



# Health and Wellbeing Board

29 June 2022

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

**Title:** BNSSG Healthy Weston Phase 2

**Ward:** N/A

**Officer Presenting Report:** Andy Hollowood,

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## Recommendations

The Board 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. Note the plans for public engagement to inform the implementation of the new model of care for Weston General Hospital.
3. Provide feedback against the 5 key engagement themes set out in section 3 of this paper that will help inform plans for implementation.

## 1. Strategy for Weston

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

Weston is a great place to start and raise a family. There is investment in the 24/7 midwifery service, specialist paediatric service is being strengthened because of Healthy Weston Phase 1 and primary care provision is being enhanced, for example by building a new state-of-the-art GP practice in the Villages development. The Clinical Commissioning Group is investing significantly more per head of North Somerset's population in Children and Adolescent Mental Health Services (CAMHS) than anywhere else in BNSSG.

## **Live Well**

Weston is a great place to live well and the services that people most often need are available locally. Plans are being developed to significantly increase the number of planned operations and procedures at Weston General Hospital, thereby helping to tackle the backlog that has built up over the course of the pandemic. There is also a commitment to mental health services available when people need them most, for example The Safe Haven service, which serves and supports 50-80 people in mental health crisis every week.

## **Age Well**

Weston is a great place to age well. As people age, they are all likely to need healthcare services more often. People should be supported to live in their own home for as long as possible and – if they do need an inpatient stay in hospital – they get tailored treatment and rehabilitation to help them return home as quickly as possible. To do this well, teams are being built that have specialist training in the treatment of older adults, who often have complex and specific medical needs.

## **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 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. Further detail on our case for change can be found in appendix 1.

## 2. Update on the Healthy Weston Programme (Phase 2)

### Developing the new model of care

A structured, clinically led process has been used throughout the Healthy Weston Programme to develop the proposals for improvement. The Decision-Making Business Case for Healthy Weston Phase 1 (published in 2019) set out a potential long-term model for Weston which it undertook to revisit and progress within this second phase of the work. Local clinicians, working in partnership with staff and patient representatives, have refined and developed the proposals, considering the impact of the pandemic and the benefits of the merger with University Hospitals Bristol.

The consensus from the Healthy Weston Programme is that doing nothing carries the greatest risk for both Weston General Hospital and the wider system as it brings with it the possibility of continuing unplanned changes that have the potential to destabilise the system and affect patient care. A Review Panel from the South West Clinical Senate agreed that 'do nothing' is not an option, stating that there is significant and robust clinical evidence that it is neither sustainable nor safe to continue services as they are.

Feedback collated from stakeholders has been used to develop the criteria by which options for improvement and change were assessed. The criteria used to evaluate potential options, which are directly linked to the reasons for change and the themes from engagement activities, were:

- **Quality of care:** clinical effectiveness, patient and carer experience, safety
- **Access to care:** patient choice, distance, cost and travel time
- **Workforce:** scale of impact, impact on recruitment, retention and skills
- **Value for money:** capital costs, income and expenditure,
- **Deliverability:** expected time to delivery, co-dependencies

Two proposed options were evaluated against the criteria at workshop attended by clinicians, patient representatives and operational leads from across the system. The

workshop was independently chaired by the Chair of the Northern England Clinical Senate. Each option was objectively considered based on expected delivery of the service model in 2023/24, drawing on evidence from national guidance and best practice as well as data laid out in the Case for Change and the draft Outline Business Case. The consensus reached was in favour of option two, which was put forward and agreed by the Healthy Weston Steering Group and CCG Governing Body as the preferred model.

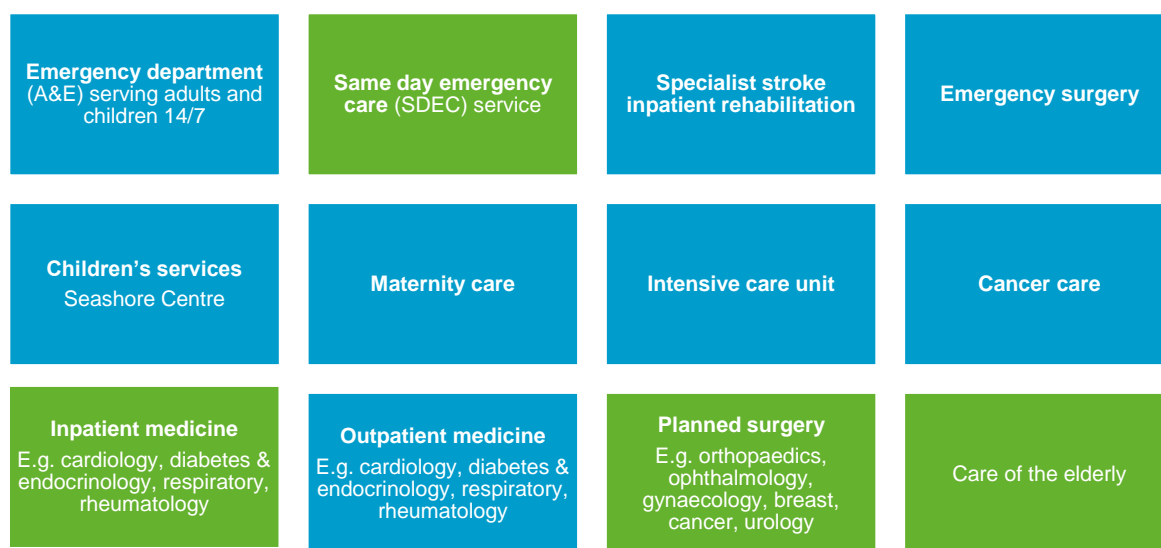
The North Somerset Health Overview and Scrutiny Panel (HOSP) met on 20 April 2022 and decided that the preferred model put forward for Healthy Weston Phase 2 should be considered a process of service improvement. The South West Clinical Senate Review Panel held on 31 March confirmed the Clinical Senate’s assurance of the preferred model.

The conclusion of this work is a series of exciting improvements to the hospital clinical model - supported by clinicians from across the BNSSG and Somerset system and shaped by patient, public and staff representation.

## Focus and Objectives

The services that Weston General Hospital currently provides covers 12 different core service areas. Healthy Weston Phase 2 will make improvements to 3 out of 12 of these core services, whilst continue to provide and improve the range of services it offers now. This figure below sets out the programme scope.

Figure 1 - Programme scope



Key:

= no change proposed as part of Healthy Weston phase 2 [but subject to ongoing UHBW service improvement]

= Change proposed as part of Healthy Weston Phase 2

Support service, such as x-ray, pharmacy, pathology, therapies, and palliative care, will continue to be provided across the 12 core services.

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 there is 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 the new model of care Weston General Hospital would:

- Continue to provide an Emergency Department 14 hours a day (8am to 10pm) seven days a week, exactly as now, and the Seashore Centre for urgent children's service (Objective A)
- Re-focus 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 rapid assessment and treatment and reduce the amount of time people need to spend in hospital (Objective A)
- Transfer anyone (other than those people who would benefit from the centre for excellence for older people, emergency surgery or orthopaedics) needing more than a 24-hour medical inpatient stay to specialist teams in 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 (Objectives A and B)
- Expand the 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 the population characteristics Weston General 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) offered.
- Continue to provide urgent and emergency surgery and critical care for people without complex needs (Objective C).

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

The new model of care will also address the fact that Weston General Hospital is not able to sustain the wide range of teams and rotas to deliver certain specialist inpatient medical care for areas such as gastroenterology, cardiology and respiratory.

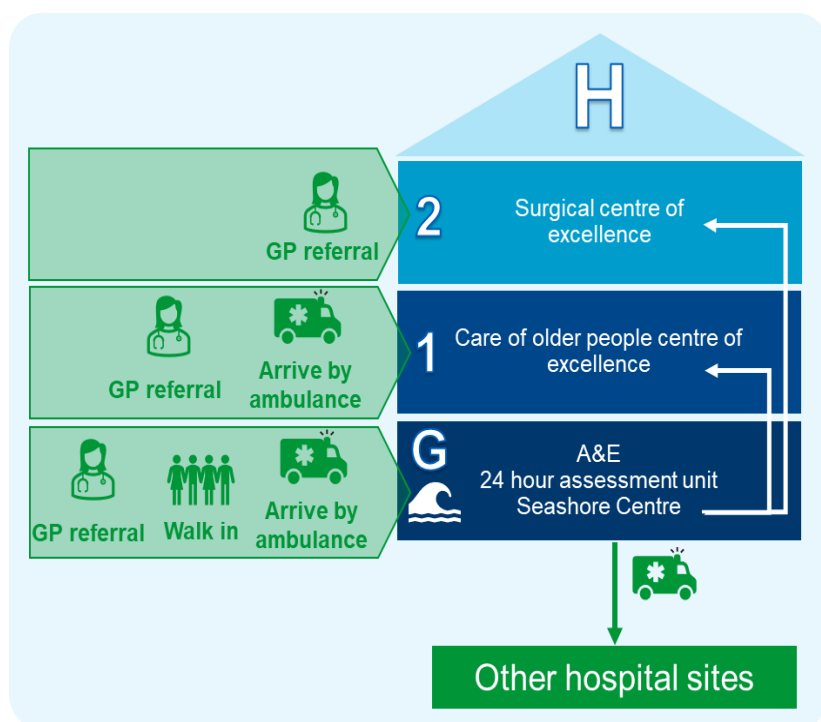
This model ensures that Weston General Hospital:

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

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

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

The main components of the proposed model of care are set out in the figure below.



The clinical model builds 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 table below provides more detail on the number of ambulances and walk-in patients that would arrive at Weston General Hospital and the number of transfers of patients from Weston to an alternative neighbouring hospital if needed under the new model.

	Current	New model
<b>Bed capacity at Weston Hospital</b>	Elective: 28 Non elective: 247 Total bed capacity: 275	Elective: 111* Non elective: 164 Total bed capacity: 275
<b>Weston ED attendances (per day)</b>	137	137
<b>Ambulances going to Weston ED (per day)</b>	34	34
<b>Additional people transferred from Weston ED to another hospital (per day) compared to now</b>	N/A	8 extra
<b>Extra non-elective beds needed at other hospitals (and % increase in their total non-elective admissions)</b>	Bristol Royal Infirmary	19 beds (3.1% increase)
	Southmead	9 beds (1.2% increase)
	Musgrove Park	12 beds (2.5% increase)
<b>Extra surgical procedures at Weston</b>	N/A	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 which have been used as examples for illustrative purposes: hip replacements and cataract operations.

## Travel

People care deeply about travel, transport and where they go for their care, and it is understood that changes to where care is provided can make it difficult to visit loved ones in hospital. The proposals would mean significantly more people than now would be able to receive planned operations and procedures at Weston General Hospital. The proposed changes would facilitate this by freeing up the space for a surgical centre of excellence. 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 must travel to Bristol 4-5 times for each eye treated – this would no longer be the case.

However, the model would result in some people having to transfer to another local hospital for their care. There are several 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 General Hospital once they have had specialist input, to finish their inpatient stay closer to home.

### 3. Engaging with the public and other stakeholders

The Healthy Weston programme has worked extensively with staff, system partners, patients and carers, stakeholders, community representatives over the past four years. Over 5, 600 people have been engaged by the programme to influence the model of care and to develop and refine the approach.

The engagement confirmed widespread support for Healthy Weston's vision of joined up and collaborative care, focusing on those services most people in Weston and the surrounding area need most of the time, and with better networked care for specialist services, was found through this engagement work. Elements that people were particularly positive about included:

- the value of working across organisations and sectors to improve quality and efficiency, reduce duplication and streamline care to improve people's experience
- the potential for easier access to some services
- better use of available staff and resources
- improved services and support for vulnerable groups, children, and the elderly.

To strengthen the engagement undertaken over the past four years, Healthy Weston Phase 2 has put the following engagement mechanisms in place:

- The establishment of staff and patient and public reference groups
- System-wide partnership involvement in the Healthy Weston programme, for example through the Clinical Design Group, and the Healthy Weston Steering Group, as well as through regular presentation and discussion to the Healthier Together Executive
- Regular cascades of information to staff, stakeholders, and the public through a range of channels (media, social media, face to face briefings, Q&A sessions, etc)
- Publication of information and updates on the Healthier Together and other system partner websites
- An online survey for staff, patients, and the public to gather feedback on the emerging model of care and to inform the evaluation criteria for assessing potential options
- Cascade of a 'you said, we did' response to the survey



- Regular dialogue with elected representatives – local councillors, council leaders and health overview and scrutiny members; and with local MPs
- Regular meetings and detailed discussion with health and care system partners informally as well as through programme governance meetings
- Work with staff, stakeholders, and community groups (including outreach activities particularly to reach those who are seldom heard, in marginalised groups, and those with protected characteristics under the equalities legislation) to develop our detailed approach to a further period of focused public, staff and stakeholder engagement.

The online survey for staff, patients and the public received a total of 887 responses. Of these 85% of respondents thought that services at Weston General Hospital needed to change and 91% supported the improvements to same day emergency care and making the length of stay at hospital as short as possible.

### **Focus for this phase in engagement**

Given our extensive previous engagement activities to develop and test the Healthy Weston Phase 2 model, the focus of this engagement period is on **gaining information to further inform our implementation plans**.

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

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

The five themes are:

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

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

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

## How we will engage

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

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

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

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

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

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

## 4. Next steps in delivering the model

Following the decision by North Somerset Health Overview and Scrutiny Panel, [on behalf of Bristol and South Gloucestershire Scrutiny Committees], that Healthy Weston Phase 2 is defined as ongoing service improvement and is not subject to the formal legal framework that is applied to proposals that constitute a substantial variation, there is greater freedom and flexibility on how the programme is delivered, giving the option to progress some elements of the new clinical model quicker than others. This approach is bolstered by the fact that programme resource can now be focussed on service planning, development, and implementation rather than servicing the assurance and procedural requirements of the substantial variation process.

Therefore, the Healthy Weston Steering Group has agreed to move away from a single Full Business Case which contains all elements of the implementation plan of the new clinical model and instead develop a series of phased (and linked) business case/ delivery plans. A knock-on benefit to this flexibility is that we can assess which services may be less resilient and therefore a priority for reform (as per our Case for Change).

A Programme Initiation Document (PID) has been developed that sets out the individual projects within the overall programme that can be delivered sequentially. Within some of the individual projects themselves there are opportunities/ options to phase implementation – most notably in the displacement of inpatient medical beds speciality by speciality and planned care hub capital investment.

This approach will be developed and delivered by the BNSSG CCG and UHBW teams over the forthcoming months.

## Appendix 1 – Case for Change

This appendix sets out the case for why change is needed. It builds on the work of Healthy Weston Phase 1 and considers the changes that have occurred over the last two years. It examines the evidence against four key reasons why proposals for improvements to Weston General Hospital must be taken forward:

**The health needs of the population are changing:** There are more houses being built and the population is growing. Local people are getting older and living with more complex health conditions. Weston General Hospital needs to be able to provide care that local people use the most. Our plans mean we can provide thousands more operations a year close to home and keep up with all the services that people use most, like outpatient appointments, maternity care, children's services, and care for older people.

**The current model of care is unsustainable:** The whole country has a shortage of healthcare staff. There are not enough specialist staff in some departments at Weston General Hospital, even though we have tried for years to recruit more. This makes it hard for some services at Weston General Hospital to meet national and local clinical quality standards consistently. Our plans adapt services so they can continue for the long-term, safe and strong.

**Whole-system changes are required to ensure timely access to equitable, integrated care:** Weston General Hospital can work even more closely with general practices, community services and social care to support people close to home. Trusts from Weston and Bristol recently merged to work closely together.

**There is an opportunity to better use our resources:** The NHS has limited staff, money, and other resources. The COVID-19 pandemic put more pressure on services. Our plans will help get the best outcome for every pound of NHS money spent.

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 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.