 20% I have received support from We Are With You before
- 18% I have received support from another treatment provider before
- 61% This is the first time I have sought help

3.5. Levels of local need:

3.5.1. Number of opiate and/or crack users 2017 (*most recent available estimates*):

The table below gives an estimate of the number and rate (per 1000 population) of opiate and/or crack users in North Somerset. OCU is defined as individuals who are using opiate and/or crack as opposed to the other single drug categories which count people who may be using this substance on its own or in combination with other substances (one individual can be counted in both 'opiates' and 'crack').

	15-64yrs population	Number of users			Rate of use per 1000		
		OCU	Opiates	Crack	OCU	Opiates	Crack
North Somerset (95% CI)	126,000	1,249 (903;1,602)	1,189 (980;1,560)	793 (596;1,09)	9.91 (7.17; 12.71)	9.44 (7.78;12.38)	6.29 (4.73;8.70)
South West (95% CI)	3,415,759	28,434 (27,335; 31,278)	24,431 (23,261; 26,096)	15,327 (14,000; 17,334)	8.32 (8.00;9.16)	7.15 (6.81;7.64)	4.49 (4.10;5.07)
England (95% CI)	35,457,660	313,971 (309,242; 327,196)	261,294 (259,018; 271,403)	180,748 (176,583; 188,066)	8.85 (8.72; 9.23)	7.37 (7.30;7.65)	5.10 (4.98; 5.30)

3.5.2. Numbers of adults dependent on alcohol:

The table below gives an estimate of the number and rate (per 100 population) of people with alcohol dependency.

	2017 mid year estimate of adult population	No. adults with alcohol dependency	Rate per 100 of adult population
North Somerset	169 645	1724 (1332, 2312 95% CI)	1.02 (0.79, 1.36 95% CI)
England	43 752 473	586 780	1.34 (1.11, 1.70)

In addition to the individuals who are physically dependent on alcohol, there are large numbers drinking at levels which may have a negative impact on their health. A 2011, North West Public Health Observatory document called 'Topography of Drinking Behaviours in England Synthetic estimates of numbers and proportions of abstainers, lower risk, increasing risk and higher risk drinkers in local authorities in England' estimates that in North Somerset there were:

- 112585 – Lower risk drinkers
- 31683 – Increasing risk drinkers
- 4299 – Higher risk drinkers

(A definition of these drinking categories can be found in Appendix B)

WAWY provide support and treatment for individuals with any level of alcohol (or drug) problems.

3.6. The mental health needs of WAWY service users:

The table below shows the % and number of individuals entering substance misuse treatment with a self-reported mental health problem (April 2020 to Dec 2020). (*The denominator in the table below represents those individuals who completed an assessment and commenced structured treatment during the 3 quarters*).

	Entering treatment with MH need (YTD)		
	North Somerset		National
	%	N	%
Opiate	65.8%	52/79	58.2%
Non-opiate	72.4%	21/29	65.9%
Alcohol	66.7%	66/99	66.2%
Alcohol & non-opiate	79.6%	39/49	72.2%

The table below shows the mental health support being provided to those entering substance misuse treatment in North Somerset with an identified mental health need (see table above) for the period April 2020 to Dec 2020.

	North Somerset		National
	%	n	%
Already engaged with community MH? services	9.9%	17/178	18.8%
Engaged with IAPT	1.1%	2/178	1.6%
Receiving MH treatment with GP	61.8%	110/178	57.4%
Receiving NICE recommended Psy?or Pharm interventions for mental health needs?	0.6%	1/178	1.3%
Has identified space in health based place of safety	0.0%	0/178	0.6%
Treatment need identified but no treatment received or declined	28.7%	51/178	26.2%

3.6.1. The Healthwatch report:

<https://www.healthwatchnorthsomerset.co.uk/news/2021-01-19/people-substance-misuse-problems-face-lack-mental-health-support>

As the recent Healthwatch report highlights, the mental health needs of the North Somerset drug and/or alcohol misusing population are not being adequately addressed;

“76 per cent of respondents to our survey said they had relapsed and the main reason for this was not having mental health issues addressed”

Clearly, in the context of a population with high levels of mental health problems (as outlined above), addressing any issues with the provision of specialist mental health care is paramount.

3.7. Overdoses and Deaths:

The number of deaths and overdoses related to illicit substance use increased during the pandemic. The cause of this is not yet fully understood, however there does appear to be a link to a drop in the availability of heroin and the presence of high strength illicit benzodiazepines.

The table below shows the number of deaths, of people either engaged with the North Somerset Substance Misuse Service at the time of death; those who have disengaged with the Substance Misuse Service within the last 12 months; or those whose death is known to be linked to drug and/or alcohol use, for each financial year from 2017/18 and the cause (where this is known)

	2017-18	2018-19	2019-20	2020-21(24/02/21)
Drug	11	7	7	9
Alcohol	6	5	4	5
Suicide	1	1	1	
Natural Causes (not alcohol)	4	6	7	2
Waiting confirmation				7
Total	22	19	19	23

The number of reported overdoses for the same period is included in the table below

	2017-18	2018-19	2019-20	2020-21(24/02/21)
OD's	20	25	43	68 to date

3.8. Areas of focus:

Listed below are the three areas, highlighted in this paper, that require attention:

- Improve and sustain the level of successful treatment completions for non-opiate users.
- Improve the provision of specialist mental health care for people with drug and/or alcohol problems.
- Reduce the level of drug and/or alcohol related deaths.

4. Consultation

N/A

5. Financial Implications

Costs

Health Overview and Scrutiny Panel. 18/03/21 Substance Misuse Treatment Service.

The North Somerset Substance Misuse Service (currently provided by WAWY) is fully funded from the Public Health Grant.

Funding

Central Government has announced a one-year grant to enhance and expand drug treatment services. This money will be split into 2 elements:

- The first will be money for inpatient detox services. This money will be given to consortia of local authorities. North Somerset is leading a consortium made up of Bristol, South Glos', Glos', and BANES.
- The second element will be money which will come direct to the Council and will be for the development of community drug treatment services. There will be a strong focus on reducing drug related crime and lowering the number of drug related deaths.

6. Legal Powers and Implications

N/A

7. Climate Change and Environmental Implications

N/A

8. Risk Management

N/A

9. Equality Implications

N/A

10. Corporate Implications

N/A

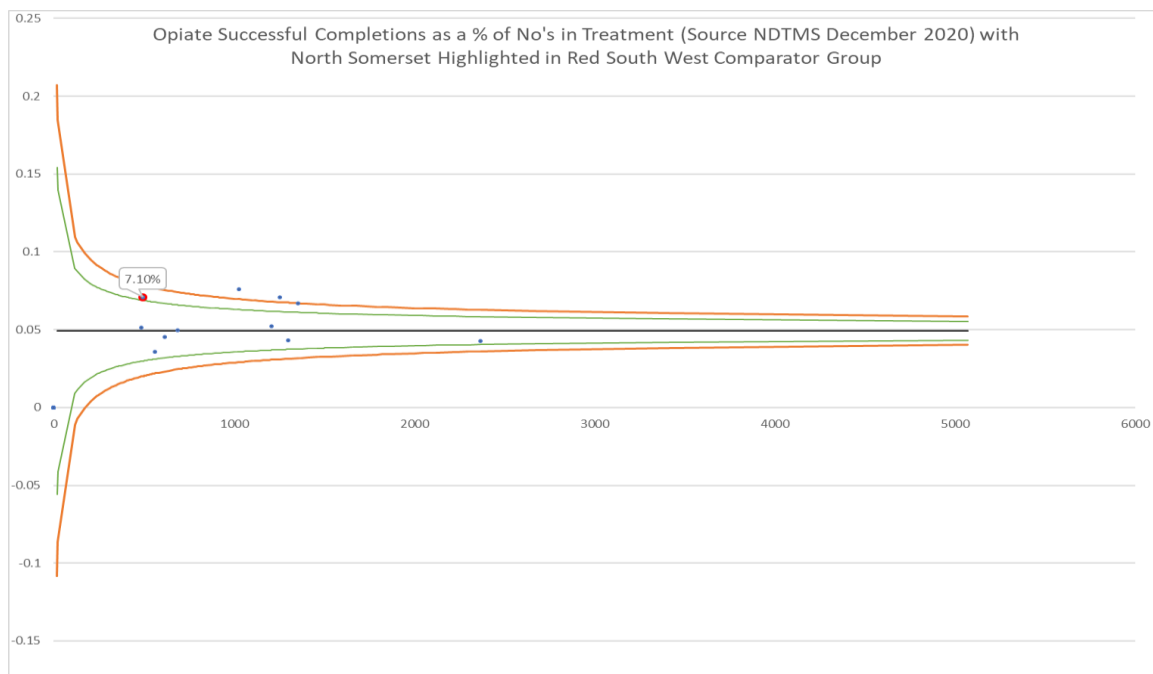
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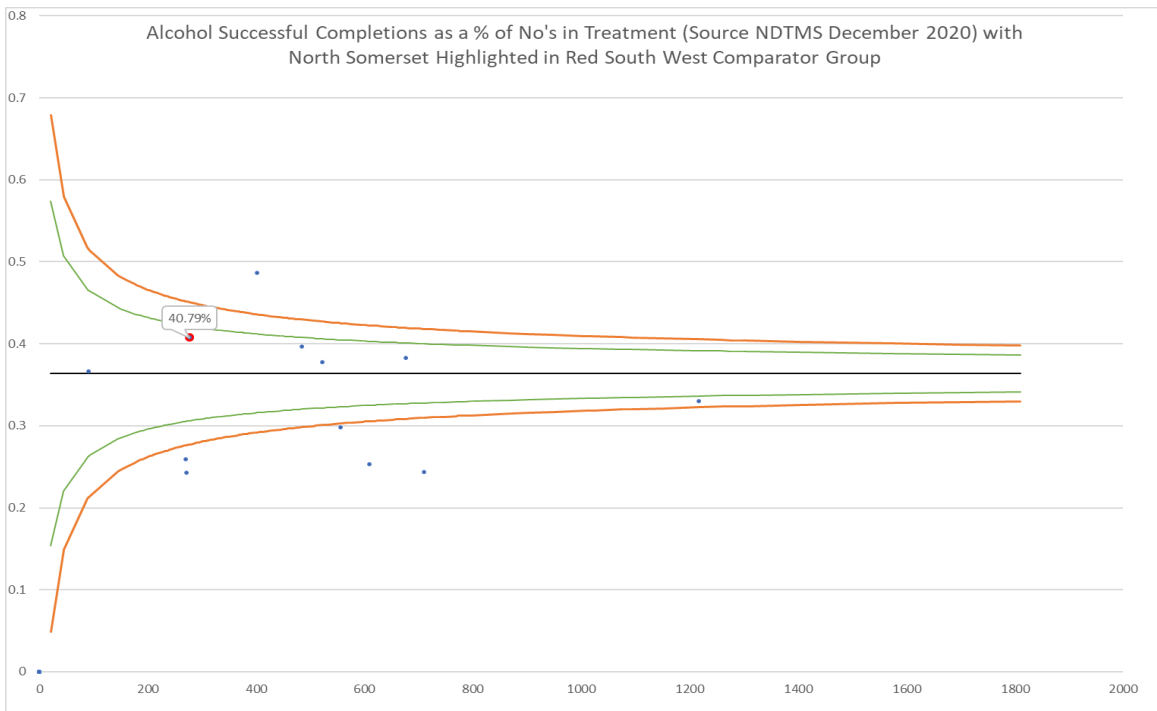
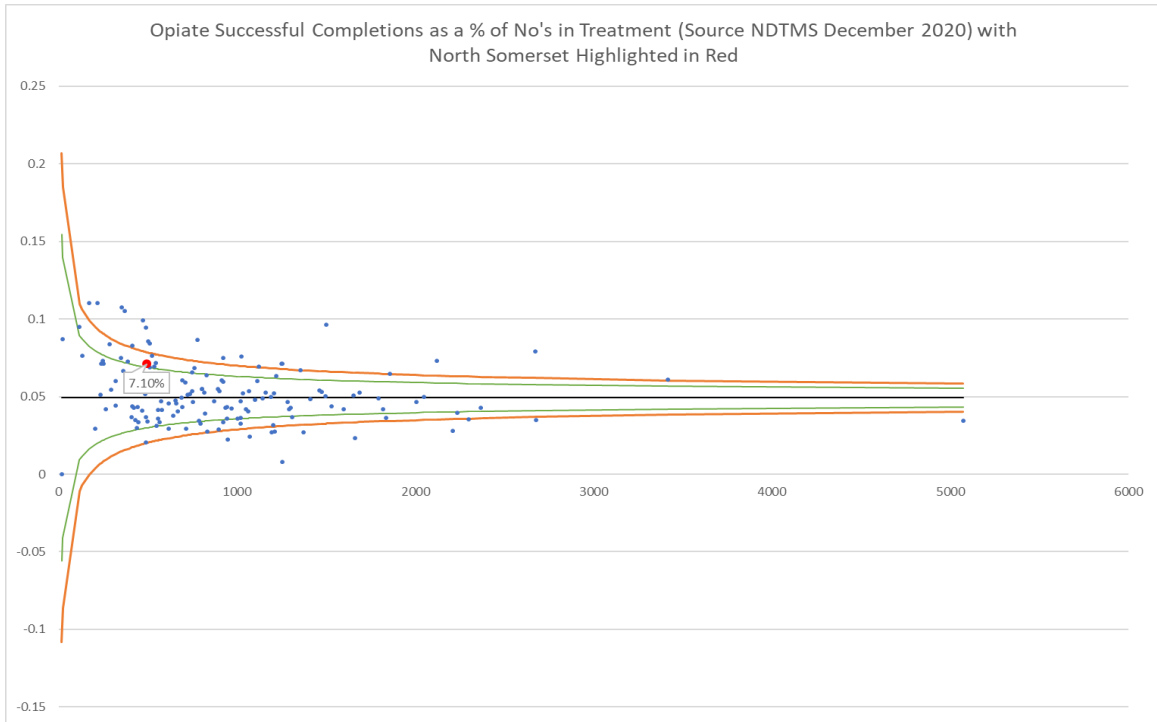
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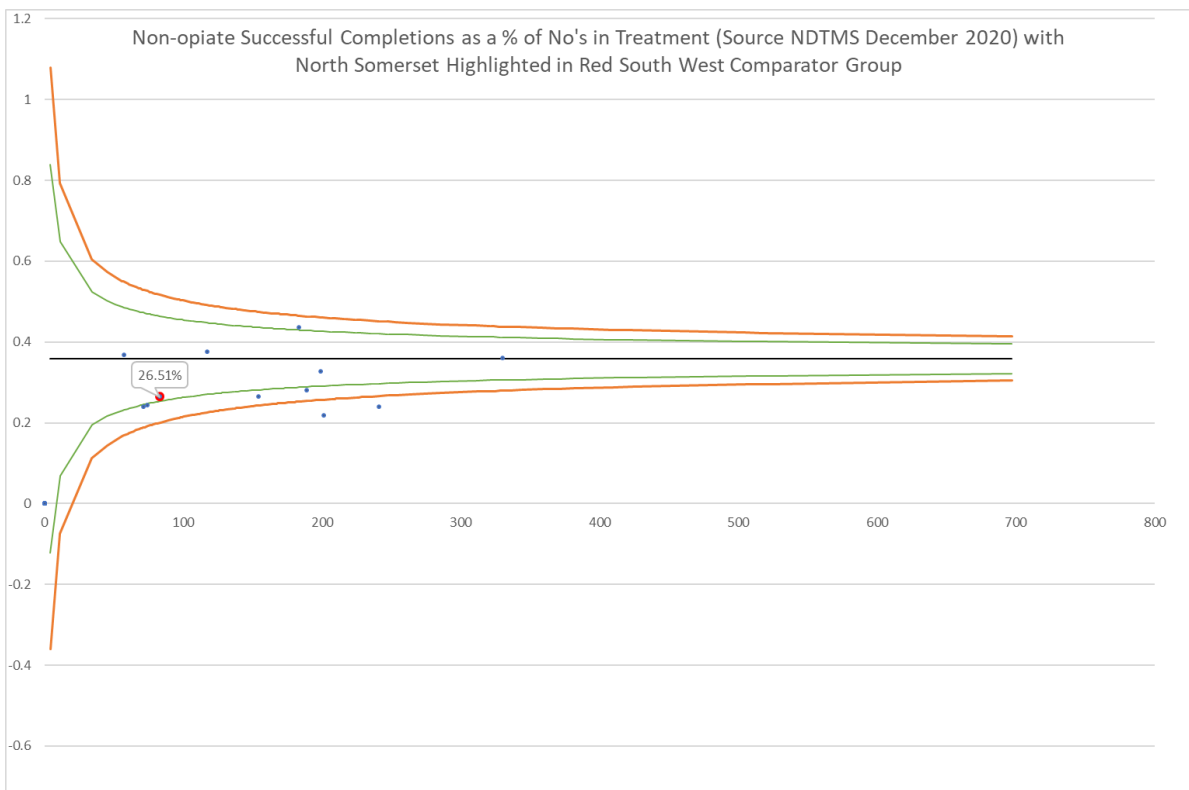
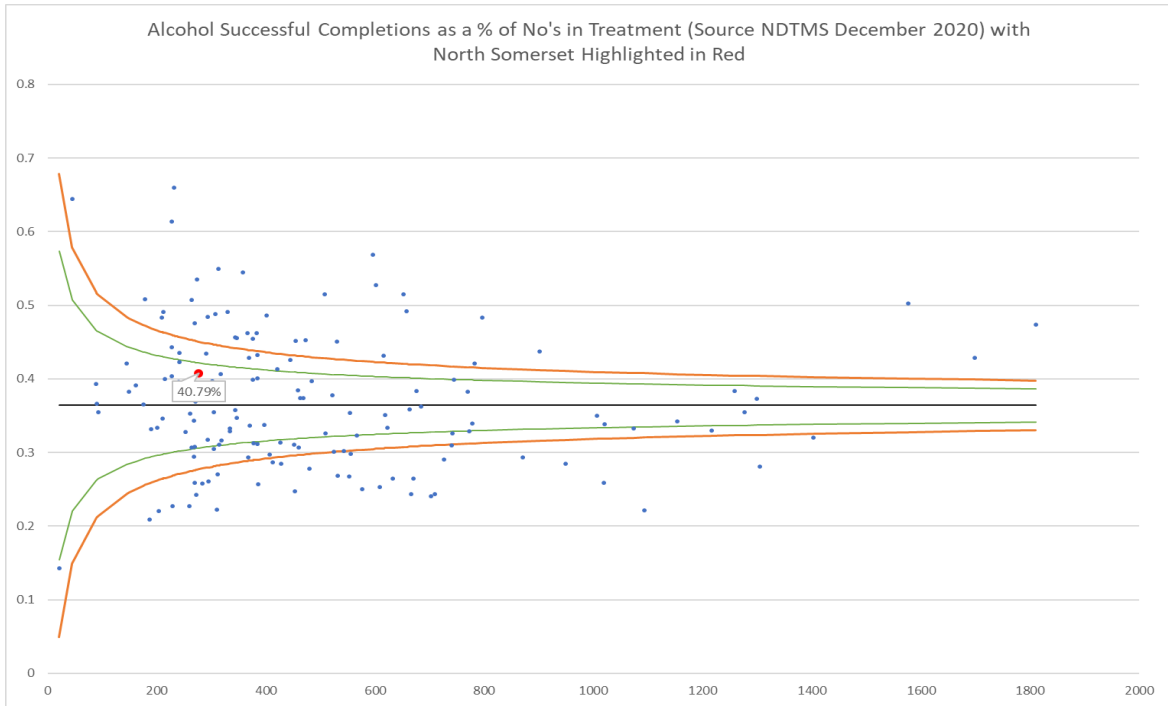
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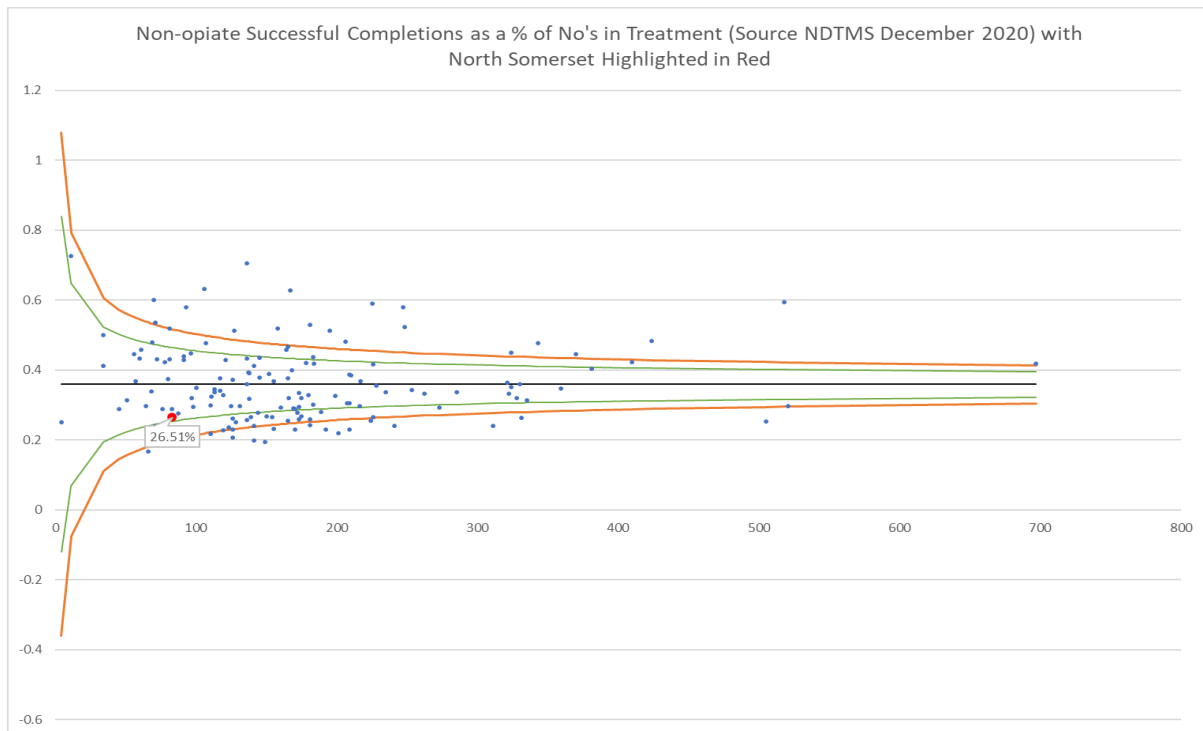
Ted Sherman (Substance Misuse Commissioning Manager and Health Places Lead)

APPENDIX A:









Appendix B:

(Note that the recommended guidelines for lower risk drinking have changed since the publication of the North West Public Health Observatory document in 2011. Current guidelines for lower risk drinking recommend that both men and women do not drink above 14 units per week).

“Lower risk - Men who regularly drink no more than 3 to 4 units per day and women who regularly drink no more than 2 to 3 units per day.* Weekly limits are no more than 21 units per week for a man and 14 units per week for a woman .

A man whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >0 and <=21 units in the previous 12 months. A woman whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >0 and <=14 units in the previous 12 months.

Increasing risk - Men who regularly drink over 3 to 4 units per day and women who regularly drink over 2 to 3 units per day. Weekly limits are more than 21 units to 50 units for a man and more than 14 units to 35 units for a women.

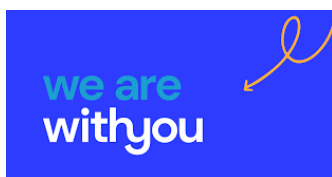
A man whose average weekly alcohol consumption was reported in the General Lifestyle Survey as being >21 units to <=50 units in the previous 12 months. A woman whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >14 units to <=35 units in the previous 12 months.

Higher risk - Men who regularly drink over 8 units per day or over 50 units per week and women who regularly drink over 6 units per day and over 35 units per week.

A man whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >50 units in the previous 12 months. A woman whose average weekly alcohol consumption was reported in the General Lifestyle Survey as >35 units in the previous 12 months.

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In Collaboration with



healthwatch
North Somerset

Access to Mental Health Support for People in Recovery for Substance Misuse



November 2020



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About Healthwatch North Somerset

Healthwatch North Somerset's statutory duty and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services.

We give people an opportunity to have a say about their care, including those who are not usually heard. We ensure that their views are taken to the people who make decisions about services. We also share feedback with Healthwatch England and the Care Quality Commission (CQC) to ensure that your community's voice is heard at a national level too.

We are also here to provide information about services in the North Somerset area, and signpost people to find specialist help. We work closely with other local community groups and organisations to make sure that we support people to make informed choices and decisions about their care and make public all reports of our work with patients, families and carers.

Our Vision is Simple

Health and care that works for you. People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.

Our Purpose

To find out what matters to you and to help make sure your views shape the support you need.

Our Approach

People's views come first - especially those who find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.

How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations
- Networking with Patient Participation Groups who have their ear to the ground

Access to Mental Health Support for People in Recovery for Substance Misuse

Introduction

Disability is defined both physically and mentally, and in England mental health conditions are the biggest contributor to the total number of people living with disability. The North Somerset incidence of mental health is higher than national figures, in particular for rates of depression, suicide, severe mental illness, post-traumatic stress disorder (PTSD), dementia, eating disorder and even common mental health problems.¹

Among those who struggle with mental health, are people with cooccurring substance use problems. In 2019, individuals with substance misuse and their families approached Healthwatch to tell us their experience. Their feedback suggested it was difficult for them to access the right help or to “navigate” from one service to another due to the complexity of their needs. Our Prioritisation Panel agreed in 2020 to look at local mental health issues using patient feedback as the basis for our projects.

Local authorities and clinical commissioning groups (CCG) are responsible for planning and funding alcohol and drug treatment, and prevention services². In North Somerset, since April 2020 the national charity We are WithYou (WithYou), formerly known as Addaction, has been commissioned to deliver specialist drug and alcohol intervention and support services for people who are experiencing drug and or alcohol issues, their families, friends and carers. Their funding per year dropped by £189,000 compared to their previous contact. The WithYou service provides one-to-one and group psycho-social therapies, pharmacological treatment, physical and mental health support, harm reduction, life skills, and family support. They have a part-time Psychologist, and their support extends to those who are at risks of, for example, relapse, increase in offending, abusive relationship, and pregnancy.

Whilst the WithYou service can provide some mental health related interventions, it remains a specialist drug and alcohol treatment service. All WithYou key workers are trained to work with clients with low-level mental health issues. Where WithYou clients have mental health problems that cannot be managed by WithYou in-house provision, a referral will be made to the local specialist mental health services, which are provided by Avon and Wiltshire Mental Health Partnership (AWP).

According to WithYou, they have increasingly been seeing clients with complex to severe mental health issues, which are referred to Community Mental Health services. WithYou says that these clients are rarely offered treatment interventions.

This survey explores the views and experiences of residents in North Somerset with cooccurring substance misuse and mental health problems in accessing and receiving support from public services.

Aims of the Survey

The study aims to:

- Explore service users' experiences of accessing, receiving or being excluded from support from health and social care services.
- Identify from services users' feedback the range of health and social care needs of people with cooccurring mental health and substance use issues in North Somerset
- Identify examples of good practice based on services users' experiences.

Executive Summary

Our survey was completed by 30 people with or recovering from substance misuse problems. Of those, 50 % were female and 43% male and 57% were between 18 and 44 years old. [See demographics](#). Most participants in this study had suffered mental ill health for over 15 years, some cited mental health problems since childhood, yet their experience of services over many years is disjointed. Participants described how services have continued to work separately, leaving services users “bouncing” between them. Throughout the survey, participants asked for a holistic and comprehensive jointed support for their needs, including thorough mental health assessments and support, and help to be able to access housing and employment opportunities, as it would make a huge difference to their mental health and substance misuse recovery.

Those with long-term mental health problems said that they were unable to receive a comprehensive assessment by the health professionals for their mental health condition that could support them to work through their recovery from their addiction. This assessment, according to the participants, should explore adverse childhood experiences (ACEs) and be trauma informed as these might be related to their addictions. Their responses point to a limited understanding among the health and social care services of the multiplicity of needs in this group.

Our findings suggest that this population do not meet criteria for access to specialist or secondary mental health care. Their symptoms are considered outside the scope of services within Primary Care which are aimed at managing common mental health problems³ and are not covered by the limited community mental health services. At the same time, they often do not meet the criteria for specialist/secondary mental health care.

The incidence of relapse among the participants is considered high. Almost 76% said that they have relapsed and that their main trigger for it is related to unsolved mental health issues. They felt that immediate help and ongoing support rather than long waits would prevent relapse.

This survey has uncovered a narrative of discrimination and stigma from health professionals. 74% of the participants said that they have been treated differently by the health and care services because of their substance misuse problems. Wider determinants of their mental health are likely to be their status as unemployed, their housing in temporary accommodation, and their limited social networks for support in a crisis.

We heard examples of good practice and positive experiences from the support provided by WithYou. Participants mentioned that their key workers were understanding, and they listened to them, and the services they provided were friendly and empowering. Several participants also indicated that the group therapies were especially supportive and helpful.

Background

According to the Advisory Council on the Misuse of Drugs (ACMD), substance misuse applies to the consumption of alcohol or drug “as a condition that may cause an individual to experience social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption, and/or dependence”⁴.

In North Somerset, according to latest local data, in 2016/17 and 2017/18 there were almost three thousand people with substance use problems, including alcohol, opiate or crack dependence. In 2018/19, and 2019/20 nearly fourteen hundred people were receiving support for their drug and/or alcohol issues from Addaction/WithYou.

Evidence suggests that mental health problems can sometimes lead to alcohol or drug use, meaning that mental health issues may precede the use or dependence on chemical substances⁴. In England, around 70% of drug and 86% of alcohol users attending community treatment have mental health problems⁴. Evidence also shows that people experiencing these problems have a heightened risk of other health problems and early deaths^{5,6}. Despite these findings, people with cooccurring alcohol/drug and mental health conditions claim that they are not able to access the support they need from health, mental health and social services.

A report by the charity DrugScope⁶ states that one of the problems of not meeting the needs of people with dual diagnosis may be because public services are designed to deal with one problem at a time, and to support people with single severe conditions. Subsequently, according to the report, the problems people with cooccurring alcohol/drug and mental health conditions face are usually exacerbated which can lead to a downward spiral of mental illness, and drug and alcohol problems. In addition, they often face other multiple problems such as homelessness, unemployment, accommodation, financial difficulties, difficult or damaging relationships, lack of effective social and support systems, and issues relating to criminal activities⁵.

Methods

From June 2020 Healthwatch North Somerset began working with We are WithYou to develop a survey that reflected the concerns of people with cooccurring mental health and substance use problems . We adopted an Asset Based Community Development approach to engaging with stakeholders and developing our project. We started by consulting with clients linked to the We are WithYou service and were helped by their Community Engagement Coordinator. Two clients and one volunteer with lived experience joined our project's steering group online.

Prior to the production of the survey, four online focus groups were conducted. These were attended by clients with lived experiences, professionals and staff from Healthwatch, who formed the project steering group. The aim was to identify the main issues that were affecting those with mental health and substance misuse.

Through these focus group a list of themes was drawn out: assessment and diagnosis, health and social care professionals, treatment, ongoing care and support / wider determinants of recovery, and support needed. The steering group then developed questions for a survey.

The survey was distributed to a range of organisations like *We are WithYou* and others who see clients who were unlikely to be engaged with any support service or unlikely to take part in a survey. These included *Somewhere To Go* which provides food and shelter for the homeless and disadvantaged people in Weston-super-Mare; and *North Somerset Community Learning Service* that support clients attending computer classes.

Following the completion of the survey, the steering group met again in two online meetings to discuss the findings and the recommendations and approve the final version of this report.

In total, 30 people took part in the survey, 16 people with support from *We are WithYou*, 12 from the classes delivered by *Community Learning*, and two at *Somewhere to Go*. The findings were based on the survey responses and focus group discussions with people with lived-experience.

Summary of our Findings

Assessment and Diagnosis

In total, 30 people experiencing problems with mental health issues and substance misuse answered the survey. Of those, 86% said that they considered themselves to be in recovery, with 60% being for three months or more.

Most of the participants said that they were managing their dependency, or not using alcohol or drugs, and 80% considered themselves as experiencing a mental health condition, with the great majority of those (72%) saying that they have had this condition for more than 15 years. [Click to See graphs 1 & 2](#)

A mental health diagnosis was made by a GP in 60% of the participants' cases and 53% said that they received support after diagnosis, while 36% said that they had not received any support for their mental health problems and 11% of the participants did not answer this question. However, from those who received support, 64% said that the support came from the alcohol and drug treatment services provided by the third sector, including We are WithYou, Turning Point, AA, and others based in North Somerset or surrounded areas. 23% of the participants said that they were engaged with Community Mental Health teams.

The majority of participants indicated that health professionals do not assess or diagnose their mental health problems. One of the participants verbally expressed their frustration during a focus group discussion:

“Well one thing is they won’t do a mental health diagnosis until you stop drinking, but you are drinking because you have such bad mental health, so that’s a real problem - that childhood trauma will drive you toward addiction, it can be a workaholic or an alcoholic, whatever, but you use that addiction to cope and yet they will not diagnose you at that stage.”

The same sentiment was expressed by some participants in the survey:

“I’m really unhappy to be honest. I’ve suffered hard for many years because I had mental illness, but I’ve never been taken seriously by anyone (referring to health professionals).”

“GP’s definitely stereotype, put me under drug misuse and seem to feel they don’t need to assess my mental health. I get really annoyed and frustrated.”

Some participants also suggested that they are being required to achieve abstinence before mental health treatment can be provided. However, without this support, the relationship between the person’s substance use and mental ill health can be reinforced⁶.

“Waiting lists very long also could not access (mental health support) cos of addiction.”

“GP denied treatment due to addiction”.

During the focus group discussions, a common theme was the relationship between addiction, mental health and trauma especially during childhood. For this client, help to understand his childhood experiences also helped recovery from drinking, indicating that if the right assessment approach is taken it is possible to address the cause of their addiction:

“After 9 years of being pushed from pillar to post by the NHS I had basically given up and I was drinking to try to ease the symptoms... I had reached a point where I was continuously considering suicide. When the last help I did have from the NHS was taken away I very soon had a meltdown and cut my wrists. This drove me to seek help from Addaction few years ago. They were brilliant and soon I was seeing a Psychiatrist who in 1 session diagnosed my problems. He explained that severe childhood trauma can interfere with the operation of the Amygdala causing a perpetual flight or fight response... for years I had been told it was in my head, just meditate more, I had tried everything. The medication to suppress the adrenaline has meant I don't need to drink anymore, and the follow up treatment with the psychotherapist helped me to get to grips with my childhood. It is a real shame that no one in the NHS could help me with this... Years of my life wasted, and this has left me with a lot of rebuilding to do”.

Adverse Childhood Experiences (ACEs) are events that have a traumatic and lasting effect on the mental health and emotional wellbeing of young people. These include experiences of neglect, abuse or violence within the family, being forced to take on adult responsibilities or living in households where people are misusing substances⁷. Studies of ACEs in England found that those adults who had experienced four or more adversities in their childhood, were two times more likely to binge drink, and eleven times more likely to have gone on to use crack, cocaine or heroin⁸. According to We Are WithYou, nearly two thirds (61%) of their service users who have completed the ACE questionnaire have 4 or more ACEs, compared to 12 % nationally.

In our survey, when asked whether health professionals considered past experiences during their assessment or treatment, 50% said yes, but the majority of those was referring to the assessment done by WithYou. 42% said no, and 8% said they did not know.

[Click to see graph 3](#)

“Just like it had been ignored and not taken into account and have just been getting treatment via anti depressions which I was told to stop taking as still drinking.”

“It was difficult at first to talk about it (ACEs), but when listened I realised how this affected my addictions”.

“This was crucial to getting to the route of the problem.”

“I think it is helpful to review childhood as this shapes you as a person.”

More than 70% of the people said that they have had mental health problems for at least 15 years, and from those more than 40% said that they have had a mental health problem since their childhood. According the WithYou, they have integrated trauma-informed

care into their service provision acknowledging the influence of trauma and ACEs on addiction. WithYou North Somerset is the UK lead within their national organisation in applying this approach. Whilst WithYou provides this type of intervention, they are resourced to support only those with low mental health issues.

Treatment and Ongoing Support

The majority that completed the survey, 82%, said that they have sought help for their mental health problems, even without having a diagnosis. Nearly 63% said that it was difficult or very difficult to access any mental health services. [See graph 4](#)

For many individuals with substance misuse problems, the only mental health support was through their GP and/or from We are WithYou. Among those who sought help from GP surgeries for their mental health problems and/or recovery, 80% reported a negative experience. The main complaints were related to their GPs not being able to listen to their concerns, length of waiting time, and access issues:

“GP receptionists are a problem, you cannot get past them, I have had to discuss my struggle with them in order to get to a GP, I have felt very uncomfortable.”

“This year I have been able to actually get a GP but I need access. It’s totally confusing, you can ring, you can’t ring, use the app, app doesn’t work, use a different app, don’t use the app, ring, do it online ...you queue on the phone and wait and when it connects ..?? it cuts you off.”

“Feel like they just want to give you tablets to cover the problem. Not keen to go to the doctor.”

“My GP has always looked at my drug use and feels that it is the main cause of everything. It’s been really hard.”

Around 20% said that they have had positive experiences when contacting their GP.

“Very positive especially when engaged honestly with GP.”

“Good, he (GP) does talk to me if I can call the surgery.”

Some reports⁵⁹ point out that existing public service provision tend to be based on a single issue such as addiction, rather than on complex issues face by those with mental health and substance misuse including their mental and physical health problems, accommodation, benefits, training and legal difficulties. Pathways for help can be unclear and clients often “bounce around” services repeating their concerns repeatedly to get support. In our survey, 78% of the participants said that they had told health and care professionals about their problems ‘many’ or ‘countless’ times.

“I was passed to different services and never continued with any of them.”

“Nothing was really done about it apart from attending regular groups.”

“Since 2008 asked for help many times and get signposted but no real help.”

“Got nowhere.”

“It’s just luck if you get a team that are well co-ordinated and on the same

page ..there are too many different systems .”

“Passed from one agency to another. Not offered counselling as on substitute medication for drugs.”

“During Covid desperate for help almost died felt had to be at this point before intervention.”

“Tried Coast no response. Hospital told me to stop drinking.”

We are WithYou provides mental health support alongside substance misuse treatment. However, they do not have the resources and capacity to deal with the complexity of needs in this group, including severe mental health cases, support for those who no longer have a substance misuse problem, their problems with housing and employment or benefits. In our survey, we found 38% received ongoing support from WithYou since they had been in recovery or abstinent and 26% from different other services such as VitaMinds, AA, supported accommodation, rehabilitation centres and private counselling.

“WeareWithyou has been very understanding and supportive.”

“Only dealing with WithYou. They've always been there when I need them. Also have a good family support system.”

“I've been an addict for a lot of years now, and Addaction/WithYou have always been here but my mental health issues have not been looked at.”

“Support work in supported accommodation aftercare support from treatment centre Good from AA.”

“I have had counselling with someone from VitaMinds and it has helped me a lot.”

However, 36% said that they had not received any support since they have been in recovery or abstinent from their substance use.

“All I've had from doctors is to take antidepressant, and for my suffering with anxiety and paranoia I get given (...) to sort this! It doesn't help.”

“None”. (x9)

Wider Determinants of Recovery

In our survey, 76% relapsed during their process of recovering from their addiction. When asked what they thought might have been the triggers, most for them (74%) stated that it was related to their unsolved mental health issues. Additional triggers were lack of housing and the environment (centre of town).

“Many things but mostly my mind held me back.”

“Mental health is a trigger and then (I) use alcohol.”

“Trauma unresolved issues and pain, which caused me using and not being able to cope.”

“Anger and resentment.”

“I get clean and then the visions and thoughts come. What is worse is when I hit someone and don’t know that I do it.”

“Mental health and struggling to deal with feelings.”

“Family. Relationships, boredom, being an addict, housing.”

When asked what type of support they needed when they were in crisis, 35% of the participants said that they needed someone who they could talk to, be listen to and understood, while 26% said that they needed good friends and family members around. The others listed housing, social workers, and medical support.

It is well understood that housing makes an important contribution to maintain mental health and sustain recovery from mental ill health and substance misuse. There is also a broad evidence that employment improves health and wellbeing in addition to meeting economic and financial needs⁵.

When asked about their wellbeing and what factors they thought could improve their health, 37% of the participants listed access to housing and 27% employment support. From those who completed the survey, none had a paid job; only 14% lived in a privately owned house, 19% were in rented sector, while the majority, 67%, lived in temporary accommodation. [See graph 5](#) In both focus group discussions and survey responses, housing stability and employment were highlighted as some of the main factors that affected their wellbeing:

“I am stuck in this dry-house system, the tenancy is insecure, I have no rights and cannot find anywhere else to live, I could be thrown out at any time. It’s hard to live like that, it makes me angry and anxious.”

“I have never had anywhere to call home, nowhere that I felt safe.”

“Struggle with housing - stay with family so I’m not considered priority. This is a big stress. Housing would help me cut down alcohol.”

“Employment, as can’t complete a day’s work due to mental health.”

“Volunteering has helped, it’s given me a sense of purpose. You really need to feel that security that all agencies are working together.”

“I wish that fellowship and volunteering was more available.”

Another problem faced by people with or recovering from addiction is the stigma and blame they say they experience. Participants in the focus group explained:

“You must live with the stigma and the repercussions of that. If you drink then that’s it, you feel stigmatised from then on and it feels vindictive. You need support once you are better.”

“Terrible stigma exists, the change in how people treat you once they know you have and addiction is huge.”

When asked if they felt that they have been treated differently by the health and care services because of their substance misuse problems, 74% said yes. [See graph 6](#)

“Whilst giving birth I felt judged and mistreated by healthcare professionals.”

“They say can’t help if you’re taking drugs or drinking.”

“As soon as I say I am using crack or heroin then I told that’s my problem.”

“Was attending hospital and a nurse said that I would die soon due to my alcohol consumption, which I overheard. This really embarrassed me. Lack of understanding and empathy.”

“Felt they gave up on me.”

In contrast, the participants felt supported by the wider community. Around 72% of the responses indicated receiving some type of support from a wider network of services or from other tenants, neighbours or friends.

“I moved into a supported housing at the beginning of the year and other tenants in my block of flats have been very supportive and helped me acquire furniture and often stop and hold conversations with me when they see me.”

“Supported Housing and help from tenants in housing block.”

“We are WithYou very good and also Nelson Trust on a practical level.”

“Only by AA meetings which I access myself.”

“There is no help apart from WithYou.”

“Have used AA and community support.”

Community Mental Health Services

Only 7 people (23%) who responded to the survey said that they were engaged with the Community Mental Health services, and 2 people said that they have been referred to their services. When asked how well they thought the Mental Health team understood both substance misuse and mental health, all the 7 participants said that they felt this service did not understand co-occurring problems.

“I feel mainly they don’t. I drink to block out my mental health but it’s like a sledgehammer to mental health team, so I do still understand that mental health team can’t with dual diagnosis. But it doesn’t make it easier.”

“They do not understand addiction.”

“Dual diagnosis not supported by mental health.”

When asked how well they felt they were understood by the Mental Health team, 2 participants said somewhat well, 4 said not so well, and 1 said not well at all. From those, when asked how well they felt they were listened to by the Mental Health team, 3 said somewhat well, 2 not so well and 2 not well at all. [See graphs 7](#)

Two participants said that they had received support from VitaMinds, the local NHS talking therapies, but they felt that though it helped them, the therapies were not long enough to deal with their long-term mental health problems.

How Services Could be Improved

In both, the discussions during the focus group and some responses of the survey, when asked, participants said that they would like more support services available and the services needed to be integrated together and focused on the individual's needs.

“Services need to be joined up. People need to be treated like people, individuals are complex and need to be heard.”

“The services need to be more connected.”

“More time for looking at problem.”

“More services available in crisis.”

When asked how services could improve several participants mentioned that there is a need for a more comprehensive initial mental health assessments, which is trauma informed and incorporates ACEs (Adverse Childhood Experiences), is non-judgemental and more personal.

“The initial assessment is really important, more things should be flagged up at that point, the adverse childhood experiences - if they had done that initially then my problem could have been helped much sooner. And showing anger usually means you are asked to leave, whereas they should see that anger as potentially an issue, a sign, not just as a reason to ask you to leave. I had to do my own medication research.”

“They need to stop just relying on forms that tell them nothing.”

“They need to look at revising those initial assessments and educating GP's around that.”

“The services need to be more open minded, non-judgemental and more confidential.”

“They shouldn't just ignore early cries for help- and they need to note that background and the childhood trauma”.

A number of participants indicated that the services provided by WithYou are effective, suggesting that these type of services should be more available.

“More services from WithYou available, especially when in crisis.”

“Dual diagnosis is very complicated I know but Addaction(WithYou) treats you like an individual, its trauma influenced, and they see that whole story, and your Mental Health and dependency as a trauma response.”

“Addaction (WithYou) services a life saver. GP will not refer (to mental health services) as I have addiction. I feel this needs to be changed.”

Recommendations for change

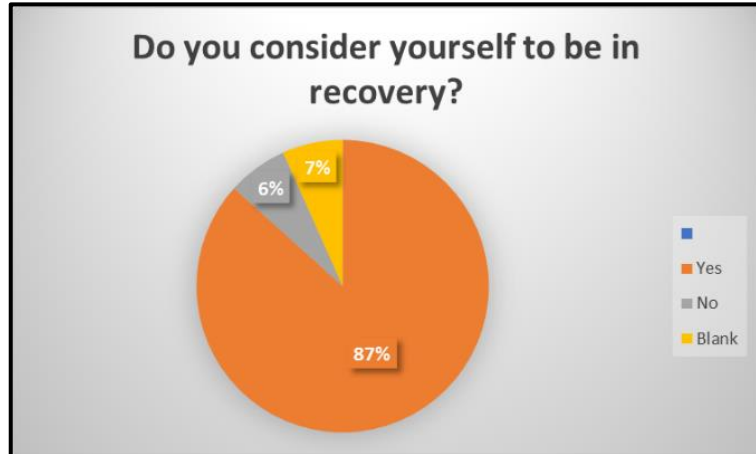
We believe the following recommendations to be achievable, affordable and evidence based.

1. North Somerset partners should develop, agree, and implement a Dual Diagnosis strategy to address the inequality faced by people with concurrent mental health and substance misuse problems.
2. Ensure that local substance misuse services receive sufficient funds to expand their provision for any individual in North Somerset with substance misuse and low-level mental health problems, to focus on person-centred and informed treatment.
3. Ensure access to NHS commissioned adult mental health services for any individual with dual diagnosis in order to prevent exclusion and offer non-judgmental care based on their needs.
4. Services should provide joined-up (integrated) local support including NHS, voluntary sector, social care services and specialist care providers to provide a support pathway for people with concurrent mental health and substance misuse problems to be able to access housing and employment opportunities.
5. Strengthen the workforce focus on skills, understanding and trauma informed practices to address ACEs and long-term mental health conditions among the health services.
6. Ensure health and social care professionals workforce training around discrimination and stigma to create a culture of empathy around drug & alcohol dependency.

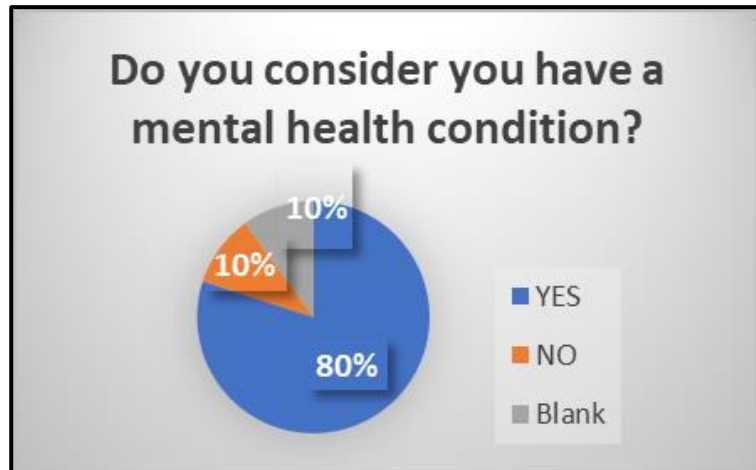
Graphs

[Click to go back to the findings](#)

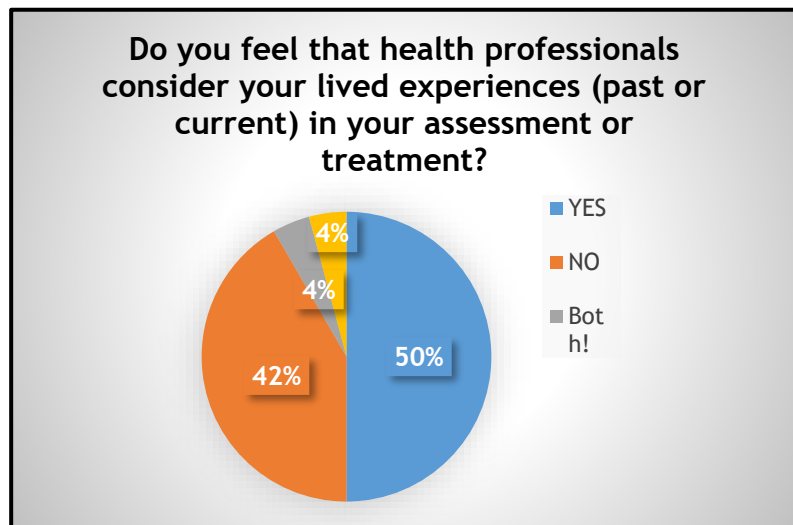
Graph 1



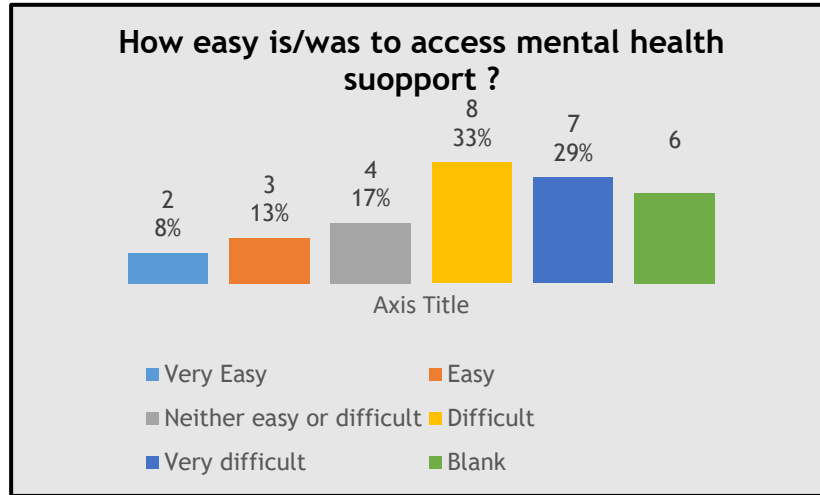
Graph 2



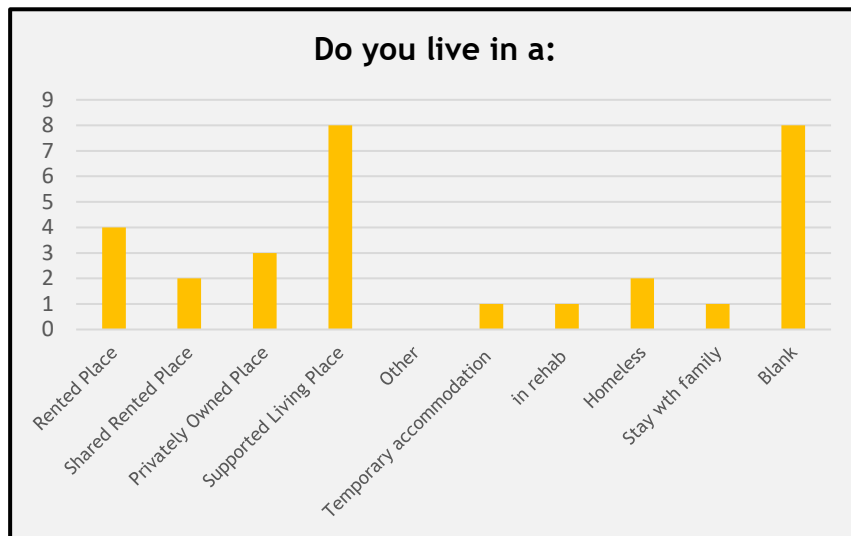
Graph 3



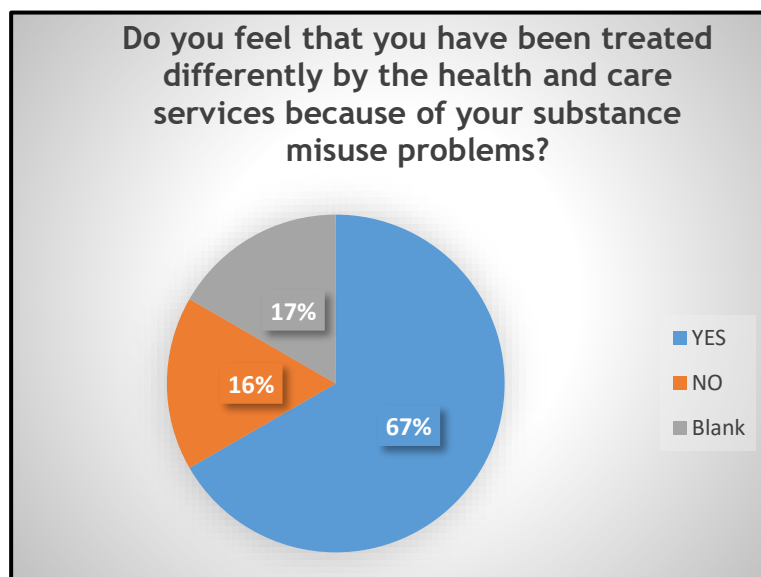
Graph 4



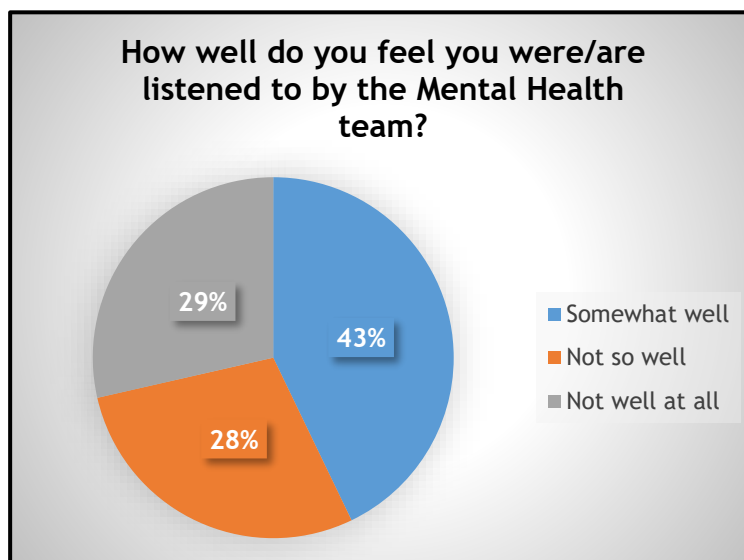
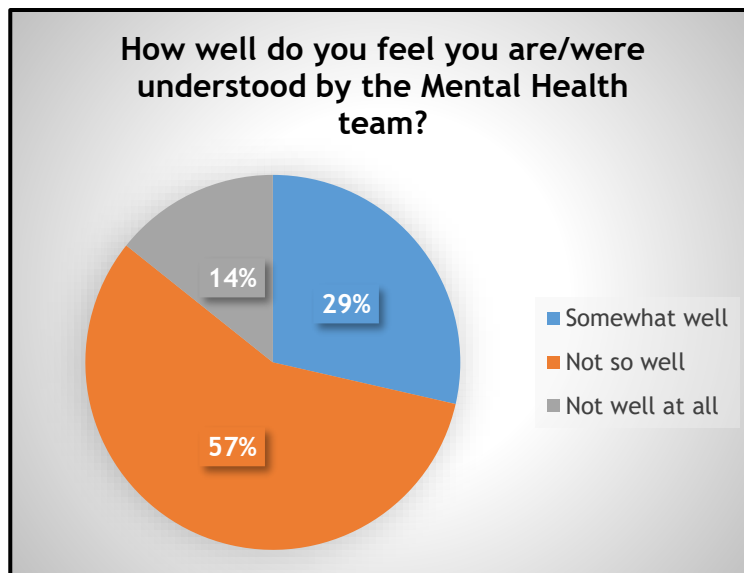
Graph 5



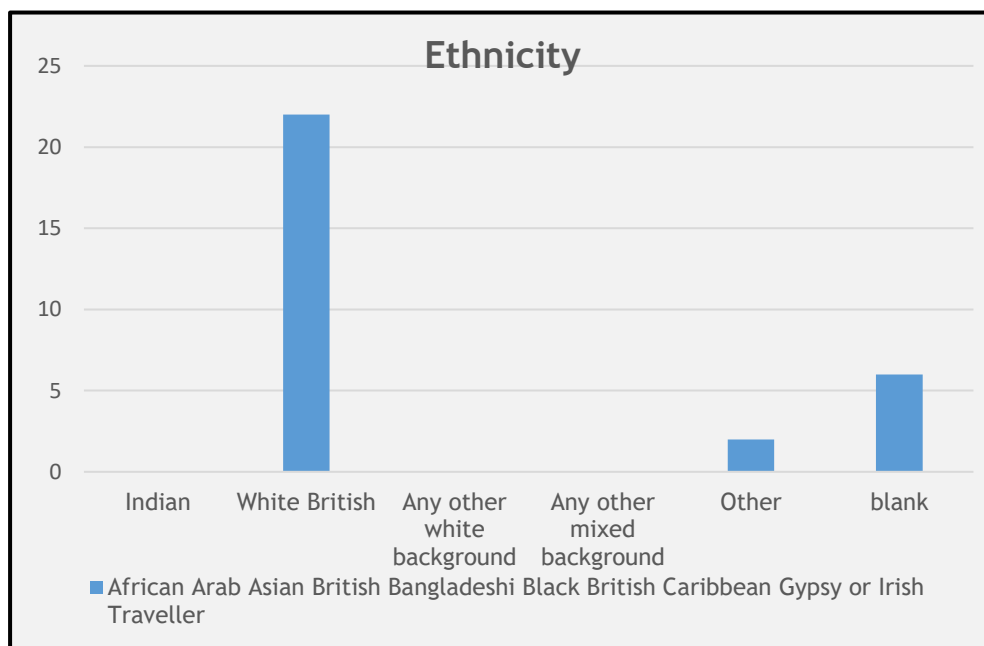
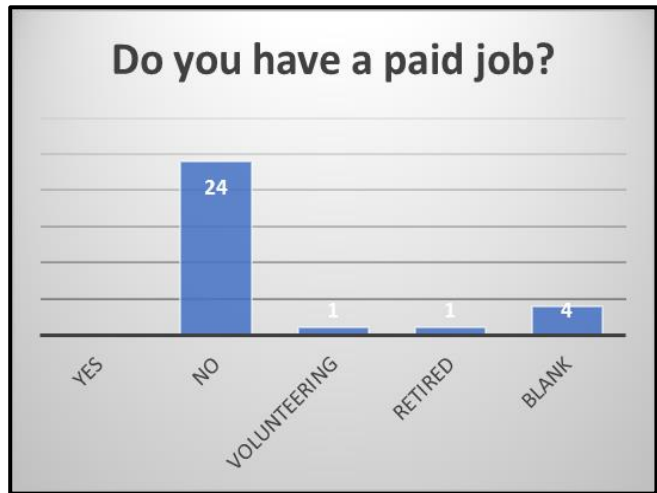
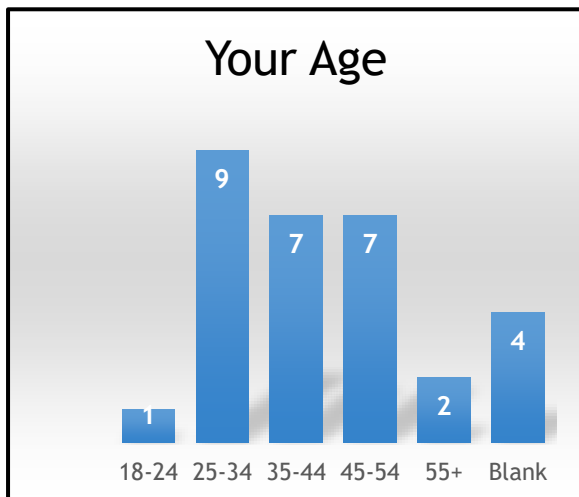
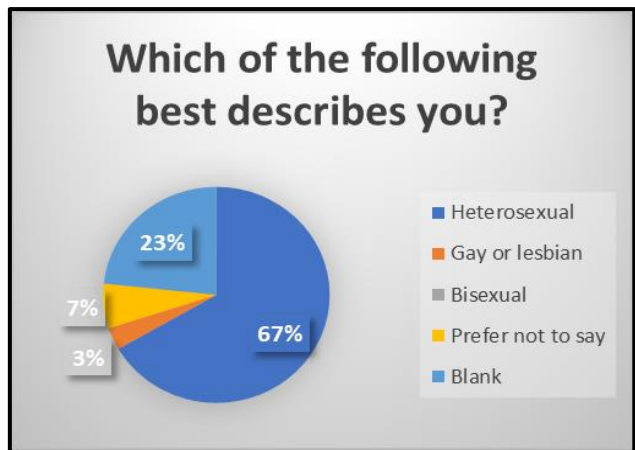
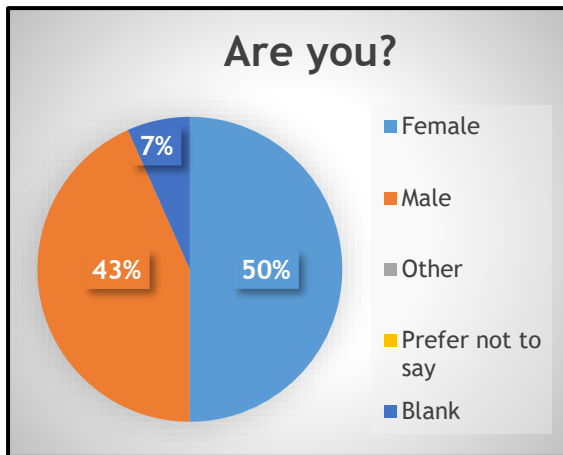
Graph 6



Graphs 7



Demographics



Testimonies from participants of the focus group with lived experience of mental health and substance misuse

Participant 1

I am a volunteer with “We are WithYou” and have also volunteered in other roles in both Weston-super-Mare and in Bristol. I also have a lived experience of services going back years. It is important and vital that my voice, our voices are heard. We are more than a statistic on handover/ spread sheet in some office. It was with pleasure I engaged with the focus group. As a man in recovery from homelessness, mental health and addiction my experience is that we are not listened to. We do not have the competence to be valued as a voice in what may/will save our lives.

This survey is of paramount importance, mental health is with us today with a ferocity, impacting across ages and class during a paralysing pandemic. I believe it is a start, an important indication. The indicators are there, highlighting what had become apparent in the focus group. Only 6 of those who participated had not relapsed, making the great majority having that experience of a soul-destroying experience. Those who do relapse in the recovery community (unless lucky) ultimately end up sleeping rough on the streets, pulling on all the services, (hospitals, day centres etc). Housing is an obvious parameter too, making the holistic approach, a cross service inclusive network so important. That does not currently happen. I have lived that experience.

There was a common theme between us, offering our experience, of being somehow fighting against stigma for years and people who deem themselves more important, because they're not understanding. That was my experience what is seen is a using, loud, brash addict. However, it is simply someone trying to reach out. The survey states this out perfectly, I would suggest this survey is a microcosm of a broad reach in community. There were many who didn't engage due to their own preconceptions of services, which I myself identify with and understand. In summary what was highlighted in the focus group, was seconded by those engaging in this survey. I would suggest it is taken with the utmost sincerity and importance.

Participant 2

I wish I could say that I was surprised at the findings of the Mental Health Report but my own experience of the NHS together with my involvement as a volunteer for We are WithYou has left me with no doubt that as a society we badly let down people who need our help, both with mental health problems and addiction. Too many people fall through the cracks.

The Survey clearly showed that in a majority of cases people with addiction to drugs or alcohol had mental health problems and that it was incredibly hard if not impossible to access mental health services. This lack of help when it is required will very often lead to a downward spiral making it harder to stay off whichever substance is involved, an unbearably vicious circle!

My experience together with the report's findings have led me to believe that in a lot of cases addiction to substances is a symptom of more serious underlying problems. In my own instance when I first went to the NHS, I didn't drink much more than a bottle of wine every couple of weeks. Many years of being “pushed round the system” as one

health worker described it, saw my health getting worse and worse but still, I wasn't allowed to see anyone who might have helped. Eventually I was forced to drink to help control the symptoms. When a last attempt to get me to see someone who might help failed and then even the support I had locally left, I had a meltdown. The next day I went to Addaction, now WithYou, and very quickly I saw a Psychiatrist who within one session diagnosed my problem: Severe Childhood Trauma causing lasting damage to the brain. He prescribed medication to suppress the Adrenaline going round my system and I no longer needed to drink. The NHS didn't understand what was wrong with me or maybe more troubling, didn't care. WithYou helped me find my feet again. The report suggests to me that there are many people who need urgent help with what are quite often very complex problems. If we are the compassionate society we like to think we are, then they should get it.

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Appendix 2:

Reponses from commissioners and providers of services

From We are WithYou

We recognise that for people with co-occurring substance misuse and mental health issues there can sometimes be challenges in accessing the help, treatment and support that they and their families need. As identified in this report there is a clear link between Adverse Childhood Experiences and mental health and substance misuse issues in later life. We fully support the recommendations in this report and look forward to working with colleagues in our partner agencies to improve the outcomes for people presenting with co-occurring issues.

Gill Flanagan

Service Manager

From NS Public Health

Thank you, to Healthwatch for undertaking this valuable service user engagement project. Your report has highlighted how important and valued the We are with you Service is to its clients. We also accept there are areas that require improvement particularly in relation to mental health support for those with substance misuse issues. We are committed to working with our partners in the Clinical Commissioning Group and local mental health services to improve service user experiences.

Matt Lenny

Director of Public Health North Somerset Council

From North Somerset Council

North Somerset Council is forming a cross agency mental health task and finish group, which will report to the Health and Wellbeing Board. Given the recent findings in your report one of the areas it will focus on is Mental Health Support for People with substance misuse. We look forward to working with Healthwatch in the future.

Jo Walker

Chief Executive North Somerset Council

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Date

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North Somerset Council

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 18 March 2021

Subject of Report: Health and Wellbeing Strategy 2021-2024

Town or Parish: All

Officer/Member Presenting: Dr Georgie MacArthur, Consultant in Public Health

Key Decision: No

Reason:

For information.

Recommendations

The Health Overview and Scrutiny Panel are asked to review and consider the proposed approach and timelines for developing and delivering the joint Health and Wellbeing Strategy and Action Plan and the overarching narrative. Members of the Health Overview and Scrutiny Panel are also asked to contribute views regarding themes and priorities to be considered in the strategy.

1. Summary of Report

The joint Health and Wellbeing Strategy aims to meet local health needs identified in the Joint Strategic Needs Assessment, and must be taken into account by local authorities, CCGs and NHS England when preparing or revising commissioning plans.

The Health and Wellbeing Strategy (HWBS) for North Somerset (2021-2024) will provide a unified vision for improving health and wellbeing and reducing health inequalities, priorities for action (taking account of the challenges presented by Covid-19), and a detailed action plan highlighting the process, timeline, lead organisation and target outcomes by which to measure success. As such, the HWBS provides a timely and important opportunity to deliver a collectively owned action plan to bring about change to residents and communities in North Somerset. It is suggested that the vision could specifically relate to a shared ambition to reduce health inequalities, with this featuring as a helical theme running through the strategy and action plan, with acknowledgement that prevention and early intervention will be the focus of collective efforts.

The Health and Wellbeing Board endorsed development of a new Joint Health and Wellbeing Strategy in September 2020 and in February 2021, also endorsed the approach outlined above with anticipated publication of the strategy in July 2021.

The HWBS Steering Group (Appendix 1) have a clear and unified view that a collaborative approach, focused around consultation and engagement, and enabling buy-in and ownership of the linked action plan, is required to enhance the likelihood of success. The HWBS also provides an opportunity to encompass North Somerset Council's new way of

working openly and collaboratively with members of the public and our partners, building on the momentum of the community Covid-19 response. As such, a broad consultation and engagement process has been undertaken with the public, stakeholders and partners to date, which will continue through March 2021. The Health Overview and Scrutiny Panel are also asked to contribute views regarding the consultation process as well as themes, priorities and relevant programmes and services to be considered in the strategy. A dedicated workshop for the will be held in April to enable more in-depth contribution to development of the HWBS.

2. Policy

Guidance states that Health and Wellbeing Boards must develop a joint Health and Wellbeing Strategy (HWBS) (*Health and Social Care Act 2012, s193*) and that these HWBS should meet the needs of the local population and must be taken into account by local authorities, CCGs and NHS England when preparing or revising commissioning plans.

3. Details

3.1. Overview of approach and structure

The Health and Wellbeing Strategy will build on an assessment of population need, review of evidence of what works best, and consultation and engagement with residents and stakeholders to understand what matters most to local communities. Together, analysis and synthesis of each of these three workstreams will identify priorities along key themes. Within themes, consideration will be given to a lifecourse approach that addresses needs of children and young people (0-24 years), working age adults (25-64 years) and older people (>65 years). Overall, it is suggested that the overarching vision and narrative of the HWBS focus on health inequalities, enabling priority areas and actions to focus on improving health and wellbeing, but reducing the gap in outcomes among the living in the most and least deprived areas of North Somerset.

The new HWBS will build on work completed to date regarding the place-based approach to addressing health inequalities and the priority areas already identified (mental health, physical activity, healthy places), with renewed consultation, engagement and data analysis to provide an understanding of the new landscape regarding the wide-ranging impacts of the Covid-19 pandemic. For instance, prevention and management of poor mental health or mental illness is likely to remain a priority area, while risk factors for more serious Covid-19 illness *and* other long-term conditions that are known to be leading causes of premature mortality in North Somerset will also be included. In this way, preventive actions that address leading causes of preventable and premature mortality (cancer, cardiovascular disease, respiratory disease, liver disease) will be a central focus through action on risk factors: tobacco use, alcohol use, physical activity and unhealthy diet. In addition to the factors above, the HWBS will include consideration of how action on the wider determinants of health, such as education, employment, transport and housing can improve health and wellbeing and reduce inequalities, working across North Somerset Council and with our partners.

The public health outcomes framework, data regarding deprivation across North Somerset, and subject-specific data from public health teams and the Business Intelligence team will be used alongside findings from the consultation and engagement exercise to inform the vision, priorities and interventions required in the HWBS and action plan.

Lastly, the HWBS will align with the North Somerset Council Corporate Plan and council strategies, NHS Long Term Plan, and strategies and programmes of Healthier Together and Integrated Locality Partnerships, while drawing on frameworks and reports such as the

Health in All Policies approach, Marmot Review of Health Equity (10 years on), systems approaches, and place based approach to reducing inequalities.

The HWBS Steering Group will provide strategic oversight to design, structure and content of the strategy, brokering of wider consultation and engagement, strategic appraisal of data and evidence, and monitoring of progress. Membership is outlined in Appendix 1.

4. Consultation

A consultation and engagement plan has been developed to ensure that the HWBS is informed by views and perspectives of a broad range of groups, including residents, partner organisations, stakeholders and North Somerset Council (Appendix 2). The plan outlines the local networks and forums with whom we planned to engage, groups and stakeholders targeted and the method of consultation. The majority of consultation and engagement occurred during February 2021 with additional activities planned for March and April 2021 where appropriate. Consultation to date has included: bespoke surveys for residents, stakeholders and businesses, online workshops for residents and stakeholders, three dedicated workshops with Town and Parish Councils (representing North, Central and East localities of North Somerset) and consultation of the VCSE Leaders' Forum, Wellbeing Collective, North Somerset Together, Integrated Locality Groups and a range of engagement activities within North Somerset Council. All activities have sought to identify views and perspectives to inform the vision, priority themes and topics, action required, and opportunities for partnership working and collaboration with communities using a strength-based approach.

Initial responses to consultation and engagement suggest that mental health, physical activity, the impacts of Covid-19, social isolation, and healthy diet are key concerns for North Somerset residents and stakeholders; while there is also interest in a focus on prevention and early intervention and tailored community and strengths-based approaches to improving health and wellbeing. Analysis of feedback from the surveys and workshops with residents and stakeholders is ongoing and it is anticipated that this will be completed by the end of April 2021.

5. Financial Implications

Delivery of the HWBS and action plan, including the consultation and engagement plan, will be met through existing officer time and resources.

No direct costs will be incurred at this stage apart from officer time. Implementation of the HWBS action plan will require additional resources, to be defined in relation to the Public Health and Regulatory Services budget and partners and reviewed by the Health and Wellbeing Board at a later date, prior to publication of the HWBS.

6. Legal Powers and Implications

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare a Health and Wellbeing Strategy, through the Health and Wellbeing Board. Full details of the national guidance (2013) can be found [here](#).

7. Climate Change and Environmental Implications

The scope of the Health and Wellbeing Strategy is broad and includes wider social, environmental and economic factors that impact on health and wellbeing such as access to green space, housing, community safety, transport and employment. Consideration will be given to evidence demonstrating the co-benefits to health of action to address climate change.

8. Risk Management

The HWBS is overseen by the Health and Wellbeing Board, with ongoing strategic oversight by the HWBS Steering Group. Any risks to delivery of this work will be identified to the Board for discussion and resolution and will be monitored by the Steering Group on a regular basis during development of the HWBS.

9. Equality Implications

The HWBS will highlight priorities and actions to be implemented to improve the health and wellbeing of all residents of North Somerset, including a focus on how we will act to reduce health inequalities. Consultation and engagement to inform the HWBS will include individuals from equalities groups to ensure that the views and perspectives of individuals with protected characteristics inform strategy development.

10. Corporate Implications

The HWBS will link with, and reflect, North Somerset Council's vision and priorities outlined in the Corporate Plan and will incorporate relevant strategies and programmes already in place, such as the Economic Plan and Weston Placemaking Strategy. The HWBS will also reflect priorities of Integrated Locality Groups and Healthier Together plans and priorities.

11. Options Considered

This paper is for information and discussion only.

Author:

Dr Georgie MacArthur, Consultant in Public Health.

Appendices:

Appendix 1: HWBS Steering Group Membership

Appendix 2: Consultation and Engagement Plan

Appendix 3: Summary Powerpoint Presentation

Background Papers:

None.

Appendix

1. HWBS Steering Group Membership

Name	Role, Organisation
Georgie MacArthur (Chair)	Consultant in Public Health, Public Health, North Somerset Council
Matt Lenny	Director of Public Health, Public Health, North Somerset Council
Charlotte Cadwallader	Specialty Registrar in Public Health, Public Health, North Somerset Council
Emma Diakou	Service Leader, Business Intelligence, North Somerset Council
Vanessa Andrews	Marketing and Communications Manager, North Somerset Council
Richard Blows	Transformation Programme Manager, North Somerset Council
Jane Harrison	Head of Economy, Place Directorate, North Somerset Council
Shelley Caldwell	Service Leader East CFT and Principal Social Worker, North Somerset Council
Gerald Hunt	Head of Commissioning, North Somerset Council
Kirstie Corns	North Somerset Area Lead, BNSSG CCG
Dr Kevin Haggerty	GP and former Chair, One Weston Partnership
Dr Natasha Ward	GP, Woodspring Integrated Group
Mark Graham Paul Lucock Fiona Cope Ian Morrell	Wellbeing Collective Board (rotating representative): For All Healthy Living Centre Voluntary Action North Somerset (VANS) North Somerset Citizen's Advice Bureau Nailsea Town Council

2. Health and Wellbeing Strategy Communication and Engagement Plan

This Communication and Engagement Plan outlines the process of consultation with stakeholders and residents to hear their views and perspectives regarding:

- The meaning of good health and wellbeing to different groups
- Priority areas for improving health and wellbeing and reducing health inequalities
- Different ways in which health and wellbeing can be improved among different groups and in different areas of North Somerset
- How best communities and stakeholders can work together and build on existing strengths and maximise health and wellbeing.

The process will be led by Georgie MacArthur, Consultant in Public Health, and Charlotte Cadwallader, Specialty Registrar in Public Health, with strategic and practical support from the marketing and communications team and Health and Wellbeing Strategy Steering Group.

Stakeholder/ audience	Channels	Activity	Timeline	Lead
Residents				
<ul style="list-style-type: none"> • Whole population • Groups with protected characteristics • Service users • Residents in different areas/localities 	<ul style="list-style-type: none"> • E-consult survey • Citizen's Panel • Workshops • Social media • See dissemination section below 	<ul style="list-style-type: none"> • Survey questions • Ideas generation for themes and actions • Prioritisation • Development of themes 	Feb-Mar 2021	GJM, CC, ED, VA, AB
Town and Parish Councils				
Town and Parish Councils	<ul style="list-style-type: none"> • Town and Parish Council meetings 	<ul style="list-style-type: none"> • 3 x workshops (North, Central, South) • Presentation and discussion • Ideas generation for themes and actions • Prioritisation 	February 2021	GJM, CC
System-wide stakeholders				
<ul style="list-style-type: none"> • Voluntary organisations, community groups, support organisations, charities, North Somerset Together, VANS • Community Groups • BNSSG CCG and NS area team • Primary and Secondary Care (GPs, nurses, 	<ul style="list-style-type: none"> • E-consult survey • Online workshops 	Online workshop(s) <ul style="list-style-type: none"> • Presentation and discussion • Ideas generation for themes, actions, interventions • Prioritisation 	February 2021	GJM, CC

pharmacists, NHS Trusts- AWP, UHBW, SWAST) <ul style="list-style-type: none"> • Allied Health professionals • Patient groups • One Weston, Woodspring locality group • Education forums; school networks; children's centres, childcare providers, 0-19 public health nursing team (Sirona) • Social care forum, Senior Community Link • Carers Forum, Care Leavers Forum, North Somerset Parent Carers Working together • Social care and service providers • Police & community safety • Employers representatives • Topic and setting-specific networks (via PH team) • Schools via noticeboard and Healthy Schools link 				
North Somerset Together	Workshop (see table below)		February 2021	GJM, CC
VCSE Leaders Forum	Workshop (see table below)		February 2021	GJM
Integrated Locality Group Meetings	Meeting (see table below)		February - March 2021	GJM
Businesses				
Businesses and employers	Bespoke SNAP survey		February 2021	GJM and Jane Harrison
North Somerset Council				
Public Health Team	Team meeting		Mid-October to mid-November	ML, GJM, CC
North Somerset Council Officers	<ul style="list-style-type: none"> • Pulse Survey • The Knowledge 		Mid-December	GJM, CC

	<ul style="list-style-type: none"> • Staff fora/ special interest groups • Team meetings 		to mid-January	
NSC Corporate Leadership Team	CLT meeting		December 2020 – February 2021	GJM, ML
NSC Health Overview and Scrutiny Panel and Members	Workshop		January - March 2021	ML, GJM, CC
NSC Executive	Briefing		January - February 2021	ML
System Partner Boards				
Healthier Together Executive	<ul style="list-style-type: none"> • Meeting paper and discussion 		February - March 2021	ML, GJM
Health and Wellbeing Board	<ul style="list-style-type: none"> • Meeting paper and discussion 		Next meeting: February 2021	ML, GJM
Wider dissemination among residents and stakeholders				
E-consult survey	https://www.n-somerset.gov.uk/hwbconsultation			GJM, VA, AB
The Knowledge				GJM
Social media	Twitter, Facebook, Instagram			VA, AB
Press release				VA, AB
E-life	To n=50,000 residents			NC
Town and Parish Digest				RB, GJM, VA, AB
Stakeholder Update	Media, businesses, NSC members, NST, primary care			VA, AB
Citizen's Panel				GJM, RJ
Members Only	NSC Members			NY

Consultation and Engagement Workshop plan

Workshop/ Event	Date and Time
North Somerset Together	Wednesday 3 February: 10:30am
VCSE Leaders Forum	Thursday 11 February: 14:00-15:00
(A) Public workshop	Thursday 4 February: 10:00-11:30
(B) Public workshop	Thursday 11 February: 17:30-19:00
(C) Public workshop	Friday 12 February: 10:30-12:00
(D) Stakeholder workshop	Thursday 4 February: 14:00-16:00
(E) Stakeholder workshop	Tuesday 9 February: 13:00-15:00
(F) Stakeholder workshop	Tuesday 9 February: 17:30-19:00
Town and Parish Council workshop (1) (South/Central/North)	Tuesday 23 February: 17:00-18:30
Town and Parish Council workshop (2) (South/Central/North)	Wednesday 24 February: 17:00-18:30
Town and Parish Council workshop (3) (South/Central/North)	Thursday 25 February: 17:00-18:30
One Weston Partnership	Thursday 11 February
Woodspring Integrated Group	March 2021

Appendix 3:

Powerpoint presentation summarising the content of this paper, to be presented to the Health Overview and Scrutiny Panel on 18/3/21.

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Health and Wellbeing Strategy 2021-2024



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Dr Georgie MacArthur, Consultant in Public Health

Health-wellbeing@n-somerset.gov.uk

Introduction

- Health and Wellbeing Boards must develop a joint Health and Wellbeing Strategy (*Health and Social Care Act 2012*), meeting needs of local population, to be taken into account by LAs, CCGs and NHSE when preparing/ revising commissioning plans.
- The North Somerset Health and Wellbeing Board endorsed development of new HWBS September 2020 & the approach and timeline in February 2021.
- The HWBS is a timely and important vehicle by which to deliver a targeted action plan to bring about beneficial impacts on health and inequalities

Introduction

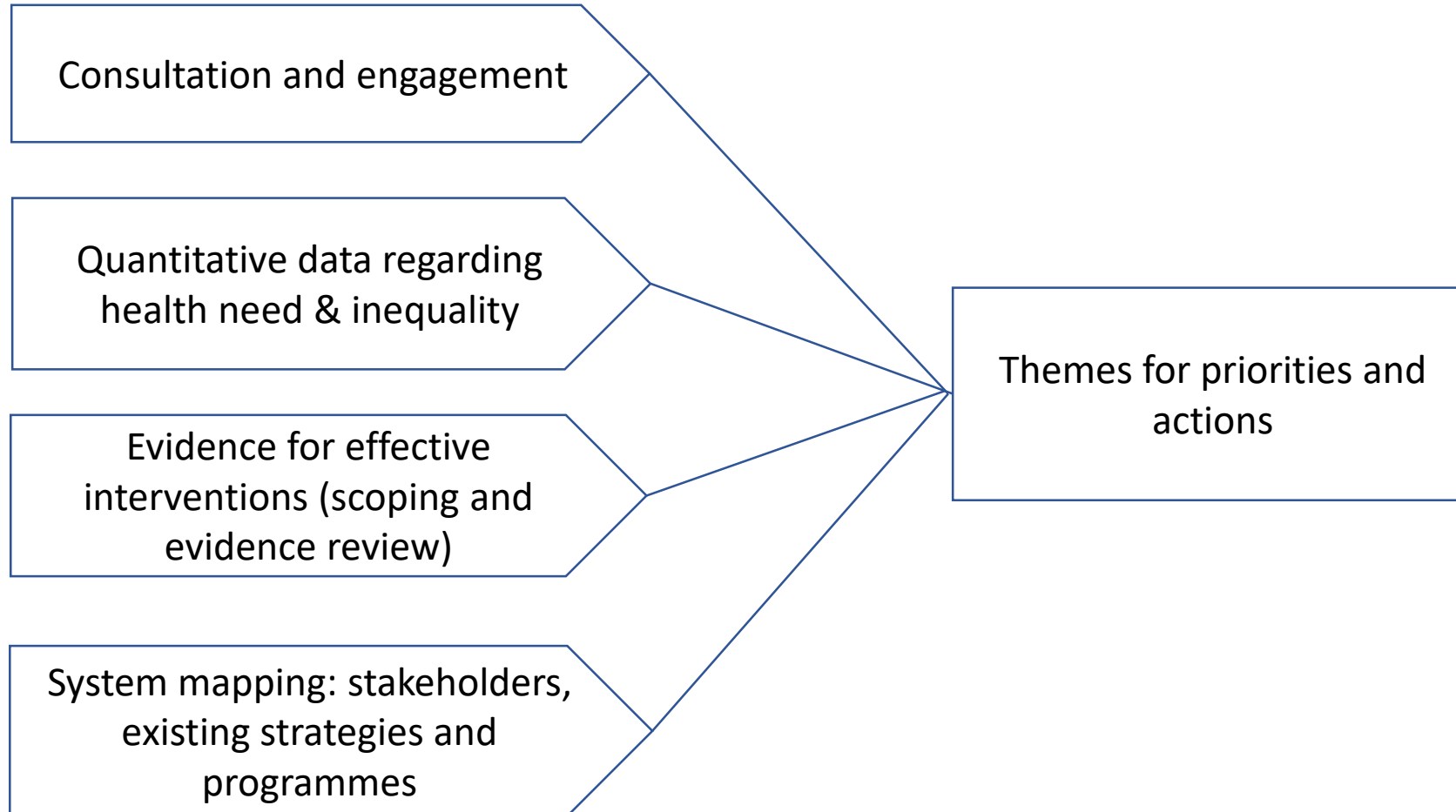
- The joint Health and Wellbeing Strategy for North Somerset 2021-24 will outline:
 - Shared ambitions for improving health and wellbeing and reducing health inequalities
 - Priority themes and health and wellbeing challenges that we will address to meet our ambitions
 - A focused action plan, demonstrating how we will meet those ambitions, who owns the action, targeted outcomes by which to measure success, and a timeline
 - Details of how we will work with residents, communities and organisations across North Somerset to achieve our goals
- Addressing health inequalities will be a central ambition, with inequalities featuring as a helical theme through the strategy and action plan



Aims

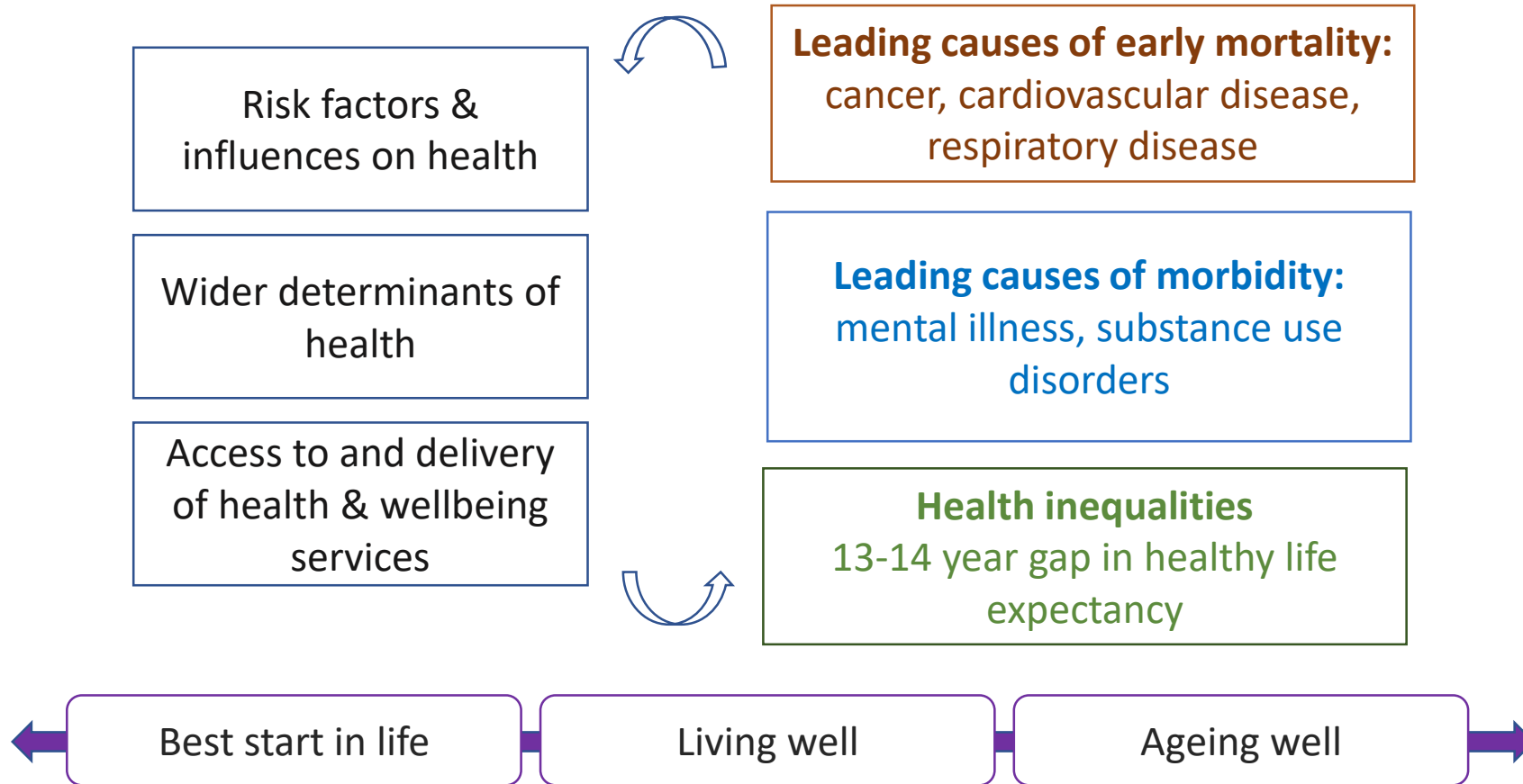
- The Strategy will encompass and build on existing programmes and strategies within North Somerset Council and the wider system to ensure it is collaborative and avoids duplication e.g.:
 - Economic Plan
 - Corporate Plan
 - NSC strategies
 - Healthier Together strategies and programmes
 - Integrated Locality Group strategies and programmes
 - NHS Long Term Plan
 - Marmot review of Health Equity, Place-based and settings approaches

Development of Strategy



Risk factors, health outcomes & lifecourse

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Strategic Oversight



The HWB Strategy Steering Group (meeting every 4-5 weeks)

Name	Role, Organisation
Dr Georgie MacArthur (Chair)	Consultant in Public Health, Corporate Services, North Somerset Council
Matt Lenny	Director of Public Health, Corporate Services, North Somerset Council
Charlotte Cadwallader	Specialty Registrar in Public Health, Corporate Services, North Somerset Council
Emma Diakou	Service Leader, Business Intelligence, North Somerset Council
Vanessa Andrews	Marketing and Communications Manager, North Somerset Council
Richard Blows	Transformation Programme Manager, North Somerset Council
Jane Harrison	Head of Economy, North Somerset Council
Shelley Caldwell	Service Leader East Community Family Team and Principal Social Worker, North Somerset Council
Gerald Hunt	Head of Commissioning, Adult Social Care, North Somerset Council
Kirstie Corns	North Somerset Area Lead, BNSSG CCG
Dr Kevin Haggerty	GP and Former Chair, One Weston Partnership
Dr Natasha Ward	GP, Woodspring Integrated Locality Group
Mark Graham	Wellbeing Collective Board



Consultation and Engagement

- Consultation and engagement activities include:
 - E-consult survey for residents and stakeholders (closed 28 February)
 - Tailored survey for businesses (closed 28 February)
 - Online public and stakeholder workshops (n=6)
 - Integrated locality groups (Weston and Worle; Woodspring)
 - Town and Parish Council meetings (n=3: North, South, Central)
 - Consultation with VCSE Leaders Forum; Wellbeing Collective; North Somerset Together
 - North Somerset Council Executive, CLT, HOSP, officers
 - Health and Wellbeing Board
 - Social media, e-communication and local publication channels

Process and Timeline



For discussion and comment

- Proposed approach to developing and delivering the Health and Wellbeing Strategy and action plan
- Overarching narrative of the strategy
- Views regarding themes, priorities, interventions and services to be considered
- Comments regarding consultation and engagement plan

Thank you

Health-wellbeing@n-somerset.gov.uk

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