Public Document Pack

Joint Health Overview and Scrutiny Committee

Agenda

Date: Wednesday, 26 September 2018

Time: 10.00 am

Venue: Kingswood Council Chamber, Kingswood Civic Centre, High Street, Kingswood, BS15 9TR

Distribution:

Bristol City Council Members
Councillors: Brenda Massey (Chair), Eleanor Combley, Jos Clark, Paul Goggin, Gill Kirk, Celia Phipps and Chris Windows

North Somerset Council Members
Councillors: Roz Willis, Mike Bell, Andy Cole, David Hitchins, Ruth Jacobs, Reyna Knight, Ian Parker

South Gloucestershire Council Members
Councillors: Marian Gilpin, Janet Biggin, Keith Burchell, Shirley Holloway, Sue Hope, Sarah Pomfret, Ian Scott

Issued by: John McCormack, Head of Legal & Democratic Services & Monitoring Officer, South Gloucestershire Council
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Date: 18th September 2018

Agenda

1. Joint Health Overview and Scrutiny Committee

(Pages 3 - 48)

Joint Health Scrutiny Committee BNSSG

AGENDA

Date: **Wednesday 26th September 2018**
Time: **10.00am**
Venue: **Kingswood Council Chamber**
Kingswood Civic Centre
High Street, Kingswood, BS15 9TR

Please note parking is very limited at the Civic Centre so if you are travelling by car allow enough time to park in a nearby street of town centre car park and then walk to the Civic Centre.

Distribution:

Bristol City Council People Scrutiny Commission Councillors:
Jos Clark, Paul Coggin, Eleanor Combley, Gill Kirk, Brenda Massey, Celia Phipps and Chris Windows

North Somerset Health Scrutiny Committee Councillors:
Mike Bell, Andy Cole, David Hitchins, Ruth Jacobs, Reyna Knight, Ian Parker and Roz Willis

South Gloucestershire Health Scrutiny Committee Councillors:
Janet Biggin, Keith Burchell, Marian Gilpin, Sue Hope, Shirley Holloway, Sarah Pomfret and Ian Scott

Appropriate Officers

Issued by: John McCormack, Head of Legal & Democratic Services & Monitoring Officer, South Gloucestershire Council
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Date: 18th September 2018

EMERGENCY EVACUATION PROCEDURE

If the fire alarm siren sounds, leave the chamber via the entrance lobby, go down the staircase and assemble in the car park behind the Council Offices. If that staircase is unusable, use the fire escape staircase in the Council Chamber itself. Do not run or use the lifts. If you have mobility problems tell the Democratic Services Officer who will assist you.

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AGENDA

1. WELCOME AND INTRODUCTIONS

In accordance with previously agreed arrangements, Cllr Marian Gilpin (South Gloucestershire) will act as Chair for the duration of the meeting and Cllr Brenda Massey (Bristol) and Cllr Roz Willis (North Somerset) will act as Vice-Chairs.

2. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

To receive apologies for absence and to note any substitutions.

3. EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure.

4. DECLARATIONS OF INTEREST

Members who have an interest to declare are asked to: (a) State the item number in which they have an interest; (b) The nature of the interest; (c) Whether the interest is a disclosable pecuniary interest, non-disclosable pecuniary interest or non-pecuniary interest. Any member who is unsure about the above should seek advice from the Monitoring Officer prior to the meeting in order to expedite matters at the meeting itself.

5. MINUTES OF THE LAST MEETING HELD ON 27TH FEBRUARY 2018 (Pages 5 - 10)

To approve the minutes of the last meeting held on 27th February 2018 as a correct record.

6. PUBLIC FORUM (Pages 11 - 12)

The total time for this item is 30 minutes.

Members of the public and members of the three Councils may participate in the Public Forum. Arrangements for doing so are set out in the attached Public Information Sheet.

Public Forum items for this meeting should be emailed to karen.king@southglos.gov.uk no later than 12 noon on Tuesday 25th September 2018.

7. REPORT OF THE HEALTHIER TOGETHER TEAM (Pages 13 - 46)

The BNSSG STP will update the Joint Committee on progress since the STP Conference and give a brief summary of programme plans; there will be reports and presentations relating to the following areas of work:

- *Progress Update*
- *Urgent Care Strategy*
- *Developing Plans for Mental Health*
- *Communications and Engagement*
- *Capital Bids*

8. EXCLUSION OF THE PUBLIC

Members are asked to agree that the public be excluded during consideration of the following item on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of proceedings, that if members of the public are present during consideration of the exempt item, there will be disclosure to them of exempt information as defined under Section 100(1) of the Local Government Act 1972.

9. REPORT OF THE HEALTHIER TOGETHER TEAM - Continued

The BNSSG STP will update the Joint Committee on progress since the STP Conference and give a brief summary of programme plans; there will be reports and presentations relating to the following areas of work:

- *Community Services Re-procurement*
- *Avon & Wilts Mental Health Partnership – Estates Rationalisation Plans*

Open Session

10. DATE OF NEXT MEETING

To note that a second Members' Workshop is planned for January 2019, with the next meeting of the Joint Health Scrutiny Committee planned for March 2019.

DRAFT Minutes of the Joint Health Overview and Scrutiny Committee

Tuesday, 27th February 2018 at 10.00 a.m.

held at the Town Hall, Weston-super-Mare, Somerset.

In attendance:-

Bristol City Council
Councillors: Brenda Massey, Eleanor Combley, Donald Alexander (substitute for Paul Goggin), Tim Kent, and Celia Phipps
Apologies: Paul Goggin, Gill Kirk, Chris Windows

North Somerset Council
Councillors: Roz Willis (Chair), Mike Bell, Andy Cole, Ruth Jacobs, Reyna Knight, Ian Parker.
Apologies: David Hitchins

South Gloucestershire Council
Councillors: Marian Lewis, Janet Biggin, Robert Griffin (substitute for Keith Burchell) Shirley Holloway, Sue Hope, Sarah Pomfret
Apologies: Ian Scott

Officers:-
Louise deCordova (Scrutiny Advisor, Bristol City Council), Claire Rees (Health and Wellbeing Partnership Officer, South Gloucestershire Council), Leo Taylor (Scrutiny Officer, North Somerset Council)

STP Representatives:-
Dr Mary Backhouse (Clinical Chair, North Somerset CCG), Rebecca Balloch (Communications & Engagement Lead, Healthier Together BNSSG CCG), Laura Nicholas (BNSSG STP Programme Director), Professor Mark Pietroni (Director of Public Health, South Gloucestershire Council), James Rimmer (Chief Executive, Weston Area Health Trust) Julia Ross (Chief Executive, BNSSG CCG), Jo Underwood (Delivery Director, North Somerset CCG), Dr Lesley Ward (South Bristol Representative, Bristol CCG), Robert Woolley (Chief Executive, University Hospital Trust Bristol UHB and Senior Responsible Officer for the local STP)

11 Declarations of Interest by Members (Agenda Item 3)

None

12 Chair's Business (Agenda Item 4)

There was no Chair's Business

13 Minutes of the Meeting held on 23rd October 2017 (Agenda Item 5)

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

14 Public Forum (Agenda Item 6)

There were no Public Forum items.

15 Proposed amendment to the Joint Committee's Terms of Reference (ToR) (Agenda Item 7)

The Chairman presented the report proposing that Members review and clarify the intention of the resolution at the last meeting of the Committee on 23rd October 2017 - that its ToR be amended to include the power to scrutinise a newly merged Clinical Commissioning Group and other NHS bodies acting together across North Somerset, Bristol and South Gloucestershire.

In considering the report, the consensus view was that the existing ToR was adequate and, contrary to the Joint Committee's earlier resolution, the proposed change was unnecessary. It was therefore:-

Resolved: that, having reviewed the Joint Committee's earlier resolution, no amendment to the ToR be proposed.

16 Healthier Together Update – Overview (Agenda Item 8)

Robert Woolley (Chief Executive, UHB) provided an overview of the report and presentations which covered the following four distinct themes [minuted separately below]:

- Healthier Together programme update;
- improving the health of our population;
- improving quality of services; and
- Healthy Weston update.

In setting out the context of the "Healthier Together" programme - formerly known as the "Sustainability and Transformation Partnership" (STP) programme - he also referred to the prospective merger between UHBT and WAHT and the potential benefits this could deliver to the programme. In concluding, he emphasised that the STP was not a pre-determined plan but should rather be seen as a developing partnership born out of the need to find more sustainable ways of improving health and social care through closer and more integrated service planning and delivery from commissioners and providers across the BNSSG area.

[N.B. A copy of the overarching report and slides used in the presentations referred to in the minutes below can be found with the meeting agenda papers on respective Council websites]

17 Healthier Together – programme update (Agenda Item 8)

Laura Nicholas (BNSSG STP Programme Director) gave a presentation providing an update on the Healthier Together programme and covering the following:

- the core draft narrative for Member feedback;
- the local context including the history of local collaboration, the challenge around the BNSSG STP rated as needing "most improvement" and an increasing focus on whole system rather than individual organisation performance;
- the constituent organisations;
- a summary of the BNSSG case for change; and
- a finance update outlining the budgets and financial pressures across the BNSSG health economy.

Members received the following responses to their comments and queries:-

(1) *How would the STP be communicated to the public?* – The purpose of draft narrative set out in the report was to give workforce and stakeholders the tools to provide a consistent and clear message. Feedback on the draft was important in ensuring the finalised version was the right message;
(2) *had risks around Brexit impacts on workforce been assessed?* – There were no specific mitigation plans but the issue was being addressed through NHS lobbying channels and though on-going European and world-wide recruitment strategies. Working together at scale across BNSSG could bring about potential significant recruitment benefits;
(3) *reference in the narrative to having "the highest bed occupancy rate in the country". Why was performance so poor in BNSSG?* – Further detailed work was being undertaken on assessing causes and mitigations but it was clear that there needed to be a balance between improving hospital admission and discharge processes and increasing capacity in the community. Members were assured that this further work, particularly around urgent care pathways, would be brought back to the Joint Committee as this was likely to result in service changes;
(4) *how would the Healthy Weston approach be cascaded through the rest of BNSSG?* – This was around the locality driven approach: bringing together Community Health, GP Practices, Social Care and (eventually) acute care within each of the six BNSSG localities to ensure that place-based service change would be delivered in partnership with the communities served;
(5) *the need for the communications strategy to reach people who did not use computers* – There was a communications/engagement team whose work included looking at these kinds of inclusion issues;
(6) *the draft narrative was good at identifying the challenges but not good at articulating a vision of what success would look like and, without that, it would struggle to bring people on board* – This was a good point well made. Nevertheless, it was an evolving process and an event was in the process of being planned, most likely in June, to focus on the "vision";
(7) *what were the opportunities/capacity for capital spend on funding transformational change?* – There was an Estates Group looking at opportunities and there were proposals, for instance, relating to rationalising the mental health estate. Some capital had been made available in areas such as primary care. However, the overriding focus was on looking at ways

of collectively doing more with existing revenue budgets such as by pooling resources; and
(8) *what was being done to drive economies of scale as a result of a larger BNSSG footprint?* – It was acknowledged that there were significant opportunities around procurement. There was already, for instance, a Bristol procurement consortium. Consideration was also being given to opportunities around shared corporate and support services.

Concluded: that the report and presentation be received and that Members' views be provided to health colleagues in the form of the minutes.

18 Healthier Together – improving the health of our population (Agenda Item 6)

Professor Mark Pietroni (Director of Public Health, South Gloucestershire Council) gave a presentation on the programme covering the following:

- purpose of the prevention plan;
- case for change – importance of variation;
- prevention workstream priorities driven by population need;
- five priority areas for 2018-19;
- five core principles to be taken up across the system; and
- next steps and timescales.

Members received the following responses to their comments and queries:-

(1) *the obesity strategy focussed on children but how was this balanced against the treatment needs of adults?* – There was no suggestion of a lack of commitment to treating adults but rather that there should be an emphasis on early prevention – hence the focus on childhood obesity;
(2) *how would the health "nuances" in pockets within localities be identified (eg equalities issues in Weston-super-Mare) and, more generally, how were inequalities being addressed?* – The key points had been identified but delivery was a constant challenge at operational level. All parts of the health and social care system needed to work effectively together in addressing these challenges but local authorities had a critical role identifying and articulating local need; and
(3) *concerns around young people's mental health services (the effects of cyber bullying were highlighted) and the important role of the voluntary sector. A view was expressed that the mental health elements in the programme needed to be developed further* – The importance of the voluntary sector on delivering services at local level was acknowledged, as was the need for greater focus on early intervention and prevention. There had been some recent work on suicide prevention and there was an expectation that Members would see more as the Mental Health strategy was developed further.

Concluded: that the report and presentation be received and that Members' views be provided to health colleagues in the form of the minutes.

19 Healthier Together – improving quality of services (Agenda Item 8)

Jo Underwood (Delivery Director, North Somerset CCG) and Dr Lesley Ward (South Bristol Representative, Bristol CCG) gave a presentation updating the Joint Committee on progress in respect of the Urgent and Emergency care project and cover the following key points:-

- urgent and emergency care – project scope;
- urgent care delivery plan; and
- high level timeline.

Members received the following responses to their comments and queries:-

(1) *more detail about progress on actions undertaken to date towards meeting the high level "seven pillars" (urgent care model)* – Actions so far included measures around GP access, NHS 111 access and procedures and urgent treatment centres. It was acknowledged that there was a need to build sufficient capacity into the delivery timeline to ensure there was a common understanding about where the local populations were which work needed to be focussed around - eg following local engagement;
(2) *there was a request for more information about the project "vision". If they were talking about urgent treatments centres, the timeline looked very ambitious. Some Members felt that the seven pillars model posed challenging questions about current capacity to deliver (for instance some parts of this system such as GP access were clearly not working effectively due to demand outpacing capacity)* - The current work was mostly around scoping what already existed and how to best match this with local need. The project was designed in accordance with a national specification but nevertheless the point about vision was acknowledged as was the need for this to be clearly defined going forward; and
(3) *what was being done to address the necessary behavioural change from people accessing urgent care* – experience was the key, making it easier for people to make the right choices first time but the reality was that an effective system needed to be there in the first place. Getting the constituent parts of the service to operate as one coherent system was essential. Members' concerns around capacity were acknowledged but there were no simple solutions – work around telephony/direct bookings and GP practices working more effectively together were elements of a wider and more holistic, whole system approach that was key to addressing these challenges.

Concluded: that the report and presentation be received and that Members' views be provided to health colleagues in the form of the minutes.

20 Healthier Together – Healthy Weston update (Agenda Item 8)

Dr Mary Backhouse (Clinical Chair, North Somerset CCG) gave a presentation updating the Joint Committee on the Healthy Weston programme.

The Chairman noted that the Chief Executives of both UHBT and WAHT had attended the meeting, illustrating their commitment to the programme. The high numbers of GPs involved in the Healthy Weston engagement was also welcomed.

Concluded: that the report and presentation be received

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Chairman

_____

Joint Health Scrutiny Committee
Public Information Sheet

Petitions, Statements and Questions

Members of the public and members of council, provided they give notice in writing or by electronic mail to the proper officer of the host authority (and include their name and address and details of the wording of the petition, and in the case of a statement or question a copy of the submission), **by no later than 12 noon** of the working day before the meeting, may present a petition, submit a statement or ask a question at meetings of the committee. The petition, statement or question must relate to the terms of reference and role and responsibility of the committee.

The total time allowed for dealing with petitions, statements and questions at each meeting is thirty minutes.

Statements and written questions, provided they are of reasonable length, will be copied and circulated to all members and will be made available to the public at the meeting

There will be no debate in relation to any petitions, statements and questions raised at the meeting but the committee will resolve;

(1) "that the petition / statement be noted"; or
(2) if the content relates to a matter on the agenda for the meeting:
"that the contents of the petition / statement be considered when the item is debated";

Response to Questions

Questions will be directed to the appropriate Director or organisation to provide a written response directly to the questioner. Appropriately redacted copies of responses will be published on the host authority's website within 28 days.

Details of the questions and answers will be included on the following agenda.

Healthier Together

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

Report to the: Joint Health Overview and Scrutiny Committee

Date of Meeting: 26 September 2018

Subject of the Report: Healthier Together update – the Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP)

Presented by:

Julia Ross, Chief Executive, Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) and co-lead for the STP
Laura Nicholas, BNSSG STP Programme Director
Deborah El-Sayed, Director of Transformation, BNSSG CCG
Stephen Lightbown, Director of Communications, North Bristol NHS Trust

Recommendation

It is recommended that:

- Members note the positive progress our STP has made since our last meeting.
- Note the draft programme plans overview which sets out 10 priority areas of focus for our STP.
- Note that the intention for the Aspirant ICS programme is to enhance our BNSSG system working.
- Members provide feedback on our intention for a public engagement event in November and a second council members event in early 2019.
- For Members to consider if there are any particular health and care related topics/ lines of questioning they would like us to pose to the Healthier Together Citizens' Panel.

1. Summary

This paper provides the Joint Health Overview and Scrutiny Committee an update on Healthier Together – our Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership (BNSSG STP).

It covers:

- Healthier Together progress update – including high level overview of the STP progress since the conference in June 2018, summary of programme plans, Aspirant ICS programme and Healthy Weston
- Urgent care strategy
- Developing strategic plans for mental health
- Communications and engagement

Since the joint committee received its last update in February 2018:

- The Healthier Together programme has continued to make good progress. As well as successfully completing a collaborative approach to the annual planning round, the partnership has run a major conference for partners and close external stakeholders which has accelerated the development of plans in ten key areas that will make a significant difference to citizens and service users across our area.
- Our STP has been externally assessed by regulators with the progress we are making formally acknowledged and the partnership has been invited to take part in an NHS England and NHS Improvement development programme which will help the partnership to start to develop towards becoming an Integrated Care System (ICS). BNSSG has been nominated as an STP that is perceived to be making good progress and able to benefit from some accelerated development support.
- We submitted proposals to NHS England and NHS Improvement in June for significant capital investment in our local service infrastructure. Bids totalled £74m (out of national share of £1.6bn) and covered areas such as IT, facilities for integrated care services and improvements to acute hospital facilities. We expect to hear which of the proposals have been successful in late autumn.
- As part of our commitment to involve more people in the development of our STP we have pencilled in a fully public facing event to take place in late November 2018.
- We have a new public facing website https://bnssghealthiertogether.org.uk/ which whilst still in development, now has a host of key information and useful documentation. Additional content is being developed over the next few months.

2. Context

Healthier Together is our local Sustainability and Transformation Partnership, made up of 13 local health and care organisations[1], and representing a commitment to work together on improving health and care in BNSSG. The partnership goes beyond just these organisations – the views of the public, patients, staff and voluntary sector form a significant role in shaping the future.

There are 44 Sustainability and Transformation Partnerships in England, with some now evolving into Integrated Care Systems (ICSs). Further information regarding ICSs is detailed in this paper and also available on the NHS England website.

3. Details

[1] Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group, South Gloucestershire Council, Bristol City Council, North Somerset Council, Weston Area Health NHS Trust, North Bristol NHS Trust, University Hospitals Bristol NHS Foundation Trust, Avon and Wiltshire Mental Health Partnership NHS Trust, Sirona care & health, Bristol Community Health, North Somerset Community Partnership, South Western Ambulance Service NHS Foundation Trust, One Care.

3.1 Healthier Together progress update

(Julia Ross, Chief Executive – BNSSG CCG and co-lead for the STP)

3.1.1 Healthier Together Conference

On 21 June almost 300 people from across the Healthier Together partnership and external partners joined system leaders at our first big event as Healthier Together. The objectives for the event were:

- Celebrate our progress so far as an STP
- Understand the challenges and recognise the opportunities to address them collectively
- Come together to shape solutions to achieve the ambition
- Leave feeling that we can be advocates of the vision in our teams and organisations.

Delegates heard about further development of our system vision and key challenges. Professor Sir Muir Gray provided an engaging keynote address that challenged the system to think about population health and optimising value in clinical intervention.

Ten STP priority areas were chosen to participate in sharing their challenges, vision and emerging future plans in a market place and in seminars. The areas were:

- Integrated community localities
- General Practice Resilience and Transformation (previously referred to as Primary Care)
- Acute care collaboration
- Urgent care
- Mental health
- Prevention
- Maternity
- Healthy Weston
- Workforce
- Digital.

All content from the event is available to view on our Healthier Together website – collated here: https://bnssghealthiertogether.org.uk/healthier-together-conference-materials-now-available/.

The feedback from the event will continue to be used by programme sponsors and SROs to shape the STP plans for the next 12 month phase.

An overview of each priority area is summarised in section 3.1.2 of this report.

3.1.2 Summary of Healthier Together programme plans

Each priority area has developed a programme plan that sets out the context, vision, objectives, 12-month action plans and resource requirements for their programme of work.

These are due to be discussed in detail at the September STP Sponsoring Board. Beyond this date, the information in the programme plans will be used for the following:

- Public communications about the changes being planned to the health and care system, and to inform the development of programme specific involvement opportunities
- Developing a high level tracking of progress and oversight of connections and interdependencies between programmes
- Enable the Healthier Together Executive Group to assess high level resource requirements to support delivery of the proposed deliverables
- Quantify impact to enable system planning and outcomes tracking.

A summary draft for each area is set out in **Appendix One**. Final versions will be placed on our website once approved by the Sponsoring Board.

3.1.3 Aspirant ICS programme

In January 2018, NHS England and NHS Improvement launched a capabilities building programme to help facilitate whole system working. The Supporting Aspiring Integrated Care Systems (ICSs) Programme is the next phase of this. It is aimed at helping STPs make accelerated progress this year, with the potential of working towards application to become an Integrated Care System in the third wave.

Our STP has been externally assessed by regulators and in recognition of the progress we are making have been invited to take part in the 11 week development programme.

The purpose of the programme is to provide space for reflection, share learning and continue professional development for system leaders in five core areas:

1. Effective leadership and relationships, capacity and capability
2. Coherent and defined population
3. Track record of delivery
4. Strong financial management
5. Focus on care redesign

Following agreement between our system leaders we will take part in the programme which between now and December will deliver six workshops specifically focused on some of our system development areas of challenge.

It is important to highlight that this development work will help to enhance our BNSSG system working which will put us in a stronger position should we wish to

evolve our way of working and apply to become and Integrated Care System. No decision on this would be taken without proper discussion and involvement of all Healthier Together partners.

Nationally there is expectation from regulators that all STPs will progress towards the ICS status. Each ICS may be slightly different depending on the area and won't necessarily require fundamental organisation form changes.

In Bristol, North Somerset and South Gloucestershire, thinking is still at an early stage and there have been no formal discussions yet about what a roadmap towards ICS might look like for us. Our focus continues to be on developing the Healthier Together partnership and plans to address the big health and care challenges we face together. The ICS development programme will provide space for us to begin developing our thinking together.

By way of background;

"Developments in integrated care in England take different forms in different places. A variety of terms are used to describe these developments and this can be confusing and potentially misleading. For the purposes of this briefing, the following definitions describe the three main forms of integrated care that we have observed in our work.

- Integrated care systems (ICSs) have evolved from STPs and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.
- Integrated care partnerships (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.
- Accountable care organisations (ACOs) are established when commissioners award a long-term contract to a single organisation to provide a range of health and care services to a defined population following a competitive procurement. This organisation may subcontract with other providers to deliver the contract."

(Source: *Making sense of integrated care systems, integrated care partnerships and accountable care organisations in the NHS in England* – The Kings Fund: https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems#acos)

Further information on ICSs can also be found on the NHS England website:

https://www.england.nhs.uk/integratedcare/integrated-care-systems.

3.1.4 Update on Healthy Weston

(For information only)

An update on the progress being made by the Healthy Weston Programme is provided in **Appendix two**. Considerable work has been progressing to build on the extensive co-design work that followed the publication of the *Healthy Weston: Joining up services for better care in the Western Area: A commissioning context for North Somerset*.

Many of the opportunities identified through the co-design are being taken forward alongside further work to secure clinically and financially sustainable services on the Weston General Hospital site. The programme is working to produce a pre-consultation business case in the autumn.

The Joint HOSC is also being asked to note the process which will be followed to enable the development and assessment of options. In support of this, a set of evaluation criteria has been developed, which has drawn on the feedback through the Healthy Weston engagement work and with input from clinical colleagues and the Healthy Weston Patient and Public Reference Group. The Joint HOSC is being asked to note and support the evaluation criteria **(Appendix three)** which will be formally considered for approval by the CCG Governing Body in October.

3.2 Urgent care strategy

(Deborah El-Sayed, Director of Transformation – BNSSG CCG)

Developing a locally driven strategy for urgent and emergency care is one of our Healthier Together priorities. The strategy will set out a delivery plan for transforming our system to address existing quality and performance issues and meet future predicted local needs.

The accompanying slide deck provides some further detail on strategy development and progress since our last update to Members in February.

3.3 Developing strategic plans for mental health

(Deborah El-Sayed, Director of Transformation – BNSSG CCG and TBC)

3.3.1 Background

Demand for mental health related services is placing growing pressure on the health and care system, nationally and locally, and the full costs of mental illness in England have been estimated to be £105.2 billion per year.

The scale of the BNSSG financial challenge and the increasing demand for mental health services is such that the current configuration of resources cannot easily

meet that demand. This is particularly true in areas which are already challenged, including CAMHs, IAPT, EIP and the crisis pathway.

Work is underway to drive improvement, meeting the challenge outlined in the Five Year Forward View. A wide range of providers are delivering mental health related services across BNSSG and continuously working to improve services, but given the complexity of the system, the way care is delivered is not always the most efficient. The availability of services can vary depending on where people live and which organisation provides care, resulting in a lack of parity of esteem in differing localities and Local Authority areas. Our core drivers for change include:

- Life expectancy for people with mental health problems in BNSSG is 18-20 years shorter than for the general population.
- Too many people end up in hospitals or have poor outcomes or experiences because care is not fully joined up across agencies and communities.
- In the latest figures (ONS, 2017), the South West of England had the highest suicide rate for any English region, at 11.2 per 100,000 people, in contrast to London which had the lowest at 7.8 per 100,000 people.
- There are shortfalls in mental health workforce across all roles.
- Whilst there is a commitment to meet the Minimum Investment Standard for Mental Health service spending, resources are still stretched and we must ensure that spend is delivering value for money.
- We know that achieving parity between physical and mental health will improve health outcomes, patient experience and reduce health inequalities.

3.3.2 Healthier Together Mental Health Strategy

Our aim is to harness the opportunity Healthier Together brings to meet the mental health and wellbeing need of our total population and in doing this work develop consistent, equitable and sustainable services. We have deliberately not defined a vision statement for this work at this stage as we want to coproduce this in partnership with local people.

Through the development of a Strategy we aim to:

- Develop an all age strategic framework with partners that will underpin and inform all aspects of mental health and wellbeing within BNSSG.

- Address inequity of service provision, improve access, standardise service models and reduce unwanted variations to improve outcomes.

- Ensure that our mental health services are comprehensively integrated with wider health and social care services and are organised in a way that can respond more effectively to our population's needs and how people now typically present to services.

- Ensure that current and planned changes to mental health services, national policy and regulatory requirements, change programmes and planned investments work for and are informed by the needs of the BNSSG population.

- Where possible refocus our efforts towards prevention, early intervention and resilience with a specific emphasis on children and young people.

- Consider the significant opportunities to improve physical health outcomes and reduce demand and activity in non-mental health services by thinking holistically about pathways and interventions.

- Add value to people in BNSSG and our system, not duplicate work in progress, such as #Thrive or replicate other strategies in existence or development, such as Local Authority Health & Well Being Board Strategies.

3.3.3 Progress so far

There is much support across the system for a Healthier Together Mental Health programme, and shared recognition and understanding that this represents a significant opportunity and meets the STP triple aim. Clarity in terms of aims and purpose have only recently been defined, but under the Healthier Together framework there have been important achievements to date and these include:

- In partnership we secured £9.5m funding to transform our mental health services estate which will help us to deliver new models of care and enable the AWP Clinical Strategy
- By working together we've successfully received an extra £365k of national funding to support suicide prevention in our area.
- We've also developed a specific Mental Health Workforce Plan, outlining the route to increasing our workforce and developing skills across BNSSG.
- Our developing Prevention Plan covers mental health as one of its five priority areas, with a focus on building personal resilience and reducing social isolation.
- Initial cross-system scoping of an improvement programme for personality disorders pathway and development of a task and finish group to support this work.
- Planning is underway for improved crisis responses, CAMHs access, a reduction in suicides and self-harm, and actively supporting large scale population health approaches to improve mental health and wellbeing programmes such as Thrive across BNSSG
- Engagement at the Healthier Together Conference on the aims for this programme and stakeholder input into our Helicopter View of Mental Health services and service need for BNSSG.
- Agreed £3.9m of new investment to support improvements to local mental health services informed by our strategy.

3.3.4 Opportunities for co-production/co-design with members of the public

A wide ranging consultation and engagement process has begun, and will continue throughout the development of the strategy, utilising both established understanding

gather via partnership organisations across BNSSG. We aim to offer a wide range of opportunities to ensure the voices of local people, those with lived experience, staff and stakeholders are heard and their views are fully embedded in the final strategy. We are already working with local partners like Bristol Independent Mental Health Network (BIMHN). Branding and consultation will be aligned with Thrive to ensure broad consistency in public awareness and to avoid confusion.

3.3.5 Next steps

- Further develop the case for change and assess impact of work already underway including delivery timelines – October 2018.
- Undertake wider engagement and work with people with lived experience, several engagement opportunities across BNSSG to be undertaken by December 2018.
- BNSSG Mental Health Strategy submitted to Healthier Together Sponsoring Board – April 2019.

3.4 Communications and engagement

(Julia Ross, Chief Executive – BNSSG CCG and co-lead for the STP and Stephen Lightbown, Director of Communications, North Bristol NHS Trust*)*

3.4.1 Engagement over the next 12 months

Our Healthier Together communications and engagement vision is to ensure patients, the public and staff are central to everything we do and fully embedded in the re-design of services.

We want to start a conversation with at least 20,000 members of the public and with our circa 40,000 staff in our health, social care and voluntary organisations across BNSSG over the next 12 months. We want to encourage and motivate people to get actively involved in Healthier Together programmes of work, to make sure people's voices are heard and for people to know that they can actively make a difference to the way future services are designed and transformed. This includes an intention to implement a consistent approach to co-design across all STP programmes of work.

We know the STP and its system leaders want to:

- Lead the way as standard bearers for ensuring patients, the public and staff are at the heart of decision making and actively involved as equal partners in the co-design of future services
- Reflect the needs and aspirations of local people in our prioritisation and decision making
- Design pathways and services that work for the people who use and operate them
- Enable and empower people to take control of their own health; and support the friends, families and communities who care for them
- Value our stakeholders and keep people informed and involved in everything we do

- Have ongoing and rich conversations with people and breakdown the barriers between services and service users

The June 2018 Healthier Together Conference, which primarily focused on Partnership staff, marked the beginning of wider engagement across our STP. An overarching communications and engagement plan is in development and as part of that plan we are proposing a range of involvement activities that will provide insight into behaviours, current thinking and aspirations of the people living across Bristol, North Somerset and South Gloucestershire regarding their own health and wellbeing and their wider thinking regarding current and future health and social care services. In addition, it will also enable members of the public and staff (including VCSE), the chance to influence and be active equal partners in our plans for the future.

Activity will be co-ordinated so that there are consistent participatory methodologies used for co-design across all areas of the STP. A wide range of tools and techniques are available to support co-design and work is underway to identify the methodologies used. They will either be led at an STP wide level by the communications support or at work-stream levels by the SROs.

We propose four key phases of engagement. However it should be noted that there may be overlap and tailored approaches required depending on the progress made to date within a programme area of work.

Deliberative research and listening: This phase will be both service focused and based around the individuals taking responsibility for their own health and wellbeing. It will be framed around the vision to support people to live healthy lives and will help us understand what is important to the public about their health and wellbeing, what they want from decision makers and why they make the decisions they do about accessing health and social care. The Healthier Together Citizens' Panel will support us with some of this work (see section 3.4.2 of this paper for further detail).

User centred design and testing: We will undertake a review of involvement activity so far and have conversations with individual programme areas to determine (where needed) the best approach to strengthening activity to date. The focus of our work will be on co-design and we are in the process of developing an agreed methodology to ensure we have a more consistent approach going forward.

Involving: Some stakeholder mapping has already taken place and a programmes have also given consideration to this. This next phase will revisit that work and ensure we have correctly identified the people we need to have further more in-depth relationships with at programme level rather than just as an STP. This phase will help identify who we need to involve in planning and detailed thinking as well as who we should start to be talking to about testing emerging thinking. Roundtables, one off events and continued face to face engagement will form the main part of this work.

Dissemination and implementation: This stage is best thought out towards the end of the engagement work and will be an opportunity to go back out to the wider public to share more detailed plans and give people an update on progress that has been made. In this phase we may revisit target audiences and how to reach them as some new individuals and organisations will now need to be involved or can help in wider dissemination acting as advocates for Healthier Together. A third large scale event may be required in the summer next year as well as utilising wider broadcast communication channels.

Immediate next steps – potential November STP public event

As part of our commitment to involve more people in the development of our STP we have pencilled in a fully public facing event to take place in late November 2018 (quite possibly the afternoon of 22 November). This will build on the June conference which was primarily targeted at STP staff, councillors and informed patient groups.

The aims of the event is to:

- To provide a space for external stakeholders to get involved and have their say
- People to leave feeling they have greater understanding of the vision
- People to leave feeling they have confidence in those delivering
- People to understand the role they can play in supporting the vision
- People to feel listened to and to have influenced decision makers.

We would welcome Members thoughts on our plans for a November event. We will need to rapidly begin promoting the session, once the venue and exact format of the event is confirmed. Help in raising awareness of the session would be welcome and we will share more details as soon as possible.

Furthermore, we would like to offer the opportunity for a second Council Member workshop session – potentially taking place in January 2019. We would welcome Members feedback on the session timing and potential topics for the agenda.

3.4.2 The Healthier Together Citizens' Panel - Overview

The 'Healthier Together Panel' is a new BNSSG-wide mechanism which will provide the Partnership with a systematic approach to gathering insight and feedback on health and care issues from a representative sample of our circa one million population.

It is important to note that this work is an adjunct to other existing involvement and engagement activities. It will in no way replace other activities that we undertake with our stakeholders, patients, carers and populations that are harder to reach.

To aid the creation of a representative panel we are working with Jungle Green – a Bristol-based marketing research agency. A one year contract was awarded in late July 2018 following a competitive tender process.

As part of the development process and to help us create a robust procurement specification we have had conversations with a number of organisations that run similar initiatives – this includes other CCGs, STPs and research leads from the three local councils. We also established a project group with subject matter experts and patient representatives from across BNSSG. This group provided input to the development of the specification and some members also formed part of the evaluation panel to assess prospective bidders.

Recruitment to The Healthier Together Panel began in mid-September and by the end of 2018 we aim to have 1,000 representative members of the public signed up. Recruitment is taking place primarily face-to-face in a number of towns and locations across the BNSSG area. Prospective panel members will be asked a number of screening questions to ensure they meet our panel make-up requirements.

Panel members will be advised that their involvement will be for between a one to three year period (with the opportunity to opt out at any point) and will receive a commitment from us to be contacted approximately once a month, either:

- to ask a small number of questions
- up to four times a year to complete a full survey (10-15 minutes long)
- with an update (a newsletter or previous survey results; invited to take part in a group discussion, a workshop, or 'you said, we did' reports etc.)

The following table provides an overview of planned activity:

	2018				**2019**							
Activity / Month:	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**
Panel recruitment												
Survey questions finalised	S1			S2			S3		S4			
Survey period		S1			S2			S3		S4		
Outline survey results					S1		S2		S3		S4	
Full survey report available						S1		S2		S3		S4

Key:

Survey 1 (S1)	
Survey 2 (S2)	
Survey 3 (S3)	
Survey 4 (S4)	

3.4.3 The Healthier Together Citizens' Panel – Survey one

The first survey will be piloted with the first wave of people recruited to the Panel in mid-September. If necessary minor amendments will be made before full survey roll out to all other panel recruits.

Our first survey will include questions focused on:

- Additional demographic screening questions
- High level sense check of what is important to people and how they are feeling
- Perceptions around health and care responsibility
- Self-care
- Mental health
- General practice

3.4.4 Next steps

Due to the recruitment process timescale, we anticipate that the high-level results from survey one will be available in January 2019. We will publish a simple report summary on the Healthier Together website and detailed analysis will be shared with programme managers.

In the meantime we are starting to consider topics for survey two and have already had requests to include some questions that may provide us with helpful intelligence in relation to adult social care and acute care.

We would welcome members support in raising awareness of the panel with colleagues so that they know there is the opportunity to pose questions and gather intelligence from a BNSSG-wide representative group. Secondly, to consider if there are any specific health and care topics that may be prudent to put to the panel in the coming months.

3.5 Capital Bids

(Julia Ross, Chief Executive – BNSSG CCG and co-lead for the STP)

To support our Healthier Together vision, we need to make best use of existing facilities and consider how we can invest in improvements to further enhance our ability to provide high-quality services and work environments that meet 21st century needs.

In the November 2017 budget the Government announced an additional £4bn of capital funding for the NHS for the period up to 2022/23. This money is on top of the current NHS capital budget of £4.8bn per annum.

The £4bn was part of a package of reform in the Naylor Review which identified £10bn requirement for the NHS. The additional £6bn is expected to come from a mix of private finance and land disposals (minimum £3.3bn).

The STP capital bidding route will be the main route through which to seek new public capital going forwards.

- £425m was committed last financial year, including for GP Streaming initiatives
- c.£800m has been recently announced, including the successful £7.5m bid for mental health estates in Bristol
- £1.8bn of the STP public capital remains uncommitted and bids were invited by NHS England and NHS Improvement this summer

On 16 July Healthier Together submitted 16 bids (including 3 Frailty hubs all scored with equal weighting) to NHS England and NHS Improvement against the Wave 4 STP Capital fund. This included a mix of facilities projects, equipment and certain elements of IT.

The STP Sponsoring Board oversaw a process to determine the bids that should be put forward. This included a prioritisation panel chaired by James Rimmer, Chief Executive of WHAT, which considered bids against three main criteria – alignment with our Healthier Together vision, value for money and deliverability.

A summary of our BNSSG submitted bids is set out in the supporting slides.

Our bids are a combination of:

- Tactical initiatives that demonstrate assured and deliverable financial return and improvement in STP-wide financial position and constitutional performance standards, in the short to medium terms
- transformative schemes, which demonstrate affordability; and contribute towards STP vision eg:
  - sustainable primary care and integration with other community services in North Somerset and Thornbury
  - digital integration, such as combined IT between two acute Trusts in the STP
  - Frailty and Children's Hubs

Decisions from NHS England, NHS Improvement and the Department for Health and Social Care are expected in the autumn.

We will be continuing to identify requirements to meet STP objectives and in readiness for future STP funding waves. This will likely include a major project to redevelop Women's and Children's services.

4 Author

This report draws together contributions from a range of authors as set out in the main body of the report and was collated by the Healthier Together office. For further information, please contact bnssg.healthier.together@nhs.net / 0117 342 9282.

DRAFT Priority programme summary (1 of 2)

Steering Groups	Priority programme	Workstreams	Broad Scope
Integrated Care	Integrated Community Localities	Development of GP-led Localities through Locality Transformation Scheme (LTS) Locality delivered community care	Delivery of the LTS, particularly the multiple organisations involved in community models of care
	General Practice Resilience and Transformation	Primary care strategy Practice and general public co-design of general practice models Oversight and alignment of funded projects	All practices and those working in practices; any commissioning activities associated with general practice, all One Care activities associated with resilience
	Mental Health Strategy	Mental Health Strategy	Ambitious vision and strategy for mental health and wellbeing across BNSSG
	Prevention	BNSSG prevention plan; Making every contact count (MECC); Cardiovascular Disease Risk Factors; Tobacco; Obesity and Physical Activity; Alcohol; Public Mental Health	Strategic prevention through the STP & priority areas in the delivery of their programme 5 Strategic prevention programmes

DRAFT summary continued (2 of 2)

Steering Groups	Priority programme	Workstreams	Broad Scope
Acute Care Collaboration	Acute Care Collaboration	Acute Care Strategy; Neonatal Intensive Case Unit (NICU); Stroke; Outpatients; Cancer; Pathology; Medicines Optimisation	Any services delivered in an acute setting Not including Weston/UH Bristol transaction proposals, operational delivery and performance, mental health care
	Maternity	Local Maternity Systems implementation; Digitisation	Delivery of Better Births programme
Urgent Care Oversight Board	Urgent Care	Urgent care strategy; Integrated Urgent Care/Clinical Advisory Service implementation	Primary Care, 111, Integrated Urgent Care/Clinical Advisory Service implementation, A&E, Urgent Care, Ambulance
Digital Delivery Board	Digital	Digital transformation strategy; Local Area Health and Care Record Exemplars (LAHCRE) proposal	A framework for delivery of the digital elements of Five Year Forward View and digital transformation across BNSSG.
Local Workforce Action Board (LWAB)	Workforce	Workforce strategy; Entry level health and social care workforce pipeline; Band 5 clinician pipeline; Advanced practice skills capacity; Healthy Weston workforce planning and design; BNSSG learning academy proposal	Strategic solutions to whole system workforce challenges. Particularly system-wide: Entry level posts Band 5 registered clinicians Advanced practice skills
Healthy Weston Programme Board	Healthy Weston	Pre-consultation Business Case development; Integrated care model; Primary care development	Transformation across Weston locality

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HEALTHY WESTON

Healthy Weston Update for the Joint HOSC

September 2018

Purpose

- To provide an update on the Programme and seek feedback to support next steps focusing on the
  - Case for change
  - Vision
  - Building on the Co-Design work
  - Clinical Service Options Development
  - Development of the Pre-Consultation Business Case

- To share the Evaluation Criteria developed to enable the transparent evaluation of any options

HEALTHY WESTON

The Case for Change – Building on the Commissioning Context[1] and Co-Design Work

The population in and around Weston is both aging and growing – we need to increase our focus on prevention .

The Trust has been in financial deficit since 2010/11 and this is increasing year on year.

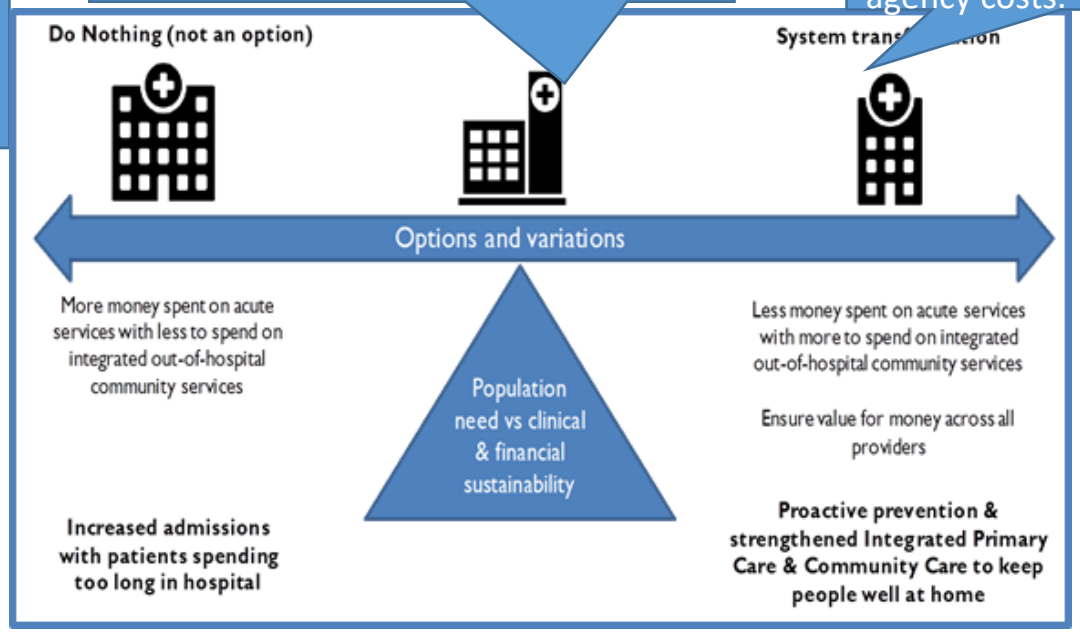
The CCG is making a number of premium payments to support services – this is funding that is not available for other services.

The A&E service temporarily closed overnight in July 2017 due to the inability to provide safe staffing levels.

The vacancy level for Doctors and nurses in Weston Area Health Trust is high, impacting on the ability to provide continuity of care and high agency costs.

Despite population increase, activity has been reducing in Weston year on year.

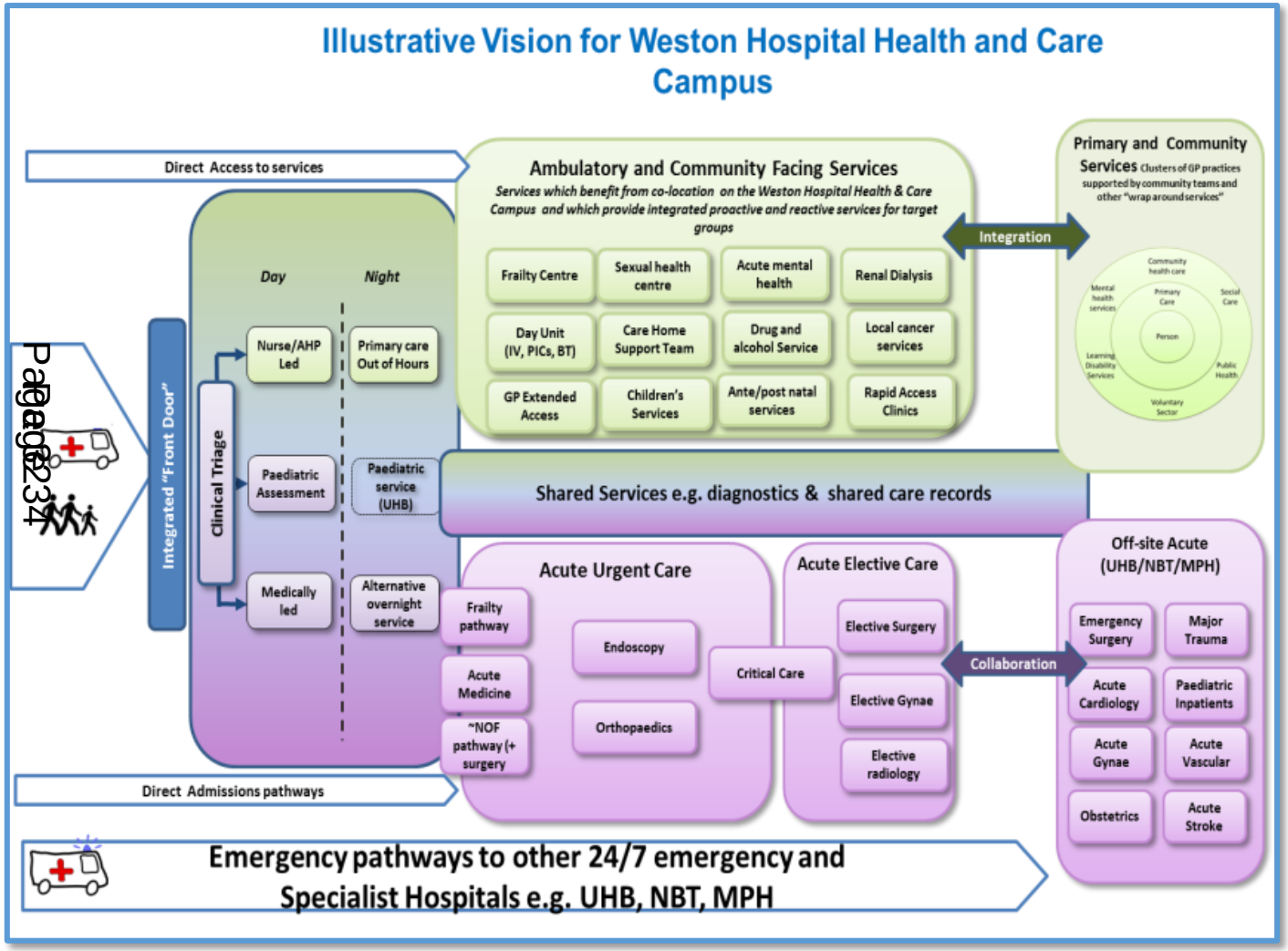
The midwife led maternity service is not chosen by enough women to make it viable with just 170 in 2016/17.



[1]Healthy Weston: Joining up services for better care in the Weston Area: A Commissioning Context for North Somerset 2017/18 to 2020/21" approved by CCG Governing Body in October 2017

HEALTHY WESTON

The Case for Change – Building on the Commissioning Context



Preventive, primary care and community based services , working to help people stay well, independent and at home wherever possible

Integrated services working collaboratively for the population of Weston and Worle

Greater collaboration between acute hospitals.

HEALTHY WESTON

Vision for 2023

In 2023, people will be saying….

"We have reduced the health inequality gap in Weston and Worle"

"I feel confident in the local health & care system"

"Weston General Hospital Health and Care Campus is a great place to work"

"I can get to see the right health care professional when I need to"

"Healthy Weston has been great – we have really had the opportunity to shape the way our services have been developed"

How will we know?

Based on our widespread co-design work with the local community …

- ✓ Frail older people are less likely to be admitted to hospital in an emergency because they are being supported to remain independent.
- ✓ Recruitment and retention across medical, nursing and allied health professional roles in primary, community and hospital based services is good.
- ✓ Year on year we have been able to increase the relative investment in primary, community and mental health services.
- ✓ Weston Hospital Health and Care Campus is seen as a national exemplar for integrated services.
- ✓ There is greater involvement of the voluntary sector in the provision of local services.
- ✓ There is integration of mental and physical wellbeing at all levels and care settings.

HEALTHY WESTON

Progress (1) Building on the Co-Design Work

- We have considered all the opportunities generated through the co-design work and agreed how these will be taken forward.
- We have been progressing the “Just Do It” opportunities, for example confirming recurrent funding to support the proposal for a crisis café in Weston, joint appointments, primary care collaboration.
- We have recognised that these opportunities alone will not be sufficient to secure clinically and financially sustainable services, and we need to be bolder in exploring options for the future.
- We have refreshed the Healthy Weston Governance to support the next phase of work – to develop the pre-consultation business case by the Autumn of 2018.
- We have been working with clinicians to develop best practice pathways for urgent, emergency and elective care to inform the development of options for Weston General Hospital that will be assessed against a set of evaluation criteria which have been informed by the co-design feedback.

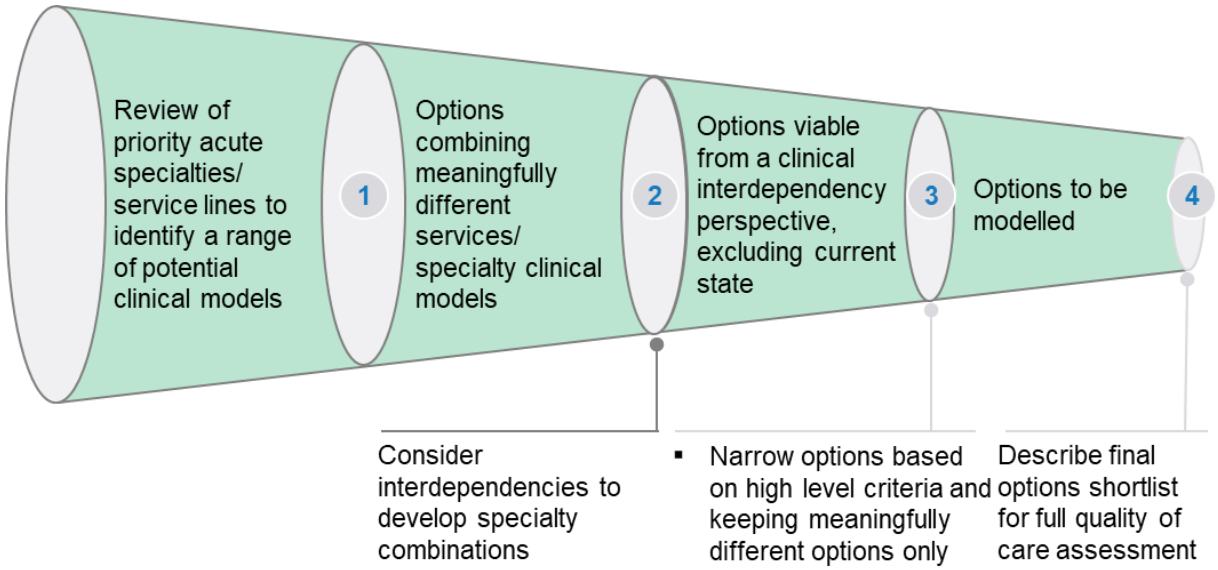
HEALTHY WESTON

Progress (2) Building on the Co-Design Work – Clinical Service Options

- Clinical colleagues have been working to describe **best practice pathways** considering first contact, investigations, treatment and follow-up.

- The clinical group is now working through possible **clinical service models** for each service and the **clinical interdependencies.** The full list of service options will go through a process of assessment and evaluation as summarised below to identify the most suitable/preferred option of service provision. This process will ensure input from clinicians, service users, carers and other key partners.

- A set of **evaluation criteria** has been developed, drawing on the feedback from the Healthy Weston Co-design work, clinical input and testing through the Healthy Weston Patient and Public Reference Group. Subject to the approval of the CCG Governing Body, these criteria will be used to assess the options identified by the Clinical Group. (The evaluation criteria have been circulated separately)



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Development of the Pre-Consultation Business Case

Where formal consultation is required, the commissioner (CCG) is required to develop a **Pre-Consultation Business Case** (PCBC), which must be approved by NHS England. The PCBC provides the evidence that NHS England's 5 tests for service change have been addressed, including quality, clinical and financial sustainability, assurance on the how preferred options have been developed and appraised and on the system's ability to implement changes if agreed.

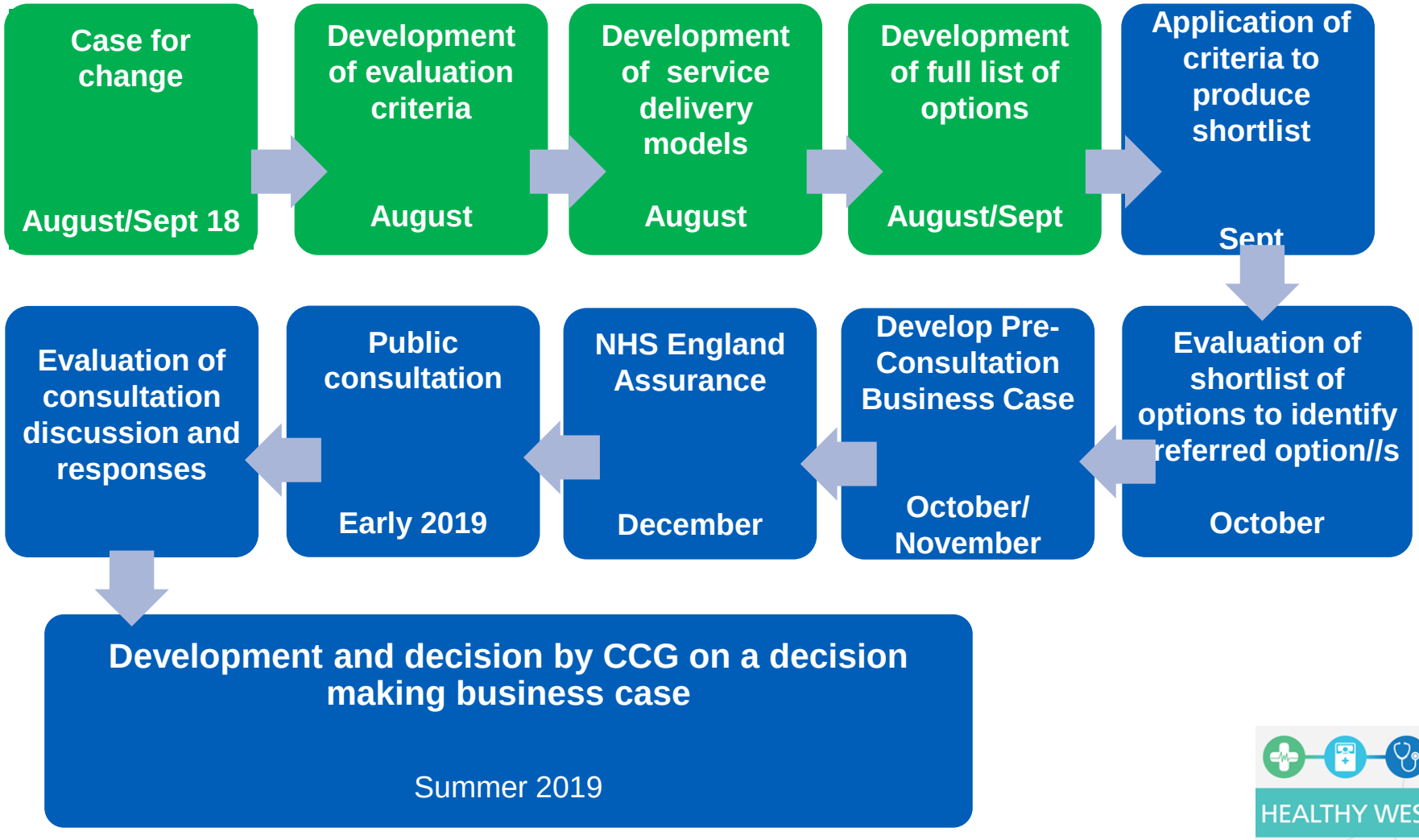
Emerging Scope of Healthy Weston PCBC Options

Strengthened primary, community and mental health services networked with Weston General Hospital Health & Care Campus	Options for urgent and emergency care services	Elective Surgery and Maternity	
Integrated models of care focusing on **frailty, vulnerable groups, children's services** and ambulatory care that support **prevention** and the delivery of enhanced primary and community services.. **Elective care** for the local population.	**Options** to support **urgent and emergency** care drawing on the Keogh Urgent and Emergency Care Review, Best Practice Pathways and the emerging BNSSG Urgent Care Strategy. The options will ensure that the interdependencies between acute medicine, emergency surgery, critical care, diagnostics and paediatrics are recognised.	An elective centre for the BNSSG population covering non-complex elective care (e.g. for orthopaedics and/or urology) delivered in partnership by WAHT, North Bristol Trust and University Bristol Trust .	Maternity care to include midwife-led ante-natal and post-natal clinics. Midwife-led deliveries may be offered both at home and in the hospital, or at home only.

HEALTHY WESTON

High Level Indicative Time Line

The following sets out a **high level time line**. As we work through the Programme we will link closely with the HOSP and Joint HOSC to test assumptions and ensure the process respects **the statutory role of the HOSP**.



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HEALTHY WESTON

Evaluation criteria

Final Version Considered by Healthy Weston Steering Group on 7th September

The Joint HOSC is asked to note and support the evaluation criteria. These have been developed drawing on the feedback from the Healthy Weston co-design work, informed by the Healthy Weston Clinical Service Design and Delivery group and tested with the Healthy Weston Public and Patient Weston Group. The criteria will be used to objective test the clinical service options developed for evaluation.

The Evaluation Criteria will be formally considered and approved by the CCG Governing Body in October.

Proposed evaluation criteria

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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 4.4 Net present value (10, 20 and 60 year)
5 **Deliverability**	5.1 Expected time to deliver 5.2 Co-dependencies with other strategies/strategic fit

1 Proposed sub-criteria: Quality of care

HEALTHY WESTON

Evaluation criteria	Questions to test
▪ Clinical effectiveness	▪ Will this option lead to people receiving equal or better quality care/outcomes of care in line with national standards or best practice? ▪ Will this option result in more effective prevention in order to improve life expectancy in the system and reduce health inequalities? ▪ Will this option account for future changes in the population size and demographics? ▪ Will this option lead to more people being treated by teams with the right skills and experience?
▪ Patient and carer experience	▪ Will this option improve continuity of care for patients? (e.g., reduce number of hand offs across teams / organisations, increase frequency of single clinician / team being responsibility for a patient)? ▪ Will this option enable greater opportunity to link with voluntary / community sector health and wellbeing services? ▪ Will this option improve quality of environment in which care is provided?
▪ Patient safety	▪ Will this option allow for patient transfers/emergency intervention within a clinically safe time-frame? Will travel time impact on patient outcome? ▪ Will this option offer reduced levels of risk (e.g., staffed 24/7 rotas, provide networked care, implement standardization)?

Source: CSDDG, Patient and Public Liaison Groups, Steering Group

2 Proposed sub-criteria: Access to care

HEALTHY WESTON

Evaluation criteria	Questions to test
▪ Impact on patient choice	▪ Does this option increase or decrease choice for patients? ▪ Will this option make it easier for people to understand which services they can access when and where?
▪ Distance, cost and time to access services	▪ Will this option increase/reduce travel time and/or cost for patients to access specific services? ▪ Will this option involve patients travelling more/less frequently, change the number of journeys to access urgent medical intervention? ▪ Will this option reduce/increase patients' waiting time to access services? ▪ Will this option increase/reduce travel time and/or cost for carers and family? ▪ Will this option support the use of new technology to improve access?
▪ Service operating hours	▪ Will this option improve operating hours for the service? ▪ Does the option reduce the risk of unplanned changes and improve service resilience?

Source: CSDDG, Patient and Public Liaison Groups, Steering Group

3 Proposed sub-criteria: Workforce

HEALTHY WESTON

Evaluation criteria	Questions to test
▪ Scale of impact	▪ What proportion of current staff will be impacted by the changes across the system?
▪ Impact on recruitment, retention, skills	▪ Will this option improve the recruitment and retention of permanent staff with the right skills, values and competencies? Will it enable staff to maintain or enhance competencies? (e.g., impact on volumes of activity / specialism; increased training / opportunity for accreditation and career progression) ▪ Is the staff travel, relocation or retraining required for this option acceptable? ▪ Is it possible to develop the skills base required in an acceptable time frame? ▪ Will this option optimize the use of clinical staff and enable them to work at the "top of their license"? ▪ Will this option enable accountability and governance structures to support staff? ▪ Will this option increase multi-disciplinary / cross-organisational working?

Source: CSDDG, Patient and Public Liaison Groups, Steering Group

4 Proposed sub-criteria: Finance/value for money

HEALTHY WESTON

Evaluation criteria	Questions to test
▪ Costs & income at organisation and system leve	▪ What are the implications on income and expenditure for each acute Trust within the system? ▪ Does this option reduce the requirement for additional provider subsidy? ▪ What are the implications for total acute spend across the health and care system? ▪ What are the opportunities for investing in more appropriate / alternative settings of care?
▪ Capital cost to the system	▪ What would the capital costs be to the system of each option, including refurbishing or rebuilding capacity in other locations? ▪ Can the required capital be accessed and will the system be able to afford the necessary financing costs?
▪ Transition costs	▪ What are the transition costs (e.g., relocating staff, training and education costs)?
▪ Net present value	▪ What is the 10, 20 and 60 year NPV (net present value) of each option, taking into account capital costs, transition costs and operating costs?

Source: CSDDG, Patient and Public Liaison Groups, Steering Group

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5 Proposed sub-criteria: Deliverability

HEALTHY WESTON

Evaluation criteria	Questions to test
▪ Expected time to deliver	▪ Is this option deliverable within 5 years? ▪ How quickly could this option deliver benefits?
▪ Co-dependencies	▪ Is this option compatible with the Healthier Together STP vision? ▪ Does this option support the Healthy Weston vision? ▪ Does this option enable the system to maximise the role of and adapt to new technologies? ▪ Will this option rely on other models of care / provision being put in place and if so, are these deliverable within the necessary timeframe? ▪ Will the wider system be able to deliver on this change including the community and voluntary sector? Can the additional capacity requirements be delivered? Will it destabilize any other providers in a way that can not be managed? ▪ Does the system have access to the infrastructure, capacity and capabilities to successfully implement this option?

Source: CSDDG, Patient and Public Liaison Groups, Steering Group