

Public Document Pack

Contact: Leo Taylor
Direct Dial: 01934 634621
E-mail: leo.taylor@n-somerset.gov.uk
Date: Friday, 8 April 2022

Dear Sir or Madam

The Health Overview and Scrutiny Panel – Wednesday, 20 April 2022, 1.30 pm – New Council Chamber, Town Hall

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

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

<https://youtu.be/YrkHsJCTc10>

The agenda is set out overleaf.

Yours faithfully

Assistant Director Legal & Governance and Monitoring Officer

To: Members of the Health Overview and Scrutiny Panel

Councillors:

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

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

Agenda

1. **Apologies for absence and notification of substitutes**

2. **Public Discussion (Standing Order SS09)**

To receive and hear any person who wishes to address the Panel on matters which affect the District and fall within the remit of the Panel. The Chairman will select the order of the matters to be heard.

Members of the Panel may ask questions of the member of the public and a dialogue between the parties can be undertaken.

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

3. **Declaration of Disclosable Pecuniary Interest (Standing Order 37)**

A Member must declare any disclosable pecuniary interest where it relates to any matter being considered at the meeting. A declaration of a disclosable pecuniary interest should indicate the interest and the agenda item to which it relates. A Member is not permitted to participate in this agenda item by law and should immediately leave the meeting before the start of any debate.

If the Member leaves the Chamber in respect of a declaration, he or she should ensure that the Chairman is aware of this before he or she leaves to enable their exit from the meeting to be recorded in the minutes in accordance with Standing Order 37.

4. **Minutes** (Pages 5 - 14)

4.1 Minutes of the Panel meeting held on 19 July 2021 – to approve as a correct record; and

4.2 Notes of the informal Panel meeting held on 18 October 2021 – for noting.

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

6. **BNSSG Healthy Weston Phase 2** (Pages 15 - 46)

The report of the BNSSG CCG Area Director (North Somerset).

7. **Joint Health and Wellbeing Strategy Action Plan** (Pages 47 - 66)

The report of the Director of Public Health.

8. **The Panel's Work Plan** (Pages 67 - 70)

Exempt Items

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

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

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

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

Mobile phones and other mobile devices

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

Filming and recording of meetings

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

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

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

Emergency Evacuation Procedure

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

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

Last person out to close the door.

Do not stop to collect personal belongings.

Do not use the lifts.

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

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

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

This page is intentionally left blank



Minutes

of the Meeting of the

Health Overview and Scrutiny Panel

Thursday, 19th July 2021

held in the Town Hall, Weston-super-Mare

Meeting Commenced: 13:30 Meeting Concluded: 16:05

Councillors:

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

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

A Georgie Bigg (Co-opted Member)

P: Present
A: Apologies for absence submitted

Health colleagues in attendance: Colin Bradbury, Peter Brindle, Clare McInernie (BNSSG Clinical Commissioning Group); Andrew Hollowood (Bristol Hospitals Bristol and Weston NHS Trust)

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

HEA Election of the Vice-Chairman (Agenda Item 1)

1

Resolved: that Councillor Caroline Cherry be elected Vice-Chairman.

HEA Declaration of disclosable pecuniary interest (Standing Order 37) 2 (Agenda Item 4)

None.

HEA Minutes of the Meeting held on 18th March 2021 (Agenda Item 5)

4

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

HEA Central Weston (Primary Care) Estate (Agenda Item 8)

6

The Panel agreed that this item be taken early.

In introducing the Panel working group's report into transport access issues and potential mitigations at the proposed new GP Practice/Health Centre at the Weston Rugby Ground site, the Chairman emphasised the following:-

- solving the transport access challenges inherent to the location and layout of the site were a shared responsibility of the Clinical Commissioning Group, the developer and the Council since the proposal formed part of a wider regeneration scheme around Weston-super-Mare station;
- these were preliminary discussions as the project was still some way away from the planning application stage; and
- that he felt there was acknowledgement from all parties involved around the need to address these issues.

Although the report's conclusion was that the Panel would be unable to support the current proposals as things stood, he considered there were reasons to be hopeful that the Panel's concerns could be sufficiently addressed going forward, and the working group would reconvene at any time to consider any proposed revisions.

Before opening the item for Member discussion, he invited the CCG to respond to the report's findings. The Head of Locality – Weston, Worle and Villages (BNSSG CCG) confirmed that the CCG was working closely with the developer to find solutions to the accessibility challenges at the site. A transport feasibility study would need to be undertaken as part of the development of a planning application (due to be submitted at the end of August) and consideration was being given to options that would be submitted for planning officer feedback in the pre-application process. She said that that would be a useful point at which to bring the proposals back to the working group.

The Area Director – North Somerset (BNSSG CCG) added that the CCG shared the HOSP's concerns around the need to address accessibility to the site. In providing context, he said the selection of the current site had followed extensive site evaluation process and he emphasised that it would not have been chosen were it not for the opportunities around the Council's planned regeneration of the surrounding area.

The Chairman then responded to Members' comments and queries as follows: he had not yet received responses from First Bus and First Great Western to questions raised by the working group; and that concerns raised by a Member around the particular challenges faced by older and less mobile people were acknowledged.

In bringing discussion on the item to a close, it was:-

Concluded: that, subject to the Chairman's amendment to bullet point 4 (as italicised below), the following working group recommendations set out in the working group report be endorsed by the Panel:

- HOSP recognises the importance for patient outcomes of building a bespoke health centre rather than retrofitting this into an unsuitable building, but this must be balanced with accessibility.
- HOSP is unable to support the building of the health centre at Sunnyside Road (rugby club), as is currently planned, due to the inability of the site to suitably provide access to public transport which we believe will be detrimental to some patients.
- HOSP calls on the CCG and the developers to work together to reconfigure the plans for the Sunnyside Road site incorporating a suitable road to allow access to public transport that serves patients using the health centre.
- Upon reconfiguration of the plans for the site, *the Chairman will reconvene to the working group to reconsider our position if there is new information.*
- If the plans remain unchanged then HOSP calls on the CCG to consider alternative plans for the relocation of Graham Road surgery (such as an alternative location or a branch surgery in the centre of Weston-super-Mare)

HEA **Healthy Weston Review (Agenda Item 7)**

7

The Area Director – North Somerset (BNSSG CCG) and colleagues from the CCG and University Hospitals Bristol and Weston NHS Trust (UHBW) gave a presentation addressing four key themes that the Panel had requested in an agreed one-year review of the implementation of the “Healthy Weston” changes to health services. It was noted that although the implementation had commenced in Spring 2020, progress had been impacted by the pandemic.

The Area Director opened the presentation by highlighting some contextual developments since the start of implementation, including the merger between UHB and Weston Area Health Trust (WAHT), the impacts of the epidemic and the commencement of the second phase of Healthy Weston.

Andrew Hollowood, Consultant Surgeon and Clinical Lead for Strategy, gave the second part of the presentation addressing **Theme 1: the staffing position for urgent and emergency care and the prospect of sustainably returning to a 24/7 rota (including the impact on other specialities and services)**. He reported that there had been little improvement in the recruitment position. Whilst the merger had delivered greater stabilisation of the existing workforce, he said there was no foreseeable sustainable prospect or rationale for returning to a 24/7 rota.

The Area Director (BNSSG CCG) gave the third part of the presentation addressing **Theme 2: progress in recruiting primary care staff for the new front door model for the A&E**. He reported on a number of initiatives around the digital offer (eg Push Dr), redirection of suitable patients to the Clevedon

Minor Injury Unit, a six-month pilot involving Sirona Care and an eight-week pilot involving the secondment of a GP with special interest in frailty.

The Area Director also covered the fourth part of the presentation covering **Theme 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**. He highlighted the temporary redeployment of the team to provide a telephone service in May 2020 due to the impacts of Covid-19, with reversion to the original service model (Safe Haven Centre) in February 2021. He also provided a break-down of the patients seen during this time.

Andrew Hollowood gave the fifth part of the presentation covering **Theme 4: the number of people transferring to care elsewhere in the health system and their experience and outcomes**. A breakdown was provided of numbers attending or transferred to the Bristol Royal Infirmary, numbers of children transferred to other care providers and the number of patient safety incidents related to A&E transfers (there were no serious incidents reported), together with information about patient satisfaction.

In summary, the Area Director highlighted the following points:

- the unprecedented impacts of the Covid-19 pandemic;
- the lack of a clear rationale suggesting a return to 24/7 A&E staffing would improve patient outcomes;
- progress bringing more primary care capacity to the hospital “front door” and the more active role of community services;
- progress in implementing the Safe Haven service; and
- the stable number of patients transferring to other hospitals as a result of the changes and the robust protocols for overnight transfers

Members received the following responses to comments and queries raised:

(1) *What were the main blocks to recruitment at Weston General (Covid-19, Brexit or the Hospital’s reputation, pay and conditions)) and were Bristol hospitals less or more affected?* – This was a significant national issue affecting the whole sector. The focus for UHBW was on creating a more attractive recruitment and retention offer. There was scope for some incentives and the ability to offer joint appointments across both locations but them in a better position in a challenging environment.

(2) *Were there any plans to widen the opportunities to work across both locations (nursing for example)?* - This was the fundamental aim of the integration process, such that there would be single services straddling both locations with single leadership and opportunities for staff to move across both locations. Whilst the pandemic had affected progress in some areas, there had been significant successes in others due to more integrated working (such as in Intensive Therapy Units).

(3) *What was the long-term vision for the hospital and how could residents be assured that services would not be degraded going forward?* – It had to be a dynamic and vibrant vision, focused on the needs of the population whilst providing a sustainable future. Current and future changes were about creating a new, exciting model that better and more sustainably

delivered for the population and for its staff. Far from reducing services, the aim was to increase the numbers of patients using the hospital.

(4) *Had the pilot scheme involving the secondment of a GP specialising in frailty been a success and if so, was this likely to be implemented permanently? How were Care homes selected to take part as some were apparently unaware of the scheme?* – The pilot was considered a success and the CCG was looking to strengthen the wider frailty offer by recruiting specialist GPs going forward. There were a number of factors that had influenced the choice of care homes including scale and circumstances where it was felt that interventions could work upstream to avoid hospital admissions.

It was **agreed** that the Area Director provide an update to the next meeting of the Panel on progress with the recruitment to and development of the integrated frailty and care home model.

(5) *With respect to usage of the Safe Haven service, what was the reason for the disparity in the numbers of patients from North Somerset and South Gloucestershire accessing the service* – It was always intended that the service would be focussed on the North Somerset footprint but in order to support a capacity issue in South Gloucestershire during the first phase of the project, appointments were made available.

(6) *Concern that investment in crisis mental health services should not overlook children and young people* – reassurance was given that additional investment was going into children's services in parallel with the Safe Haven centre.

(7) *How would crisis mental health services be scaled up to address the likely surge in mental health issues associated with the pandemic?* – A first priority of the introduction of the integrated care system model from April next year was to develop community mental health offers at locality level, supported by additional investment ramping up over the next three years.

(8) *What was the reason for the small increase in the numbers of patients transferring to care other hospitals in the health system in 2019?* – A response was not possible at this time and would be provided in writing in due course.

(9) *What were the consultative arrangements for phase two of Healthy Weston?* – Proposals were currently being worked up by a group of senior clinicians and the due statutory consultation would occur should these proposals include significant service changes

Following discussion about next steps, it was:-

Concluded: that a Panel working group be established to consider the integration plan (integrating Bristol hospital and Weston General to form a single integrated Trust)

Health and Wellbeing Strategy (Agenda Item 9)

The Director of Public Health presented the report setting out the draft Health and Wellbeing Strategy.

Members sought and received clarification on the following issues:

- the disparity between male and female figures within the infant mortality data;
- the reasons for stagnating or declining health indicators in the most deprived areas in the district after 2015;
- the ways in which low levels of sexual health testing in the district would be addressed;
- how the Strategy would be focussed to deliver best value for money; and
- further clarification on early intervention for children and young people and the work of the Healthy Schools programme;

Concluded: that HOSP endorse the draft Strategy.

HEA 9 The HOSP Work Plan July 2021 (Agenda Item 10)

The Chairman outlined the current work plan and it was agreed that the following topics would be added to the list of proposed future projects: services around eating disorders and access to dentists. It was also agreed that further thought to be given to work around trans health inequalities. It was agreed that consideration be given to arranging a briefing involving neighbouring local authorities, possibly at Joint Health Overview and Scrutiny Committee (JHOSC) level.

The Chairman also highlighted likely items for inclusion within the October HOSP agenda including winter pressures, long Covid, sexual health services, cancer services and possibly an update on the stroke programme currently being considered by JHOSC.

He also referred to the item within the work plan regarding the nomination of a North Somerset Council Mental Health Champion. Members agreed that it be **recommended** to Group Leaders that Councillor Mike Solomon be nominated as Mental Health Champion.

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

Chairman

Notes

of the Informal Meeting of the

Health Overview and Scrutiny Panel

Monday, 18th October 2021

held on Microsoft Teams

Meeting Commenced: 13:30 Meeting Concluded: 16:34

Councillors:

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

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

A Georgie Bigg (Co-opted Member)

P: Present
A: Apologies for absence submitted

Other Members in attendance:

Councillor Ann Harley

Health colleagues in attendance: Colin Bradbury (BNSSG Clinical Commissioning Group); Dr Holly Paris (168 Medical Group).

Officers in attendance: Matt Lenny, Ted Sherman, Finley Kidd (Public Health), Hayley Verrico (ASSH), Leo Taylor, Brent Cross (Corporate Services).

HEA Chairman's Welcome (Agenda Item 1)

The Chairman welcomed Members, officers and health colleagues to the informal meeting.

HEA Minutes of the Meeting held on 19th July 2021 (Agenda Item 2)

Resolved: that the minutes of the meeting be noted, for approval at the next formal meeting of the Panel.

HEA Recruitment to and development of the integrated frailty and care home model (Agenda Item 4)

The Panel agreed that this item be taken early.

The Area Director – North Somerset (BNSSG CCG) introduced the Frailty Lead GP for 168 Medical Group, who presented the report on phase 1 of the Care Home Hub model.

The challenges facing Weston-super-Mare's 72 care homes and a set of proposed solutions were discussed, along with some early feedback and the steps leading up to phase 2 of the project.

Members, officers and health colleagues discussed the following:

The model would be a start in developing a better system, and the learning and experience gained in the process would be extrapolated to fulfil wider community need. There was no distinction made between how residents were funded when providing support, and Home First was still the advice from officers when releasing patients from hospital. North Somerset Council was paying care workers Proud to Care bonuses, which included retention bonuses to attract a longer term work force, and all contracts for care work in North Somerset had now changed to allow care workers to be paid for the full hours they were scheduled (as opposed to not being paid when appointments were cancelled at short notice). The funding for the Care Home Hub service would be recurrent.

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

HEA Planning for winter pressures (Agenda Item 3)

The Area Director – North Somerset (BNSSG CCG) and the Director of Adult Social Services and Housing each presented on plans for addressing pressures on the health and care services over the winter period.

The reports highlighted statistics for local NHS trusts compared to national averages, updates on primary care and Covid-19 vaccinations, workforce challenges and the wider initiatives in place to improve delivery of urgent care during winter 2021/22 including details of the Innovation and Sustainability grant.

Members discussed the following points: the perceived low take-up of the Covid-19 vaccine in some localities; the availability and uptake of the flu vaccine for healthcare workers; the priority list for flu vaccines; how the incorrect Covid-19 tests at the Wolverhampton laboratory had affected Covid-19 rates in North Somerset; that exceptional exemptions for the mandatory vaccination of care home workers would not continue past Christmas; the need to lobby central government for further positive intervention in the care sector.

It was then:-

Concluded: that

- 1) the reports be received, and that comments be sent to officers in the form of minutes; and that
- 2) the Director of Adult Social Services provide an update on the outcome of the Innovation and Sustainability grant bids to a future meeting.

HEA Update on action to address local substance misuse needs and improve outcomes (Agenda Item 5)

The Director of Public Health and Regulatory Services presented the report providing an overview of the support available for people with substance misuse and mental health needs in North Somerset.

Concluded: that the update be received, and that comments be sent to officers in the form of minutes.

HEA Update on action to support local sexual health needs and improve outcomes (Agenda Item 6)

The report was presented by the Director of Public Health, and gave details of the key areas of support available to people in North Somerset in order to support discussion on how best to meet local needs going forward.

The challenges and impacts of Covid-19 were examined, as well as mandatory Relationships and Sex Education in schools, school clinics and support for Weston College, contraception and chlamydia treatment in Primary Care, the Unity specialist level 3 service (whose contract had been extended to March 2024), Pre-exposure prophylaxis (PrEP) to reduce risk of HIV transmission, and terminations of pregnancy. Next steps for future work were also discussed.

In discussion, Members suggested that doing more to raise awareness of sexual health issues and treatment was important as many people did not seem to be aware of the availability of these. The perceived intimidating nature of the Wish clinic at Weston Hospital was also discussed.

Concluded: that the update be received, and that comments be sent to officers in the form of minutes.

HEA The HOSP Work Plan October 2021 (Agenda Item 7)

The Chairman outlined the current work plan and it was agreed that the work of the Central Weston Estate working group had concluded; that the joint working group with the Children and Young People's Services Panel on Child and Adolescent Mental Health Services (CAMHS) would continue after the provider, AWP, had come back to the group; and that a working group to look at Weston Hospital's integration with UHB to form UHBWT was in the process of being formed.

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

Chairman



Health Overview and Scrutiny Panel April 2022

Report of: BNSSG Healthy Weston Phase 2

Title: BNSSG Healthy Weston Phase 2

Ward: N/A

Officer Presenting Report: Colin Bradbury, Ian Barrington, Andy Hollowood, Sarah Jenkins

Contact Email Address: Helen.edelstyn@nhs.net; sian.barry5@nhs.net

Recommendations

The committee is asked to:

1. Note this update report and the progress made by the BNSSG Healthy Weston Phase Two programme team in developing the concluding phase of the work to secure Weston General Hospital as a dynamic and thriving hospital at the heart of the local community
2. Give a view on whether the proposed model of care and either/ both of the two emerging options¹ constitute substantial variation to current services which would require formal consultation with the local authorities via HOSP/JHOSC and with the public
3. Share comments and feedback on the high-level approach for either a public consultation or a robust engagement period (depending on the panel's determination around substantial variation), recognising that a comprehensive and more detailed specific plan for either consultation or continued engagement will be finalised in due course
4. Discuss and support the draft evaluation criteria that it is proposed are used to assess the options, to underpin the decision-making process.

Executive Summary

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

- Preserve the current 14/7 A&E service at Weston, seeing the same range of people and providing the same treatments as today
- Deliver better outcomes for patients of all ages. This includes using digital technology to get specialist opinion and, if someone needs specialist inpatient treatment, transferring them to larger centres that can deliver better outcomes and shorter lengths of stay in hospital
- Give a clear and sustainable service model that is more likely to attract key staff to come and work at Weston, building on recent success of teams both in the hospital and in the community who have been able to attract new staff to come and work in Weston

¹ Noting that Option 2 is the favoured option at this stage in the process (subject to final assurance and evaluation processes)

- Drive further integration with local community and primary care services
- Mean that many more people can be treated locally at Weston.

Healthy Weston's Strategy

The overall strategy for Healthy Weston – which is a long-term programme of change across primary care, community services, mental health and acute care – follows the key domains of the North Somerset Health and Wellbeing Board's Strategy. Whilst this paper is about specific proposals to improve the quality and sustainability of services provided at Weston Hospital under Phase 2 of the programme, it is helpful to outline the wider strategy that underpins our objectives. This is broken down into three parts:

Start Well

We want Weston to be a great place to start and raise a family. That is why we are investing in and continuing the 24/7 midwifery service, strengthening the specialist paediatric service at Weston Hospital and working to improve primary care provision (for example by building a new state-of-the-art GP practice in the Villages development). Further, the Clinical Commissioning Group is investing significantly more per head of North Somerset's weighted population in Children and Adolescent Mental Health Services (CAMHS) than anywhere else in BNSSG.

Live Well

Our objective is to ensure that services people most often need are available locally. That is why we are developing plans to significantly increase the number of planned operations and procedures at Weston, thereby helping to tackle the backlog that has built up over the course of the pandemic. We also want to have comprehensive mental health services available when people need them most. The Safe Haven service, which serves and supports 50-80 people in mental health crisis every week, came about directly from feedback we heard during the first phase of the Healthy Weston programme.

Age Well

As we age, we are all likely to need healthcare services more often. We want to support people to live in their own home for as long as possible and – if they do need an inpatient stay in hospital to get an intense period of tailored treatment and rehabilitation - to help them return home as quickly as possible. To do this well, we need to ensure that we build teams that have special training in the treatment of older adults, who often have complex and specific medical needs that are not as well served by generalist clinicians.

Update on the Healthy Weston Programme (Phase 2)

Progress to date and the ongoing case for change

The BNSSG Healthy Weston Phase 2 programme, led by clinical and other health service leaders in North Somerset, has an ambitious vision for Weston General Hospital. The ambition is for Weston General Hospital to lead the country as a pioneer for successful local hospitals delivering truly integrated, safe, and high-quality services that meet the specific needs of the population, now and in the future.

We are already on the way to achieving this ambition through the changes implemented at Weston General Hospital a couple of years ago. These have made services safer and more sustainable, particularly for urgent and emergency care, critical care, emergency surgery and acute children's

services. We established much closer working between local GPs and hospital staff and put more focus on providing the services needed by the majority of local people, most of the time. These improvements were all delivered as part of the initial phase of the Healthy Weston programme, agreed in 2019. Outcomes we can point to from the first phase of our Healthy Weston programme include:

- An established and stable model of urgent and emergency care including A&E at Weston Hospital, with a sustainable workforce, running 14/7 and serving on average 137 people every day
- Improved cover of paediatric specialists in A&E so fewer children need to be transferred to Bristol
- An intensive care unit that is now fully integrated with the unit at the Bristol Royal Infirmary
- Local GP practices working together under the banner of Pier Health. This meant that operating out of the formerly closed Riverbank practice, Pier Health practices were able to deliver up 1,000 Covid-19 vaccinations per day to local people
- A new Safe Haven mental health crisis service in the heart of the town. Operating since early 2020, Safe Haven is regularly helping between 50-80 people a week, supporting them to stay well and local rather than having to be referred to more intensive out-of-area services
- Building on our experience of the pandemic to ensure more patients can have virtual consultations by using technology which reduces the risk of infection transmission, reduces travel times/ carbon emissions and enables the waiting list backlog to be addressed more quickly.

This is all welcome progress. However, when the decision was made in 2019 to enact the proposals of Healthy Weston Phase 1, we said at the time that more work would need to be done to realise our vision for a sustainable hospital at the heart of the community. This is because there are still several compelling reasons to continue to improve the provision of care for people in the local area, and the way in which we organise services in Weston General Hospital and beyond: These include:

- **The health needs of the population are changing:** The population is growing, getting older, living with more long-term conditions and there are significant inequalities amongst local communities
- **The current model of care is unsustainable:** Some health services at Weston General Hospital are not able to consistently meet national and local clinical quality standards because of low activity volumes and shortages of specialist staff
- **Whole-system changes are required to ensure timely access to equitable, integrated care:** The introduction of integrated care systems and the merger of Weston Area Health Trust with University Hospitals Bristol give opportunities to improve patient care across the system, increasing access and continuity of care
- **There is an opportunity to better use our resources:** Healthcare resources are limited nationally and across our system and the COVID-19 pandemic has put further pressure on them. We must invest wisely to get the greatest outcome for local people for every NHS pound we spend.

To address these reasons for change, clinicians of all professions, patient and public representatives, social care staff, and service leaders have been working together to develop the proposed new model of care for Weston General Hospital. This second and concluding phase

builds on the work that was undertaken for Healthy Weston Phase 1, as well as national standards for the safe and high-quality delivery of care.

Clinicians, patient and public representatives, and health and care leaders are also looking at how best to improve community-based services. Our ambition is for an integrated health and care system in Weston, Worle and surrounding areas, that will support people's health and wellbeing and ensure that everyone in the area has access to specialised services when they most need them.

The emerging model of care and two emerging options for consideration

Over the past few months, we have been continuing to make good progress on designing and refining a proposed new model of care for Weston General Hospital and developing potential options for how that care could be delivered in the future. We have been working closely with our regulators and the South West Clinical Senate in terms of assurance on the proposed model, and the development of a pre-consultation business case. In addition, we have continued to work with and involve system partners, stakeholders, staff, and patient and public representatives in our detailed work to date (See Appendix A for more detail on this work).

In order to explain what we are proposing to change (that may or may not fall under the definition of substantial variation and is for discussion with HOSP members), it is also helpful to confirm what Healthy Weston Phase 2 is *not* proposing to change within Weston Hospital. The services that Weston Hospital currently provides covers 12 different core service areas:

Service area	Change proposal
Emergency department (A&E)	No changes proposed under Healthy Weston Phase 2
Same day emergency care (SDEC)	Expand the range of specialties able to provide same day outpatient services through urgent assessment clinics; enabling patients to be rapidly assessed, diagnosed, and treated without being admitted to a ward or trolleyed area
Specialist stroke inpatient rehabilitation	No changes proposed under Healthy Weston Phase 2
Children's services (Seashore Centre)	No changes proposed under Healthy Weston Phase 2
Maternity services	No changes proposed under Healthy Weston Phase 2
Intensive care unit	No changes proposed under Healthy Weston Phase 2
Cancer care	No changes proposed under Healthy Weston Phase 2
Inpatient medicine	Transfer anyone (other than care of elderly patients) needing more than 24 hours inpatient care to larger neighbouring hospitals, resulting in shorter stays and better outcomes for those patients. In our preferred option, this would mean eight additional transfers per day
Outpatient medicine	No changes proposed under Healthy Weston Phase 2

Planned inpatient and day case surgery	Use capacity freed up by changes to inpatient medicine to develop a surgical centre of excellence. Once fully operational, this unit could treat 20 – 130* extra people at Weston Hospital every day
Support services e.g. x-ray, pharmacy, pathology, therapies	No changes proposed under Healthy Weston Phase 2 (although some services may need to be increased to service the significant extra activity of the proposed surgical hub)

The proposed new model of care for Weston General Hospital is focused around three areas of care:

- Urgent and emergency
- Older people
- Planned surgery and procedures.

For each area we have a specific objective:

A: Providing urgent and emergency care services for all ages 14/7, as now, with those requiring specialist inpatient care being treated at the most appropriate place for their needs

B: Creating an integrated centre of excellence for the care of older people

C: Developing a surgical centre of excellence, serving a catchment area of ~1m people for a variety of planned operations and procedures.

Under our proposed new model of care we would:

- Continue to provide A&E services 14 hours a day (8am to 10pm) seven days a week, exactly as now, and extend the Seashore Centre for urgent children's service to the same opening hours (Objective A)
- Re-focus our resources to provide more same day emergency care, establish a 24-hour acute monitoring unit, a one-stop urgent surgical assessment clinic and a 72-hour older people's assessment unit. These developments would allow us to assess and treat people more quickly and reduce the amount of time they need to spend in hospital (Objective A)
- Transfer anyone (other than older people) needing more than a 24-hour inpatient stay to other hospitals in the area (Objective A)
- Continue to provide outpatient appointments and diagnostic tests for a wide range of specialties at Weston General Hospital (Objective A)
- Expand our care of the elderly services to create **a centre of excellence for older people** recognising that older people are much more likely to need inpatient medical care than others. This particularly reflects the local need as due to our population characteristics Weston Hospital has the highest average inpatient age of any general hospital in the country (Objective B)
- Use the capacity created by changes to urgent and emergency care and unplanned inpatient stays (under Objective A) to establish **a surgical centre of excellence** increasing the amount and type of planned surgery and procedures (such as endoscopies) we can offer. Subject to capital investment, this could (for example) enable **8,159 – 8,945 more hip replacements** or **41,749 – 45,773 more cataract operations** to be performed on the Weston Hospital site every year (Objective C)

- Continue to provide urgent and emergency surgery and critical care for people without complex needs (Objective C).

Clinicians and health service leaders believe the proposed model will be more accessible and better able to support the changing needs of the local population.

In addition, this proposed model of care will help address the fact that Weston is not able to sustain the wide range of teams and rotas to deliver certain specialist inpatient care for areas such as gastroenterology, cardiology and respiratory. Under the proposed new model, inpatient medical specialties are concentrated in other surrounding hospital leaving Weston to focus on developing centres of excellence for older adults (Objective B) and planned surgery (Objective C). The main components of the proposed model of care described above are shown in figure 1 below, mapped against the three floors at Weston General Hospital:

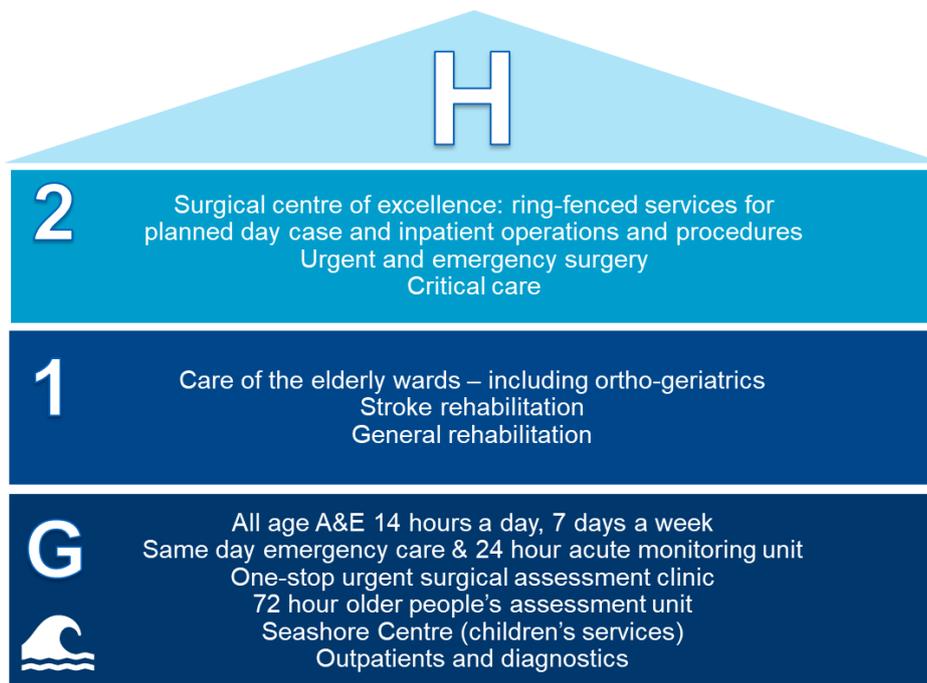


Figure 1: Proposed model of care for Weston General Hospital

As described above, the new model of care is designed to meet the specific needs of our local population and proposes establishing a specialist service able to treat older adults (Objective B) holistically within a dedicated older adult's inpatient service. Other types of specialist inpatient medical care (e.g. gastroenterology, respiratory, cardiology) would be provided by larger other local hospitals (Objective A).

This would free up around 40 beds at Weston General Hospital. This released resource, combined with bed capacity freed up by other BNSSG initiatives (most notably £20m of recurrent new investment to reduce length of stay through a programme called 'Discharge to Assess'), would be re-purposed to create the surgical centre of excellence (Objective C) able to treat many thousands more patients a year. It is proposed this facility would support a wide catchment area across BNSSG and Somerset CCGs, to reduce the length of time that people are currently waiting for a broad range of planned operations and procedures.

Therefore, under the proposed model of care we need to consider options for the management of emergency patients (other than older people) who would need specialist inpatient medical care for more than 24 hours. We have identified two potential options for delivering this model of care. The services shown in figure 1 above would be provided under both emerging options.

The two emerging options for emergency services for people in Weston, Worle and the surrounding area are:

- **Option 1:** Patients in ambulances (other than older people) who may need more than 24 hours specialist medical inpatient care are taken straight to another hospital
- **Option 2:** All people in an ambulance, other than those with conditions for which there are existing established pathways (e.g. major trauma) would be taken to Weston General Hospital for assessment and initial treatment. If, on assessment, they needed specialist inpatient care for more than 24 hours (other than older people) they would be transferred to another local hospital.

See Appendix B for a diagram of each option.

It should be noted that although the evaluation and assurance process is still in train, the programme's Clinical Design Group is strongly in favour of Option 2.

This is because Option 2, when compared to Option 1:

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

The two emerging options build on the existing approach taken by hospitals across Bristol, North Somerset and South Gloucestershire that already work closely together on a networked basis to provide specialist services for conditions such as major trauma, stroke and serious heart attacks. Under existing arrangements, patients with these conditions do not necessarily get treated in their nearest hospital but are instead seen by the specialist team in the relevant lead hospital.

The key differences between the options are the number of ambulances that would arrive at Weston General Hospital and the number of secondary transfers of patients there would be from Weston to an alternative neighbouring hospital if needed. The tables below provide a more detailed comparison of the two options.

Both options

- 14/7 A&E, 24-hour assessment unit, children's urgent and emergency care, outpatients and diagnostic tests
- Patients would not need to 'know' where to go – the A&E front door for 'walk-in' patients (rather than a patient transported by emergency ambulance) would remain the same
- Existing specialist pathways (e.g. major trauma, stroke, vascular, major heart attack) to other hospitals remain the same as now
- Two centres of excellence: one for specialist care of older people and one for surgery (serving people aged 16+)
- People not suitable for our specialist older people centre of excellence **and** in need of more than 24 hours inpatient care would be transferred to other hospitals
- Would free up around 40 beds which, coupled with other BNSSG wide changes, would mean many thousands more people per year from across the BNSSG and Somerset

catchment areas could get their planned operations at Weston (as an example, up to around 45,000 more cataract operations or 9,000 more hip replacements).

	Current	Option 1 (not favoured)	Option 2 (favoured)
Bed capacity at Weston Hospital	Elective: 28 Non elective: 247 Total bed capacity: 275	Elective: 119* Non elective: 156 Total bed capacity: 275	Elective: 111* Non elective: 164 Total bed capacity: 275
Weston A&E attendances (per day)	137	119	137
Ambulances going to Weston A&E (per day)	34	16	34
Additional people transferred from Weston A&E to another hospital (per day) compared to now	N/A	5 extra	8 extra
Extra non-elective beds needed at other hospitals (and % increase in their total non-elective admissions)	Bristol Royal Infirmary	28 beds (4.4% increase)	19 beds (3.1% increase)
	Southmead	13 beds (1.8% increase)	9 beds (1.2% increase)
	Musgrove Park	18 beds (3.6% increase)	12 beds (2.5% increase)
Extra surgical procedures at Weston	N/A	24 -128 extra procedures per day**	22 -114 extra procedures per day**

* Note: full delivery of this change would require capital investment.

** The number of patients each day would be dependent on the type of operation or procedure carried out. The range shown here is based on two common procedures: hip replacements and cataract operations.

Travel

We know people care deeply about travel, transport and where they go for their care, and we understand changes to where care is provided can make it difficult to visit loved ones in hospital.

Our proposals would mean significantly more people than now would be able to receive planned operations and procedures at Weston General Hospital. The proposed changes within Objective A would facilitate this by freeing up the space for a surgical centre of excellence described in Objective C. Additionally, bringing more planned operations and procedures to Weston would also mean many local people would no longer need to travel to Bristol for outpatient appointments before and after their procedure. For example, someone living in Weston who needs a cataract operation currently has to travel to Bristol 4-5 times for each eye treated – this would no longer be the case.

However, both options would result in some people having longer ambulance journeys in an emergency and/or having their inpatient care in a different hospital

There are a number of things that will lessen the impact:

- The most life-threatening emergencies (e.g. stroke, major heart attack and major trauma) already go by ambulance to larger specialist centres, improving outcomes for these patients
- People going to hospitals for specialist services will have a shorter length of stay and better outcomes
- Strengthening our community service and same day emergency care offer will mean fewer people will need a hospital admission in the first place
- Where possible, people who are transferred to other hospitals can come back to Weston Hospital once they have had specialist input, to finish their inpatient stay closer to home.

The additional impact on South Western Ambulance Service would be primarily felt in Option 1, as a separate Patient Transport Service for planned inter-hospital transfers is already in place and would be extended for Option 2. Under Option 1 there would be approximately 18 longer journeys per day to convey patients to other hospitals in the area. This has been calculated as the equivalent of one additional ambulance crewed by two ambulance staff per 12-hour shift. The costs for this extra provision have been factored into our proposals. Our modelling indicates that in Option 1 an extra five people per day and an extra eight people per day in Option 2 would be transferred to another hospital following stabilisation/treatment in A&E and/or on short stay wards.

Discounted options

In developing the two emerging options set out here the Healthy Weston Programme has considered two other potential ways forward, which have since been discounted. These are summarised below:

Option	Rationale for discounting
Do nothing	Under this option, there would be no further changes to services at Weston General Hospital. This option was discounted because it does not address the case for change or help to secure a sustainable model of care that would secure Weston General for the long term.
Frailty only A&E	This option would have seen the A&E open only to older and frail patients. This option was discounted because it does not meet the needs of our local population and, since confirming the change to A&E opening hours back in 2019, we have been able to stabilise our workforce meaning we are able to continue to offer A&E services to all ages.

The Panel are asked for their view on whether the emerging model of care constitutes substantial variation requiring consultation with the local authorities via HOSP/JOHSP and with the public. As the development of the options is still in progress the HOSP is also asked for their view on whether both the emerging options would constitute substantial variation, or if there is one option that would not constitute substantial variation.

High level approach to consultation or engagement

Irrespective of the decision of the HOSP regarding substantial variation, the Healthy Weston Programme will undertake a dedicated period of engagement with staff, patients, the public and stakeholders on any proposed changes to services at Weston General Hospital. This would become a public consultation period if HOSP consider the proposals to be substantial variation to current services.

We will build on the successful and comprehensive consultation carried out for the first phase of the Healthy Weston programme which saw over 5000 people getting involved in contributing to the development of and responding to the proposals for changes to services.

A detailed and comprehensive plan for public consultation or engagement is under development. This plan will cover the principles driving our approach and the core activity we will deliver to encourage responses to the proposed changes. The plan will describe how we will make sure we get as broad and as diverse a range of views and opinions as possible, including those from the nine protected characteristic groups under the equalities' legislation and those from seldom heard and marginalised groups. It will set out how we will use different research methodologies to engage a representative sample of the Weston, Worle and surrounding areas catchment population, and in particular to reach those who may be disproportionately impacted by the proposals.

Importantly, our consultation plan will consider the most up to date pandemic environment and make sure we can engage and consult in a covid-safe way, in line with any relevant restrictions and recognising different levels of concern among local communities. We will seek to exploit digital means of engagement – for example, through online listening events – but also to recognise the digitally excluded and those who can't or don't want to use digital means to engage, through the provision of printed materials, a telephone enquiry line and telephone surveys.

Responses to our consultation or engagement will be analysed by an independent agency, as per best practice. Their report will be considered in full by BNSSG CCG governing body members (or their successors in the newly established Integrated Commissioning Board) in the decision-making phase of our programme. The report will form an important part of our decision-making business case. We are planning that the responses to the consultation/engagement will be considered by the Integrated Care Board members later this year alongside a range of other data and evidence (clinical, financial, workforce, estates etc) we have collated over the course of our review.

The panel are asked to share comments and feedback on the high-level approach for public consultation and engagement, recognising that a comprehensive and more detailed plan will be developed in due course.

Draft evaluation criteria

We will use a clinically led evaluation process to help assess and evaluate our potential options to deliver our proposed new model of care for Weston General Hospital. Model development is a careful process over a period of time, assessing, evaluating and refining potential options and eventually leading to a shortlist of potential options for consultation.

We have refined the evaluation criteria that we propose to use in our decision-making. Our original evaluation criteria were developed in conjunction with local people and clinicians as part of the BNSSG Healthy Weston Phase 1 Programme. These were agreed by the Joint Health Overview and Scrutiny Committee (JHOSC) on 26 September 2018. The evaluation criteria have since been tailored to the Phase 2 programme with the support of patient and public representatives in order to ensure that they are still appropriate for application to Healthy Weston Phase 2. The draft criteria are:

- **Quality of care:** To what extent does the option improve safety, clinical effectiveness, and quality? To what extent does it help us meet best practice recommendations? To what extent does the option improve patient and carer experience?
- **Access to care:** To what extent does the option improve patient choice? What are the impacts on travel distances, costs, and time for patients, visitors, and staff?
- **Workforce:** To what extent does the option support our ambition to create a sustainable workforce? To what extent does the option have a positive impact on recruitment, retention and the skills needed to deliver care? What impact does the option have on staff with protected characteristics?
- **Value for money:** What impact does the option have on spending across the whole healthcare system in our area? Does the option offer opportunities for capital investment in services? What costs would be associated with transitioning from current services to new ways of working under the option?
- **Deliverability:** How long do we expect it to take to implement the option? Are there any inter-dependencies that we need to consider?

See Appendix C for more detail on the evaluation criteria.

The HOSP are asked to confirm their support for the proposed evaluation criteria, intended to be used for any further shortlisting of the options and, with further refinement, for final decision making. HOSP is asked to note that these have been reviewed and updated by the local NHS system leaders.

We look forward to ongoing meetings with HOSP in relation to the Healthy Weston programme and welcome the discussion and feedback from members on our proposals and progress.

Appendix A: Pre-consultation engagement undertaken so far

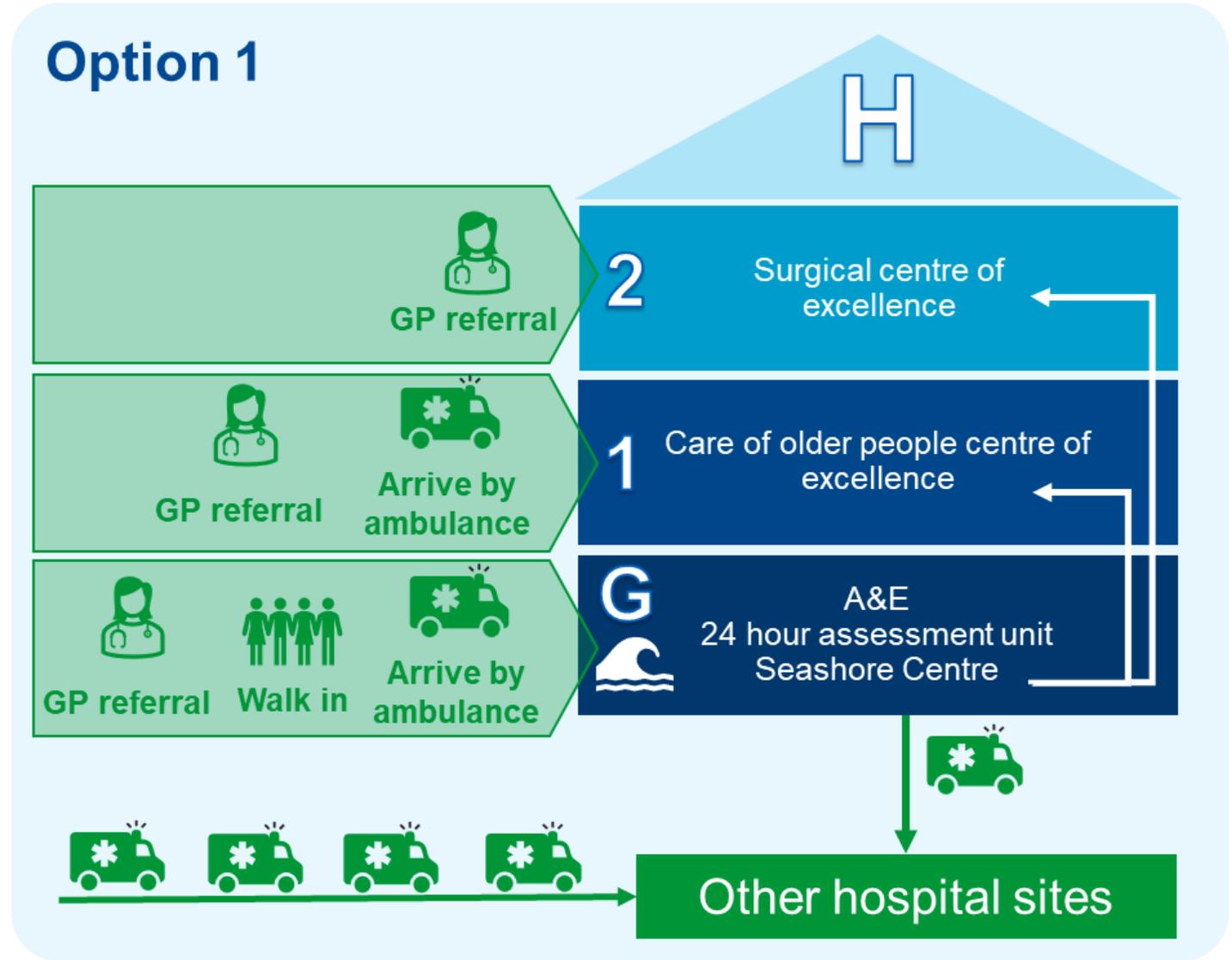
Pre-consultation activity for Healthy Weston Phase 2 builds on the extensive pre-consultation engagement and consultation activity undertaken during Healthy Weston Phase 1, and on the insights gathered through ongoing engagement activity, stakeholder relations, and research work undertaken by the CCG and the trust.

Group	Activity
Stakeholders	Briefings and meetings with key stakeholders including: <ul style="list-style-type: none"> • NHS and social care system partners • MPs • Local authority colleagues and councillors
Staff	<ul style="list-style-type: none"> • Established a UHBW Staff Reference Group and held meetings to gather feedback on vision and ambition, model of care, emerging options and evaluation criteria • Held several all-staff briefing sessions for UHBW staff to hear from Trust leadership about vision and ambition and emerging model of care
Patients and public	<ul style="list-style-type: none"> • Established a Patient and Public Reference Group and held meetings to gather feedback on vision and ambition, model of care, emerging options and evaluation criteria • Published an update on the Healthier Together website about Phase 2 of the Healthy Weston Programme setting out the vision and ambition for Weston General Hospital, highlighting the three key areas of focus (Urgent and emergency care, care of older people, and planned care) • Published a survey asking for feedback on the update on Phase 2 and on the evaluation criteria (to date we have received 887 responses)

The outputs of these activities are being analysed and will be used to inform any further refinement of the model of care and options, and the options evaluation. A full report on the pre-consultation activity will be included in the final version of the pre-consultation business case.

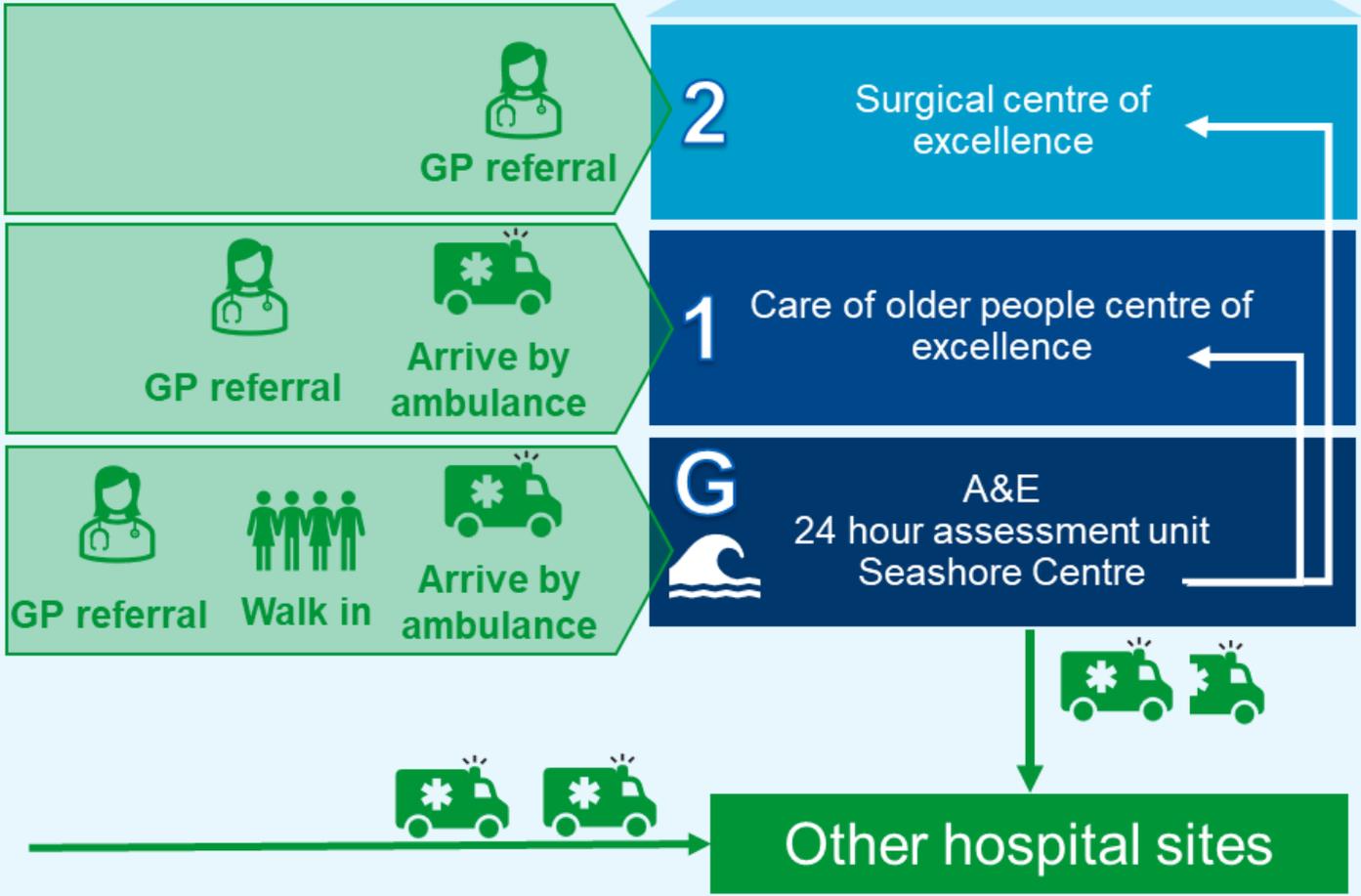
Appendix B: The emerging options

Page 27



Option 2

H



Appendix C: The evaluation criteria

Evaluation criteria	Defined as
 1 Quality of Care	1.1 Clinical effectiveness 1.2 Patient and carer experience 1.3 Safety
 2 Access to care	2.1 Impact on patient choice 2.2 Distance, cost and time to access services 2.3 Service operating hours
 3 Workforce	3.1 Scale of impact 3.2 Impact on recruitment, retention, skills
 4 Value for money	4.1 Forecast income and expenditure at system and organisation level 4.2 Capital cost to the system 4.3 Transition costs required
 5 Deliverability	5.1 Expected time to deliver 5.2 Sustainability 5.3 Co-dependencies with other strategies/strategic fit

This page is intentionally left blank



Healthy Weston Phase 2: Our ambition and vision for the future of Weston General Hospital and emerging options to deliver it



Our objectives for today's meeting

- i. Update the HOSP on the work that senior local doctors and other clinicians have been doing to develop a model of care that delivers a bright and secure future for Weston Hospital
- ii. Set out the detail of the proposal and the options for how it may be delivered
- iii. Describe the changes that would be seen and felt by any individual needing treatment hospital on a typical day
- iv. Ask the HOSP for a view on whether our proposals would constitute substantial variation
- v. Assure the HOSP that, regardless of the answer on substantial variation, we have a clear and thorough plan to engage local people and hear and consider their views.

Page 32

Vision and ambition



Page 33

We want Weston General Hospital to be a **thriving hospital** in the heart of the community, delivering the **care local people need most often**

We have some **fantastic opportunities** to develop local services to meet the **health needs of the population**, deliver **best practice standards** and **secure the future of Weston Hospital** for the long term

A bright and secure future for Weston General Hospital

Local clinicians have developed a model that builds on the progress made as a result of Healthy Weston Phase 1 and the University Hospitals Bristol / Weston Area Health Trust merger

Page 34



We believe that our proposals:

- Preserve the current 14/7 A&E service at Weston
- Deliver better outcomes for patients of all ages
- Give a clear and sustainable service model that is more likely to attract key staff to come and work at Weston
- Drive further integration with local community and primary care services
- Mean that many more people can be treated locally at Weston.

Healthy Weston strategy

Starting Well

- Continuation of 24/7 maternity service at Weston General Hospital
- Increased number of dedicated paediatric staff working in the A&E and Seashore Centre
- Digital links to specialist clinicians at the Bristol Children's Hospital to support diagnosis and treatment
- Strengthening primary care offer to serve new housing (e.g. new Villages GP surgery under construction)

Living Well

- 24hr inpatient observation unit for all adults 16+
- Improved same day emergency care (SDEC), reducing the need for admission
- Established Safe Haven town centre service, serving 50-80 people in mental health crisis every week
- Surgical centre of excellence, designed to treat 20 - 130* extra patients every day at Weston (aged 16+)

Ageing Well

- Integrated community frailty team, supporting older people to stay well and living in their own homes
- Centre of excellence for care of older people, providing short, intense specialist inpatient care led by a multidisciplinary team, joined up with community services, to help people return to their home as quickly as possible

Healthy Weston is part of a wider programme of system improvements across BNSSG

The specific proposals for Healthy Weston Phase 2 exist within a wider programme of improvements across our health and care system, which include:

- A **Clinical Assessment Service** - providing remote consultations for people who would have otherwise been referred by 111 to A&E
- Major investment in our **Discharge to Assess** programme, so that people can be discharged from hospital quicker and are supported in their own homes, which in turn frees up bed capacity
- Creating **Virtual Wards** via a **Hospital at Home** service so that people can receive more treatment where they live
- New **Integrated Primary Care Teams** for people receiving mental health support in the community – delivered by our Locality Partnerships

All of these initiatives will support and enable our Healthy Weston Phase 2 proposals, on top of the ongoing improvements to Weston Hospital delivered by the merger with University Hospitals Bristol



What challenges will we be able to address?



The health needs of the population are changing: The population is growing, getting older, living with more long-term conditions and there are significant inequalities amongst local communities



The current model of care is unsustainable: Some health services at Weston General Hospital are not able to consistently meet national and local clinical quality standards because of low activity volumes and shortages of specialist staff

Page 37



Whole-system changes are required to ensure timely access to equitable, integrated care: The introduction of integrated care systems and the merger of Weston Area Health Trust with University Hospitals Bristol give opportunities to improve patient care across the system, increasing access and continuity of care



There is an opportunity to better use our resources: Healthcare resources are limited nationally and across our system, and the COVID-19 pandemic has put further pressure on them. We must invest wisely to get the greatest outcome for local people for every NHS pound we spend.

Proposed service changes under Healthy Weston Phase 2

Page 38

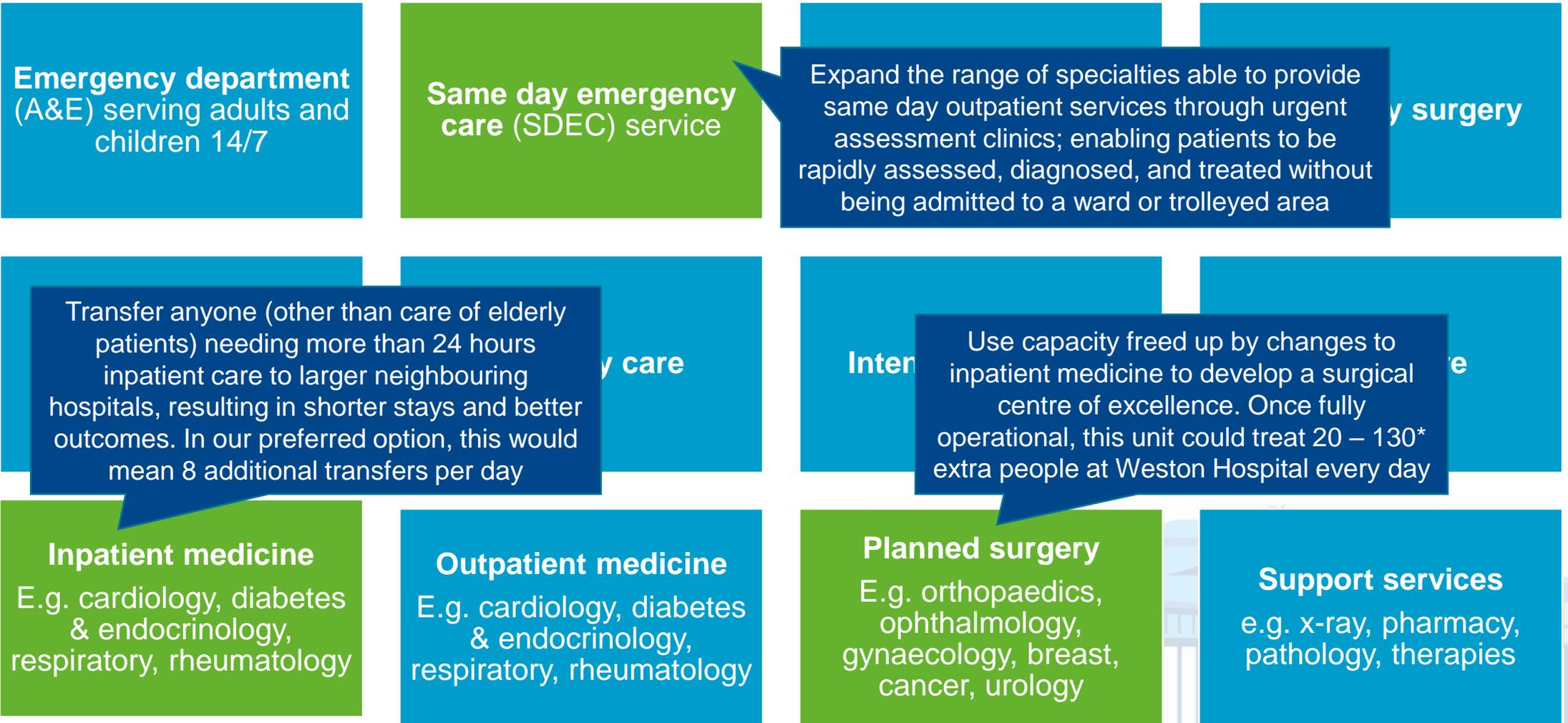
Emergency department (A&E) serving adults and children 14/7	Same day emergency care (SDEC) service	Specialist stroke inpatient rehabilitation	Emergency surgery
Children's services Seashore Centre	Maternity care	Intensive care unit	Cancer care
Inpatient medicine E.g. cardiology, diabetes & endocrinology, respiratory, rheumatology	Outpatient medicine E.g. cardiology, diabetes & endocrinology, respiratory, rheumatology	Planned surgery E.g. orthopaedics, ophthalmology, gynaecology, breast, cancer, urology	Support services e.g. x-ray, pharmacy, pathology, therapies

Key:		= No change proposed as part of Healthy Weston Phase 2*
		= Change proposed as part of Healthy Weston Phase 2

* Note: Services marked as “no change” in this slide will continue to make usual ongoing improvements, but outside of the remit of Healthy Weston Phase 2

Proposed service changes under Healthy Weston Phase 2

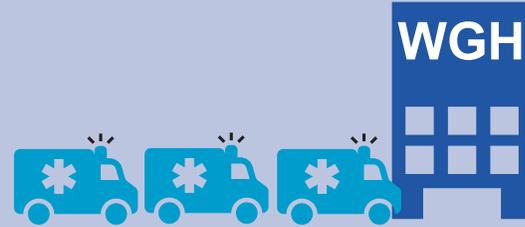
Page 39



Key:		= No change proposed as part of Healthy Weston Phase 2
		= Change proposed as part of Healthy Weston Phase 2

* The number of patients each day would be dependent on the type of operation or procedure carried out. The range shown here is based on two common procedures: hip replacements and cataract operations. Note: full delivery of this change would require capital investment.

Local clinicians have developed two options for how the changes could be delivered



Although the evaluation and assurance process is still in train, the programme's Clinical Design Group is strongly in favour of Option 2.

This is because Option 2, when compared to Option 1:

Option 1 (not favoured)

Patients in ambulances (other than care of elderly patients) who may need more than 24 hours specialist medical inpatient care **are taken straight to another hospital**

Option 2 (favoured)

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

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

What the changes would mean

	Current	Option 1 (not favoured)	Option 2 (favoured)
Bed capacity at Weston Hospital	Elective (planned care): 28 Non elective: 247 Total bed capacity: 275	Elective (planned care): 119* Non elective: 156 Total bed capacity: 275	Elective (planned care): 111* Non elective: 164 Total bed capacity: 275
Weston A&E attendances (per day)	137	119	137
Ambulances going to Weston A&E (per day)	34	16	34
Additional people transferred from Weston A&E to another hospital (per day) compared to now	N/A	5 extra	8 extra
Extra non-elective beds needed at other hospitals (and % increase in their total non elective admissions)	Bristol Royal Infirmary	28 beds (4.4% increase)	19 beds (3.1% increase)
	Southmead	13 beds (1.8% increase)	9 beds (1.2% increase)
	Musgrove Park	18 beds (3.6% increase)	12 beds (2.5% increase)
Extra surgical procedures at Weston	N/A	24 -128 extra procedures per day**	22 -114 extra procedures per day**

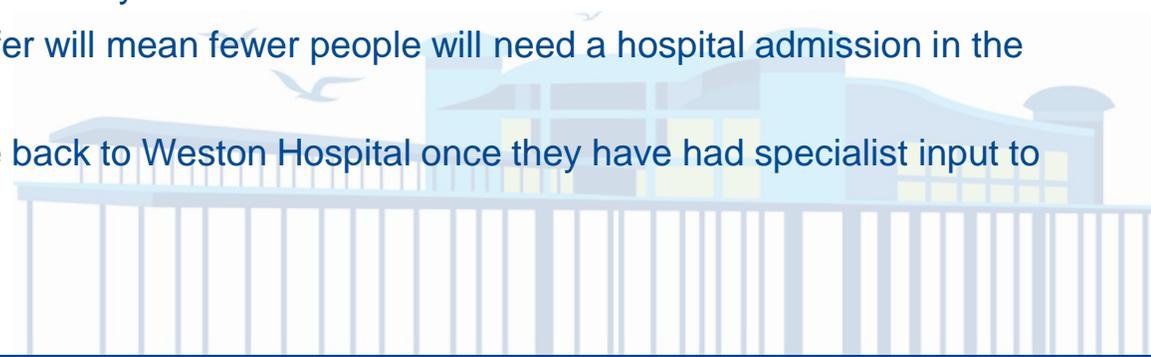
Page 41

* Note: full delivery of this change would require capital investment.

** The number of patients each day would be dependent on the type of operation or procedure carried out. The range shown here is based on two common procedures: hip replacements and cataract operations.

Travel

- We know people care deeply about travel, transport and where they go for their care, and we understand changes to where care is provided can make it difficult to visit loved ones in hospital
- **Our proposals would mean significantly more people than now would be able to receive planned operations and procedures at Weston General Hospital**
- **Bringing more planned operations and procedures to Weston would also mean many local people would no longer need to travel to Bristol for outpatient appointments before and after their procedure. For example, someone living in Weston who needs a cataract operation currently has to travel to Bristol 4-5 times for each eye treated – this would no longer be the case**
- However, both options would result in some people having longer ambulance journeys in an emergency and/or having their inpatient care in a different hospital
- There are a number of things that will lessen the impact:
 - ✓ The most life threatening emergencies (e.g. stroke, major heart attack and major trauma) already go by ambulance direct to larger specialist centres, improving outcomes for patients
 - ✓ People going to hospitals for specialist services will have a shorter length of stay and better outcomes
 - ✓ Strengthening our community service and same day emergency care offer will mean fewer people will need a hospital admission in the first place
 - ✓ Where possible, people who are transferred to other hospitals can come back to Weston Hospital once they have had specialist input to finish their inpatient stay closer to home.



In summary

Our favoured option delivers on our vision of Weston as a dynamic hospital at the heart of the community because:

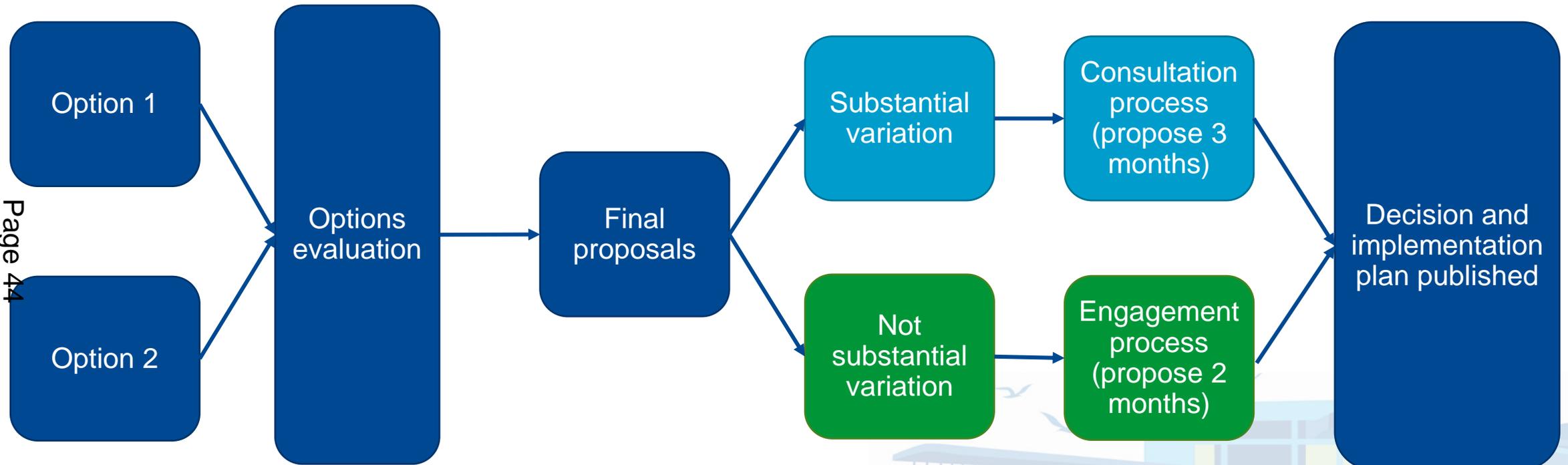
- **A&E services would remain the same**, with the same number of walk-ins and ambulance arrivals
- there would be **no changes to 9 of the 12 key service** areas at Weston General Hospital (over and above ongoing service improvements)
- we could **significantly expand same day emergency care** and **planned care** services (which would help with Covid backlog recovery)
- it would mean that **8 additional people per day** would be **transferred to a neighbouring hospital** for specialist inpatient medical care, delivering better outcomes and a shorter length of stay for those patients
- this in turn would mean that we could deliver between **22 and 114 extra surgical procedures** on the Weston site every day (dependent on type of procedure and full capital funding).

Page 43



Next steps

Page 44





Discussion

This page is intentionally left blank

North Somerset Council

REPORT TO THE HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING: 20 APRIL 2022

SUBJECT OF REPORT: JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN

TOWN OR PARISH: ALL

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

KEY DECISION: NO

REASON: PROGRESS UPDATE FOR INFORMATION

RECOMMENDATIONS

Members of the Health Overview and Scrutiny Panel are asked to review the progress made in implementing the Health and Wellbeing Strategy Action Plan, use of the performance monitoring dashboard and to provide comments and suggestions regarding progress, the data dashboard, investment, and mechanisms of ongoing monitoring and evaluation.

1. SUMMARY OF REPORT

The North Somerset joint Health and Wellbeing Strategy 2021-2024 was published in October 2021 (available [here](#)), setting out the vision, shared ambitions, principles, and actions we planned to take over the next three years to improve health and wellbeing and reduce health inequalities across the region. The strategy centres around the three main approaches of (i) prevention, (ii) early intervention, and (iii) thriving communities. Each of these principles has been embedded into actions across the life course to address priority health topics and to tackle the wider determinants of health and wellbeing, empowering people to optimise their health and live longer and healthier lives.

This report summarises progress to date over 2021/22, with a particular focus on those actions that aim to improve mental health and wellbeing and diet, nutrition and food insecurity, outlined in the 'prevention' theme. At present, just over half of actions included fall into the prevention theme, although it is anticipated that this may change during the action plan refresh scheduled for May 2022. This paper also summarises the performance framework and dashboard that will be used to track progress and related outcomes in the North Somerset population, which will be shown to the panel during the meeting.

2. DETAILS

The 'Prevention' theme includes actions to address mental health and wellbeing, physical activity and food, nutrition and food insecurity and substance use. Here, greater detail is provided regarding progress made in implementing actions that aim to improve mental health and wellbeing and food, nutrition and food insecurity.

2.1. Mental health and wellbeing

One in six adults are estimated to have had a mental disorder, with mental illness accounting for 21% of morbidity in England. In North Somerset, 23.6% of adults report a high anxiety score and approximately 14% of residents have a diagnosis of depression. People with severe mental illness have higher risk of ill health (e.g. obesity, diabetes, chronic obstructive pulmonary disease, stroke) and reduced life expectancy compared to the general population. Young adults with severe mental illness are five times more likely to have three or more health conditions.¹

The mental health burden of the COVID-19 pandemic has been significant, owing to an increase in a range of drivers, such as unemployment, housing insecurity and reduced access to services, with comparatively greater impacts on women and young adults.² Nationally, multiple studies reported deteriorations in adult mental health and wellbeing during periods of lockdown and high incidence of COVID-19, which did not return to pre-pandemic levels. Specifically, 25% of adults reported clinically significant levels of psychological distress in March 2021, 26% of adults reported thoughts of self-harm and 8% reported at least one incident of self-harm between March 2020 and May 2021. Those groups most likely to have experienced poor mental health were women, young adults (aged 18-34), adults with pre-existing mental or physical health conditions, individuals experiencing loss of income or employment, those living in deprived neighbourhoods and people in ethnic minority groups.³

Among children and young people (CYP), an increase in the prevalence of probable mental disorders was observed between 2017 and 2021; with 39% of CYP aged 6-16 years and 53% of 17-23 year olds reporting a deterioration in mental health between 2017 and 2021 (although 22% and 15% had experienced improvement).⁴ Higher prevalence of mental ill-health has been demonstrated among children receiving free school meals, those in families experiencing financial disadvantage, those with SEND and LGBT+ children and young people.

In addition to poor mental health, the COVID-19 pandemic has also impacted on social isolation and loneliness, which increase the risk of poor mental health, as well as all-cause

¹ Public Health England, 2018. Health matters: reduced health inequalities in mental illness. <https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness/health-matters-reducing-health-inequalities-in-mental-illness>

² The Health Foundation, June 2020. Emerging evidence on COVID-19's impact on mental health and health inequalities.

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

⁴ OHID. COVID-19 mental health and wellbeing surveillance report. 4. Children and young people. Updated November 2021. <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>

mortality, poor cardiovascular health and use of healthcare.⁵ Good social connections and networks are protective of increased risk of mental ill-health and mortality.

In order to strengthen public mental health among adults and CYP, and to complement wider actions across the health system, actions included in the Health and Wellbeing (HWB) strategy included community grants programmes aimed at improving mental health and wellbeing and reducing social isolation and loneliness. Such community-focused approaches are in line with place-based approaches that aim, in part, to develop local, strengths-based solutions and build community resilience, and the strengthening of community-centred approaches to improving mental health outlined in the NHS Long Term Plan and Community Mental Health Framework. Local authority-led approaches to reducing social isolation, via investment in local programmes, including structural enablers (peer support, volunteering opportunities, community navigators) and bespoke interventions (e.g. social activities) are recommended by the LGA and Association of Directors of Public Health, while commitments to increase social prescribing were incorporated in the NHS Long Term Plan and national strategy for tackling loneliness.⁶

In terms of progress made in implementing such actions, first, extension of the mental health community grants programme provided five organisations with a total of £15,717 funding to support improved mental health among adults for an additional year: Friends Together, Leonard Cheshire, Strawberry Line Care, That Creative Thingy Wotsit, The Garden. A further four organisations received funding to provide programmes that aim to improve mental health and wellbeing among CYP: A Different Perspective, Revealed Projects, Springboard Opportunity Group, Wellspring Counselling, with a total of £28,270 funding provided. This strengthens the £74,569 of funding already provided for year one, via joint CCG and North Somerset Council public health grant funding. The grants programme incorporated consideration of sustainability of programmes following grant funding.

Evidence of beneficial impacts has been demonstrated for the programmes so far in relation to social isolation or loneliness, happiness and anxiety levels and outcomes continue to be monitored. Data from the mid-point of delivery of programmes funded in the initial wave of funding has indicated that 1,489 people were reached, with an average of 74% (range 52-100%) of those using the service reported a positive change in happiness and an average of 64% (range 19-93%) reported a positive change in relation to anxiety.

In addition to this programme, grants of up to £5,000 have been awarded to nine community-based projects or initiatives that provide social prescribing destinations which aim to reduce social isolation and loneliness and poor mental health. The scheme was administered in partnership with the BNSSG Clinical Commissioning Group Green Social Prescribing Project so that projects with nature-based elements, or a focus on addressing the climate emergency, connecting with nature or improving environmental literacy to improve mental health were match funded up to a total of £10,000. Projects are required to start by June 2022.

It is emphasised that the actions discussed above aim to complement the wide range of community and clinical services already in place for children, young people and adults.

⁵ Leigh-Hunt et al (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health* 2017; 152: 157-171; Social isolation and loneliness among older people: advocacy brief. Geneva: World Health Organization; 2021.

⁶ LGA. Loneliness, social isolation and COVID-19. <https://www.local.gov.uk/publications/loneliness-social-isolation-and-covid-19>; HM Government 2018. A connected society. A strategy for tackling loneliness – laying the foundations for change.

Cross-cutting settings approaches supporting good mental health and wellbeing, such as North Somerset's Healthy Workplace programme, will also contribute to improving mental health, with 6 employers recruited to participate in the pilot phase, one being North Somerset Council. The Healthy Schools programme includes a focus on mental health and targeted mental health support is in place in schools with schools identified for the first two mental health support teams in North Somerset in 2022/23.

Objectives in the HWB strategy to which the above activities contribute include:

- Reduction in the prevalence of self-reported poor mental health in the NS population
- Increase in the prevalence of good mental health and emotional wellbeing
- Improvement in access to timely mental health support
- Reduction in social isolation

Looking ahead, the multi-disciplinary Mental Health Strategy Board will re-convene in May 2022. The Board will utilise adults and CYP mental health needs assessments for North Somerset as the basis for development of a new strategy, alongside qualitative insight about need, lived experience and existing provision to identify priority areas to be addressed in partnership to improve mental health and wellbeing and to reduce inequalities in outcomes across North Somerset. The strategy will enable development of an action plan, building on existing plans and outlining new services and interventions to be implemented, aiming to achieve long-term beneficial impact.

2.2. Food, nutrition and food insecurity

Poor diet and an unhealthy weight contribute to a higher risk of long-term health conditions such as cancers, type 2 diabetes, cardiovascular and respiratory diseases, which are leading causes of premature mortality. Nationally, 68% of men, and 60% of women, are overweight or obese, while in North Somerset, 61% of adults, and approximately 32% of children aged 10-11, are overweight or obese.⁷ The prevalence of obesity is higher in the most deprived areas. Nationally, for instance, 39.5% of women are obese in the most deprived quintile compared to 22.4% in the least deprived quintile,⁸ while unhealthy weight among children is approximately 2-fold higher in the most deprived areas, compared to the least deprived.

In addition to inequality relating to unhealthy weight, almost 10% of adults in North Somerset have reported that they were worried about having enough food and 8% reported that they struggled to get enough food.⁹ Further studies have shown that across the UK the rates of people accessing emergency food aid has been rising every year and reached historic levels at the beginning of 2021.¹⁰ Addressing food insecurity alongside unhealthy weight is important owing to evidence of an association between food insecurity and lower consumption of healthy foods.¹¹

⁷ Public Health Outcomes Framework: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000009/ati/402/are/E06000022/yr/3/cid/4/tbm/1>

⁸ UKHSA, 2021. Patterns and trends in excess weight among adults in England. <https://ukhsa.blog.gov.uk/2021/03/04/patterns-and-trends-in-excess-weight-among-adults-in-england/>

⁹ Sheffield University: Adult Food Insecurity at Local Authority Scale. Estimates draw from a survey commissioned by the Food Foundation, conducted in January 2021 by YouGov. <https://shefuni.maps.arcgis.com/apps/instant/interactivelegend/index.html?appid=8be0cd9e18904c258afd3c959d6fc4d7>

¹⁰ Trussell Trust. Trussell Trust data briefing on end-of-year statistics relating to use of food banks: April 2020-March 2021. https://www.trusselltrust.org/wp-content/uploads/sites/2/2021/04/Trussell-Trust-End-of-Year-stats-data-briefing_2020_21.pdf

¹¹ Hanson KL, Connor LM. Food insecurity and dietary quality in US adults and children: a systematic review. *Am J Clin Nutr.* 2014; 100(2): 684-92.

To address such need, actions outlined in the HWB strategy action plan aim to:

- Reduce the prevalence of unhealthy weight among children (reception and year 6)
- Reduce the prevalence of unhealthy weight in the adult population
- Reduce inequality in prevalence of unhealthy weight at ward-level
- Reduce the prevalence of self-reported food insecurity

A range of actions have been progressed across services and in the community to address these objectives.

2.2.1. Actions to improve diet among children and young people.

In support of the 'best start in life', a pilot scheme of a Healthy Early Years Setting Award is currently in development with nine settings taking part in the pilot, due to commence in April 2022. The Healthy Early Years Settings Award aims to complement the Healthy Schools programme for those children aged under 4 years of age. The scheme will support and recognise achievements around health, wellbeing and development in these settings, aiming to complement and enhance the Early Years Foundation Stage (EYFS) framework and encourage new initiatives around health topics. Once launched in full, the scheme will focus on food and nutrition, oral health, physical activity, family wellbeing and environmental sustainability. However, a pilot scheme focused on food, nutrition and oral health will be conducted in the first instance to explore feasibility and to enable optimisation of the programme. Early Years settings will be required to meet specific evidence-based criteria following a baseline assessment and bespoke action plan. As part of the programme, settings will be able to access specialised training, access online resources, and receive a small grant of £250 to enable purchase of resources or equipment.

Additional actions implemented for CYP include commissioning of Everyone Health to deliver training to midwives and health visitors about communication regarding healthy weight and school nurses will be delivering extended brief interventions around healthy weight to those children identified as being an unhealthy weight from the next school year (September 2022). Engagement is also being conducted with parents and caregivers to identify ways of enhancing uptake of Healthy Start so that pregnant women and young children are able to better access vitamins and healthy foods.

2.2.2. Programmes to enhance diet, nutrition and to address food insecurity among adults and families.

An additional North Somerset Community Food Projects Grants Scheme has been implemented for setting-based and community programmes that aim to enhance awareness and skills around nutritious food and healthy diet in areas of highest need using specific evidence-based criteria. Four grants were awarded to organisations that focused on access to, and consumption of, nutritious and affordable foods.

Alongside such community-based action, a new tier 2 adult weight management service has been commissioned for North Somerset, which is provided by Slimming World. The service provides a universal offer with a requirement to target people in lower-income groups. Sirona and the North Somerset Public Health team commenced delivery of a postnatal weight management programme in March 2022, while weight management programmes targeted to men only have commenced at Hutton Moor Leisure Centre and Oxhouse gym in Weston-super-Mare, with additional men's groups due to start between April and June 2022 in the northern parts of the North Somerset local authority area. Lastly, recruitment to the enhanced Health Trainer Service, supported primarily by funding from

Pier Health Group Ltd alongside adult weight management funding from the Office for Health Improvement and Disparities (formerly PHE) in 2021 and public health funding, is also underway, providing additional capacity for four new Health Trainer (HT) posts and a Team Leader. The service will strengthen individual and group-based support and health coaching around diet, physical activity, smoking and alcohol use for people in Weston-super-Mare and for those who are most at risk of poor health outcomes.

To complement actions focusing on diet, nutrition and healthy weight, a range of actions have been implemented in 2021/22 to address food insecurity. A Food Alliance, which developed during the early stages of the COVID-19 pandemic, meets bi-monthly throughout the year, enabling collaboration between community food activities to tackle food insecurity and to strengthen awareness of the wider food system. The Sustainable Food Places¹² framework will be used as the basis for a food strategy and to support partnership working.

Further actions implemented locally include:

- Developing the Cash First approach to food insecurity based on Scotland's Menu for Change Project. Partner agencies, community groups and Town and Parish Councils have agreed to use the 'Worrying about Money' leaflet to guide people to appropriate support with the aim of reducing the need for emergency food aid.
- Working together to develop the Food Resilience Pathway from easing crisis to engineering change. A community food mapping activity is underway to enable appropriate referral pathways to be identified, facilitating a move from crisis to long-term independence.
- A collaboration between North Somerset Council, Weston Town Council, the For All Healthy Living Centre, Alliance Homes, the Food Bank and others has enabled a community led community fridge to be introduced in the Sovereign Shopping Centre in Weston-super-Mare, alongside the development of Community Food Clubs.
- North Somerset Council Children's Services Directorate has been delivering the Holiday Activity and Food Programme, connecting with community food projects and partners from North Somerset Together to develop and deliver programmes of activity for children in receipt of free school meals.

North Somerset was also part of a successful BNSSG-wide funding proposal to the Health Foundation and LGA for the Shaping Places for Healthier Lives programme, with a bid focused on tackling food insecurity through system change. The programme is funded for 3 years and led by Bristol City Council, with delivery commencing in April 2022, which will be focused in the Bourneville and Central Wards.

2.3. Monitoring and Evaluation

A performance monitoring dashboard has been developed with colleagues in North Somerset Council Business Intelligence Team to visually display the themes, objectives, milestones and measures being used to evaluate progress. Short commentaries are included to provide an update for each action, alongside outcome data where publicly available. The dashboard will be made publicly available via the Health and Wellbeing Strategy website. At present, 36 of 64 (56%) individual actions for 2021/22 have been completed; 21 (33%) have been implemented and are in progress; and 7 (11%) have been delayed so will start in 2022/23. Since action during 2021/22 has involved a focus on

¹² <https://www.sustainablefoodplaces.org/>

mobilisation of a wide range of actions, data regarding the impact of specific actions and programmes will become available to a greater extent during 2022/23.

Specific targets have been avoided for many outcomes, owing to delays in reporting of outcome data locally and/or nationally, small numbers for specific outcomes, and/or a need to monitor trends over the longer-term. However, the framework includes specific measures and use of nationally reported routine data and locally derived data (where available), in combination with qualitative updates. In addition, targets for outcomes are to be included in linked strategies, such as for mental health and physical activity, and will be considered as part of the annual refresh of the action plan.

3. FINANCIAL IMPLICATIONS

Implementation of the HWBS action plan is funded via resource from the Public Health and Regulatory Services budget and from external sources e.g. the OHID Adult Weight Management Grant and resource from the Pier Health Group for the expansion of the Health Trainer team.

Investment in new areas of action supplemented funding to existing and statutory services such as smoking cessation and health trainer services, and public health nursing and drug and alcohol services, respectively. As such, year 1 involved £100K of new investment from the public health budget, with balance sought between support for mental health and wellbeing, physical activity, and food, nutrition and food insecurity, thus complementing services and activity elsewhere in the system. Additional support has also been provided via staff capacity to lead and support engagement, design, commissioning, delivery and/or evaluation of new actions and interventions.

For 2022/23 and 2023/24, additional investment of £200K per year will be assigned for new actions from the Public Health and Regulatory Services budget with match-funding of total resource of £1 million provided by Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) to support delivery of the strategy and action plan. Proposals are currently being sought for activity that supports the strategy's objectives, to be reviewed by the Health and Wellbeing Strategy Oversight Board and Public Health Leadership Team according to a range of criteria, including the extent to which actions meet health and wellbeing need, anticipated outcomes, evidence of effectiveness and cost-effectiveness, likely impact on health inequalities. Views and perspectives regarding prioritisation of themes and actions will also be sought via a HWB strategy refresh stakeholder workshop in early May 2022. Options for allocation of funding will be approved by the Health and Wellbeing Board.

4. 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](#).

5. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The HWBS incorporates a range of plans to support action to address climate change, for instance, via support for the North Somerset Green Infrastructure Strategy and Active Travel Strategy, requirements to consider climate change are included as contractual requirements where possible, and community-based initiatives that aim to provide local activities and services closer to people's homes, reducing the need for travel.

6. RISK MANAGEMENT

Delivery and implementation of the HWBS and action plan will be overseen by the Health and Wellbeing Board and any risks to delivery of this work will be identified to the Board for discussion and resolution. Implementation of the action plan and monitoring and evaluation of outcomes is overseen and monitored by the Health and Wellbeing Strategy Oversight Board, which meets bi-monthly. This board provides strategic guidance, monitoring and oversight to delivery of the strategy, guidance around planning and implementation of refreshes of the action plan, review of risks and appraisal of the application of data and insight.

7. EQUALITY IMPLICATIONS

The HWBS includes actions at the civic level which are universal in being available to all those living and working in North Somerset, as well as those that are targeted to areas or population groups where the need is greatest. A number of actions outlined above, such as expansion of the Health Trainer service and grants programmes are targeted to areas of greatest deprivation or health need or prioritise activities that address needs in particular population groups with higher need to address health inequalities.

8. CORPORATE IMPLICATIONS

The HWBS reflects North Somerset Council's vision of being open, fair and green via the focus on consultation, engagement, community-focused action, and ongoing review of impact; and a central aim of reducing inequalities. The strategy also aims to support a range of strategies and programmes already in place, such as the Economic Plan, Green Infrastructure Strategy, Active Travel Strategy, Volunteering Strategy, Carers Strategy, and Libraries Strategy among others. The HWBS also acknowledges the importance of collaboration and partnership with the integrated care system and a range of partners as we move towards co-ordinated models of care and support at locality level. Ongoing engagement throughout implementation aims to ensure that the action plan fully integrates and accounts for these developments. Implementation and delivery for many actions will be led by North Somerset Council but the plan also crosses organisational boundaries.

AUTHOR

Dr Georgie MacArthur, Consultant in Public Health

APPENDICES

Appendix 1: Summary powerpoint presentation

BACKGROUND PAPERS

None

Health and Wellbeing Strategy 2021-2024



Page 55

Matt Lenny, Director of Public Health
Matt.lenny@n-somerset.gov.uk

Health-wellbeing@n-somerset.gov.uk



Health and Wellbeing Strategy

Vision

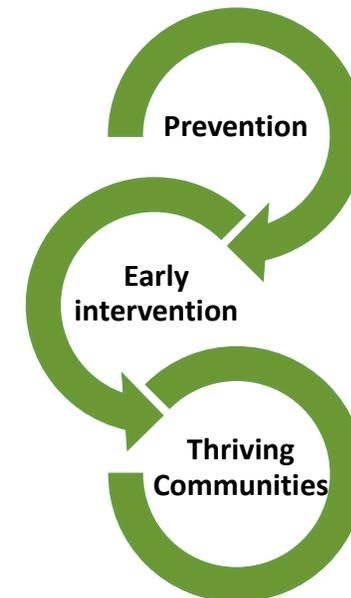
for people to be enabled to optimise their health and wellbeing and to lead long, happy and productive lives in thriving communities, building on their strengths in a way that reduces inequalities in health.

Page 56

Guiding Principles



Approaches



Health and Wellbeing Strategy

Page 57

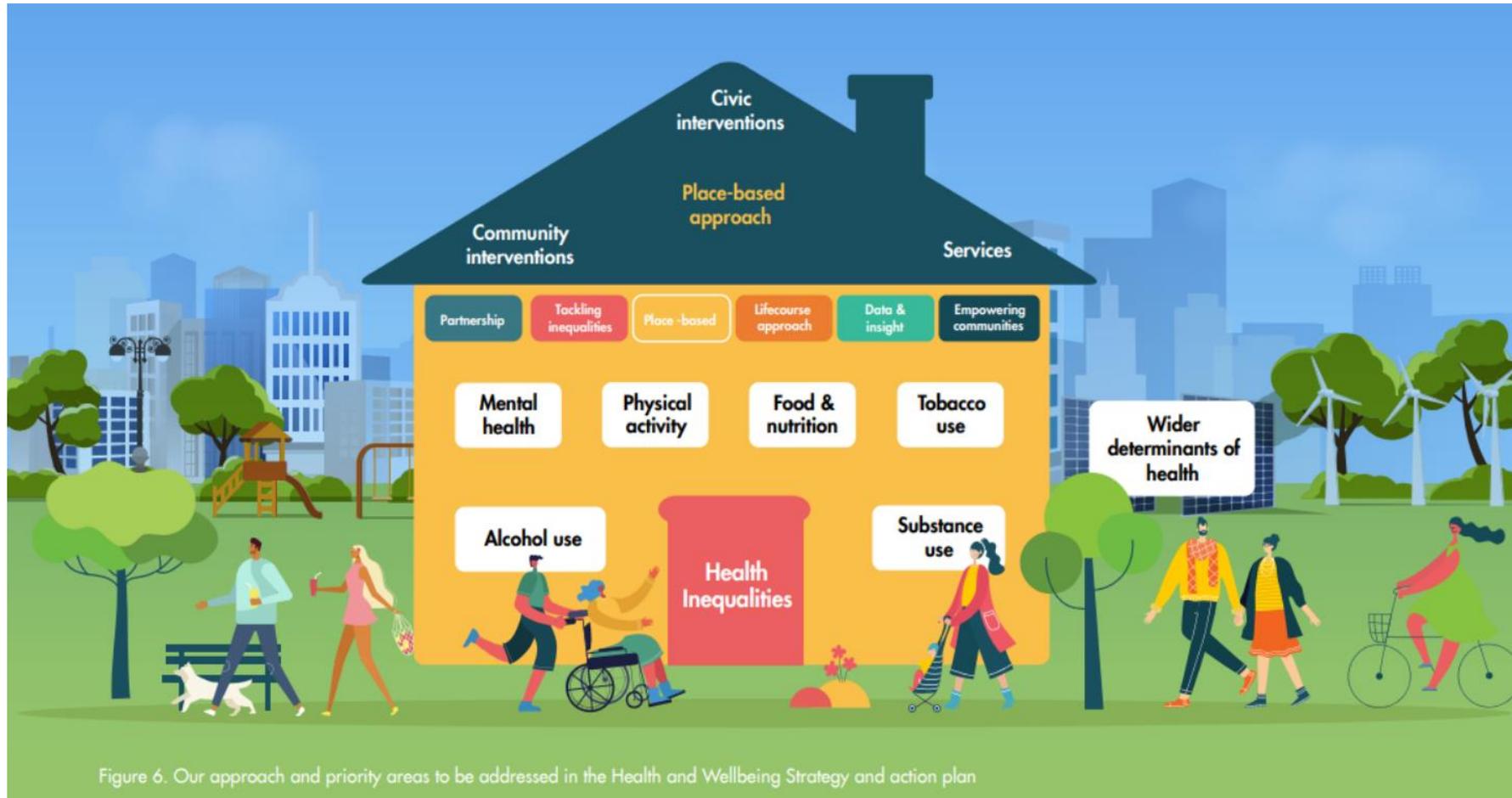


Figure 6. Our approach and priority areas to be addressed in the Health and Wellbeing Strategy and action plan

Progress

- Progress update for 2021/22
- Overall progress in implementing actions across topic areas:
 - 56% actions 'Green'
 - 33% actions 'Amber or Amber/Green'
 - 11% actions 'Red or Red/Amber' (mostly owing to reduced staff capacity)
- Focus of progress update report:
 - Mental health and wellbeing
 - Food, nutrition and food insecurity

Need in North Somerset

Mental health:

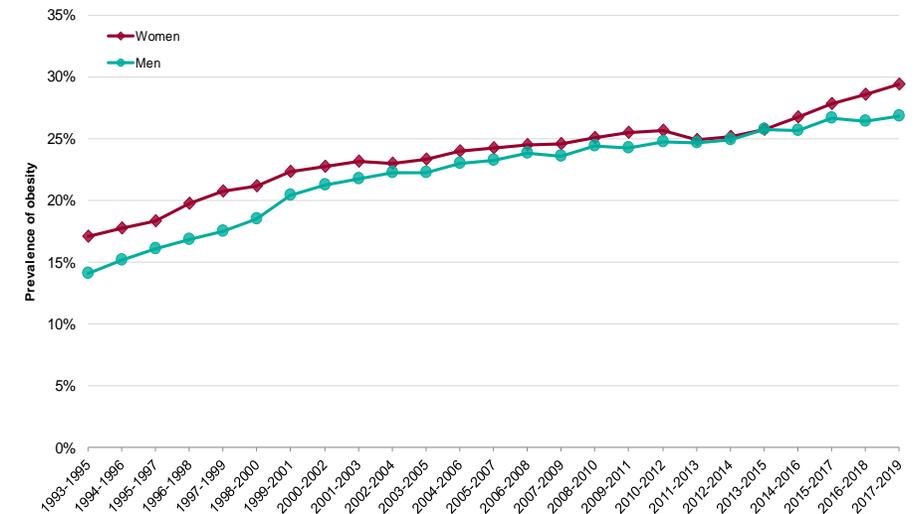
- 23.6% of adults report a high anxiety score
 - 23.4% for SW; 24.2% for England
- 14% of adults have had a diagnosis of depression

Page 59

Unhealthy weight:

- 61% adults & 32% children aged 10-11 have unhealthy weight
- Prevalence in children ~2x higher in most deprived versus least deprived areas

Trend in obesity prevalence among adults
Health Survey for England 1993 to 2019 (three-year averages)



Prevention: Mental health and wellbeing



Theme	Objective	Action plan progress report (Q3 2021/22)
Mental health Page 60	<ul style="list-style-type: none"> • Reduction in the prevalence of self-reported poor mental health in the NS population • Increase in the prevalence of good mental health and emotional wellbeing • Improvement in access to timely mental health support • Reduction in social isolation 	<ul style="list-style-type: none"> • Needs assessment completed • MH strategy to re-commence May 2022 • Community grants extended: 5 organisations providing services for adults; 4 organisations providing services for CYP • Grants to fund social prescribing destinations awarded to nine community organisations • Healthy workplace programme initiated • Mental health support in schools in place in preparation for MHSTs

Food, nutrition and food insecurity



Theme	Objective	Action plan progress report (Q3 2021/22)
Food, nutrition and food insecurity Page 61	<ul style="list-style-type: none"> Reduction in the prevalence of unhealthy weight among children (reception and year 6) Reduction in the prevalence of unhealthy weight in the adult population Reduction in inequality in prevalence of unhealthy weight at ward-level Reduction in the prevalence of self-reported food insecurity 	<ul style="list-style-type: none"> Early Years Settings Award: Evidence-based criteria in development; pilot programme, focused on food, nutrition and food insecurity to commence with 9 settings in April 2022. Extended brief interventions for children identified as having an unhealthy weight: programme funded and due to commence in next school year Slimming World commissioned to deliver Tier 2 adults weight management service. Male-tailored weight management programmes to be delivered in Weston and Woodspring localities. Health Trainer service expansion underway for total of 4 roles + team manager, with service targeted to people living in Weston-super-Mare.

Food, nutrition and food insecurity



Theme	Objective	Action plan progress report (Q3 2021/22)
Food, nutrition and food insecurity Page 62	<ul style="list-style-type: none"> • Reduction in the prevalence of unhealthy weight among children (reception and year 6) • Reduction in the prevalence of unhealthy weight in the adult population • Reduction in inequality in prevalence of unhealthy weight at ward-level • Reduction in the prevalence of self-reported food insecurity 	<ul style="list-style-type: none"> • Community food projects grants awarded to four organisations with a focus on improving food and cooking skills and strengthening access to nutritious, sustainable and affordable food. • Food Alliance, working to Sustainable Food Places framework. • Development of Food Resilience Pathway to enable move from crisis to independence. • Introduction of Community Fridge, Weston-super-Mare. • Holiday Activity and Food Programme in place. • Shaping Places for Healthier Lives BNSSG-wide programme to commence April 2022 (focus Bourneville, Central Ward) to identify local and tailored solutions to food insecurity.



Monitoring and Evaluation

- Data dashboard to display interactive performance monitoring framework operational (with thanks to Donna Davies, NSC BI Team)
- Publicly available data only
- To be available via NSC Health and Wellbeing Strategy website
- Displayed by 'approach' and priority topic area
 - Nationally available data for North Somerset
 - Service-level data e.g. breastfeeding rates, smoking cessation
 - Qualitative commentary regarding progress
 - Intervention-specific measures where appropriate (to follow)
 - To adapt and evolve over time
- The dashboard can be found [here](#)

Performance Monitoring Dashboard: Exemplar page

Power BI PH - HWB Strategy | DASHBOARD HWB Strategy | Data updated 28/01/22

PH - HWB Strategy

DASHBOARD HWB Strategy

Home

Prevention

Early Intervention

Thriving Communities

RAG Rating Descriptions

Go back

Health and Wellbeing Strategy 2021-2024

Prevention

Home | Prevention | Early Intervention | Thriving Communities

North Somerset COUNCIL

Priority theme: Food, nutrition and food insecurity

By 2024 we want (Objective): Reduction in inequality in prevalence of healthy weight at ward level

What we will do (Action): We will maximise uptake of infant feeding support using targeted programmes in the community in partnership with children's centres and health visitors.

By when (Timeline): 2021/2024

Measures (contributing to progress)	2021/22 Q3 status	2021/22 Q3 RAG rating	2021/22 Q3 commentary
Number of people engaging with infant feeding support - Number attending groups (Adults / Volume)	In progress	Green	Face-to-face breastfeeding support groups in process of being relaunched across North Somerset. Health visitors are launching topic based webinars including infant feeding and introducing solids.
Number of people engaging with infant feeding support - Number of facebook members	In progress	Green	Face-to-face breastfeeding support groups in process of being relaunched across North Somerset. Health visitors are launching topic based webinars including infant feeding and introducing solids.
Prevalence of breastfeeding at 1-year post-birth	In progress	Green	Face-to-face breastfeeding support groups in process of being relaunched across North Somerset. Health visitors are launching topic based webinars including infant feeding and introducing solids.
Prevalence of breastfeeding at 6-8 weeks post-birth	In progress	Green	Face-to-face breastfeeding support groups in process of being relaunched across North Somerset. Health visitors are launching topic based webinars including infant feeding and introducing solids.

Select one Measure to display trend data (if available)

Prevalence of breastfeeding at 6-8 weeks post-birth

Year	Central	North Gr...	North S...	Weston...
2017	60	58	50	48
2018	62	60	52	48
2019	65	62	54	49
2020	64	61	53	50
2021	66	63	55	50

New investment & action plan refresh



Page 65



- **Feedback, comments and questions:**
 - Overall progress and actions implemented
 - Design and usability of dashboard
 - New investment and refresh of action plan
 - Evaluation of impact

Page 66

Thank you

Health-wellbeing@n-somerset.gov.uk



Health Overview Policy and Scrutiny Panel

Work programme April 2022

(to be updated following each Panel meeting)

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

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

Topic	Reason for scrutiny	Method of scrutiny and reporting process	Timeline	Progress	Lead
Central Weston Primary Care Estate Review	To investigate the potential impact on the accessibility to the proposed Weston Rugby Club site and to consider and make recommendations in respect of mitigation opportunities. Supporting corporate objectives including: <ul style="list-style-type: none"> reducing inequalities supporting thriving and sustainable places collaborating with partners to deliver best outcomes 	Task & Finish working group – reporting to HOSP in order to agree recommendations to BNSSG CCG	(1) Assessment of accessibility issues and mitigation by TBA (2) Report prepared for July Hosp by TBA (3) Recommendations agreed at 19/07/22 HOSP	WG mtgs: 21/04/21 and 04/06/21; 16/07/21 Awaiting outcome of planning application	Chair
Children’s Mental Health Services	To understand the gaps in provision of Children’s Mental Health Services and whether North Somerset received parity of funding in comparison with neighbours in Bristol and South Gloucestershire. The driver for this work is concerns raised by Councillors and officers about a perceived lack of funding parity together with concerns raised by Members of the public about difficulties in accessing CAHMS services	Joint working group – Reporting back to parent Panels (CYPS and HOSP) in order to reach and agree conclusions and consider next steps	To provide interim update report to CYPS on 30 th June 2021 To report findings to CYPS and HOSP at the next available opportunity to agree next steps	WG mtg: 15/04/21; 18/05/21; 01/12/21; Findings reported to CYPS 10/03/2022	Chair
Healthy Weston Phase 2	Statutory: likely Substantial Variation	Preliminary Briefing 25/03/22 reporting to full Panel on 20/03/22	TBA		
UHBW Merger Integration	To monitor progress on the ongoing structural integration of the former UHW and WAH Trusts	Working Group established	Ongoing – regular periodic meetings. Next Mtg 21/04/22	WG mtgs: 10/12/21 and 22/02/2022	Chair

(cont...)

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

Topic	Reason for scrutiny	Proposed method of scrutiny & reporting process	Timeline	Lead
The “new (covid) normal” – recovery plans	To consider commissioner and provider recovery plans – particularly in respect of treatment backlogs	TBA	TBA	TBA

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

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

(cont...)

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

Item	Purpose	Outcome
HOSP: 18th October 2021		
Winter/Covid Pressures	Review partnership plans for the forthcoming winter	
(Included in item above) Treatment backlog and long covid	Panel engagement/scrutiny	
Recruitment and development of the integrated frailty and care home model		
Mental Health/Substance Misuse		
Sexual Health Services		
Recruitment (Primary Care)		
HOSP: 20th April 2022		
Healthy Weston 2		
Health & Wellbeing Strategy implementaton		
HOSP: 23rd June 2022		
Dentistry services	Panel engagement/scrutiny	

SECTION 5 - Recommendations - Response from Executive Member

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

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

Panel Recommendation	Date of Response	Actions – implementation progress

This page is intentionally left blank