

# Meeting of BNSSG ICB Board

**Date:** Thursday 4<sup>th</sup> July 2024

**Time:** 12:30 – 15:10

**Location:** Virtual, via Microsoft Teams

<b>Agenda Number:</b>	6.1	
<b>Title:</b>	Healthy Weston 2, Programme Update, and Overview of Phase 2 Business Justification Case	
<b>Confidential Papers</b>	<b>Commercially Sensitive</b>	No
	<b>Legally Sensitive</b>	No
	<b>Contains Patient Identifiable data</b>	No
	<b>Financially Sensitive</b>	No
	<b>Time Sensitive – not for public release at this time</b>	No
	<b>Other (Please state)</b>	No
<b>Purpose: Discussion</b>		
<b>Key Points for Discussion:</b>		
<p>The Healthy Weston 2 Outline Business Case (OBC), agreed by the BNSSG ICB in June 2022, sets a vision for Weston General Hospital (WGH) and series of ambitious reforms centred around delivering sustainable all age services that are in line with national standards, focused on the local community, and better meeting local healthcare need through specialist pathways, such as person-centred care for older people and increased elective surgical access.</p> <p>Healthy Weston 2 Phase 1 was the first part in the delivery of the Healthy Weston 2 case and is ensuring the people of Weston have <b>equity of access to the very best urgent care and outcomes</b> as other people in BNSSG.</p> <p>HW2 Phase 1 is already delivering significant improvements:</p> <ul style="list-style-type: none"> <li>• Demonstrable impact of more Same Day Emergency Care on flow</li> <li>• Opening of Older People’s Assessment Unit in late November improving frailty offering and earlier discharge</li> <li>• Launch and relaunch of Emergency Department Observation Unit with further opportunities for optimisation</li> <li>• Demonstrable reduction in use of escalation bed capacity, with quality and cost benefits evidenced</li> <li>• Successful recruitment to substantive posts</li> </ul>		

The Healthy Weston programme is also enhancing the shift to integrated working enabling joined-up care and treatment in primary and community care settings through HomeFirst models of care and by building on services such as GEMS@Home, that already exist. Other new care initiatives are also being considered that change the focus from hospital, to care delivered closer to home such as community-based fracture prevention. A shared 'One Weston' vision with primary care is being further developed to embed rotational Advanced Practitioner roles that operate in a boundary-less system across pathways such as frailty and urgent care. Hospital and locality partners are also participating in an NHS Confederation Quality Improvement project to improve the patient pathway between community and hospital. This will benefit patient care / experience and offer innovative and exciting opportunities for staff.

While significant improvements have been made, full delivery of the Healthy Weston vision remains essential to secure sustainable, quality services; maximise the productivity of the Hospital; and continue to mitigate the risk of unplanned service changes at Weston General Hospital that have the potential to destabilise the system and affect patient care. Despite continued efforts to recruit and retain high-quality substantive staff, the hospital continues to rely on agency and locum staff in some inpatient medical specialities making it more difficult to sustain resilient 24/7 services, and consistently meet local and national standards.

### **What's planned next: Healthy Weston 2 Phase 2**

Healthy Weston 2 (HW2) Phase 2 sets out plans to deliver the next phase of the Healthy Weston 2 clinical model – **safe, sustainable, and equitable inpatient medical care** - and follows on from Phase 1 and the rapid delivery of an upgraded front door model of care with significant improvements made in performance and overall length of stay reductions.

HW2 Phase 2 sets out a proposition for staged investment in adult inpatient medical care (including care of the elderly), and the transfer of some patients, for equity of access, to specialist medical care. Investment is sought in a new workforce model that stabilises and improves inpatient medical care at the Hospital and provides specialist person centred care of the elderly. This will support delivery of high quality, short stay, acute care for both non-frail and frail adults plus longer stay care of the elderly inpatient wards with access to enhanced speciality in-reach from BRI and outpatient clinics. Fundamentally, the model will improve compliance with standards and equity of access to specialist acute services.

The staged approach proposed for Phase 2 also mitigates risks associated with the impact of transferring some patients to other sites to access specialist medical care should they require a longer length of stay. The modelled impact of implementing the full clinical model is a 35-bed requirement across the BRI, Southmead, and Taunton Hospitals, with the major impact being at the BRI with a 25-bed transfer. Taking a staged approach to implementing a new in-patient clinical model supports teams to test and learn how enhanced specialist in-reach at Weston Hospital improves equitable care and also enables system planning, via the updated UEC Strategy process, to address the continued increase in NEL demand for acute providers alongside the commitment in the HW2 OBC to create the capacity needed at BRI and Southmead via the Discharge to assess transformation. This is a key interdependency ahead of any further phasing of future patient transfers.

The net revenue requirement to implement the full Phase 2 case is £3.6m FYE and full funding remains subject to system planning processes from 2025/26 onwards. UHBW remain committed to maintain momentum in implementing next steps for HW2 through an incremental funding approach, while also delivering a balanced plan in 24/25 and 25/26. The priority given to investing

in Healthy Weston Phase 2 will be kept under review by the BNSSG Directors of Finance Group and the Acute HCIG as part of delivery of the system strategy and associated operating plans.

### **What's Planned Next – Increasing Surgical Activity at WGH (Healthy Weston 2 Phase 3)**

Phase 3 of the OBC identified the opportunity to develop a surgical hub at WGH providing operations for people of all ages, closer to home. Since the HW2 OBC was approved by the ICB, BNSSG have been able to secure national support for an elective centre currently under construction on the Southmead Hospital site. NBT and UHBW are working closely together on a surgical strategy to ensure we maximise the opportunity from this new Elective centre, address theatre capacity and estate issues in Heygroves theatres at the BRI and identify surgical activity that can be delivered at WGH. This demonstrates how the emergent NBT and UHBW Acute Hospital Group can support and amplify delivery of the Healthy Weston 2 vision.

<p><b>Recommendations:</b></p>	<p><i>ICB Board is asked to note:</i></p> <ul style="list-style-type: none"> <li>• Our vision for wellbeing, health and care in Weston</li> <li>• Our plans for a thriving, sustainable hospital at the heart of the community and how these plans meet local population need now and in the future</li> <li>• How we are turning our plans for Weston General Hospital into a reality</li> <li>• How we are working together across acute, primary and community care to improve local health and care outcomes</li> <li>• Our plans for the future, and the need for sustained commitment to full delivery of the Healthy Weston vision to secure sustainable, quality services and to continue to mitigate the risk of unplanned service changes at Weston General Hospital that have the potential to destabilise the system and affect patient care</li> </ul>
<p><b>Previously Considered By and feedback :</b></p>	<p>The Healthy Weston 2 Phase 2 business justification case has been considered and supported in principle by the following groups and Boards:</p> <ul style="list-style-type: none"> <li>• Healthy Weston Programme Group (Feb 24)</li> <li>• UHBW Post Integration Oversight Group (Feb 24)</li> <li>• Informal briefing with SW Clinical Senate (Feb 24)</li> <li>• Healthy Weston Steering Group (March 24)</li> <li>• Health &amp; Care Professional Executive (March 24)</li> <li>• UHBW Business Development Group (June 24)</li> <li>• UHBW Executive Committee (June 24)</li> </ul>
<p><b>Management of Declared Interest:</b></p>	<p>No conflicts of interest identified</p>
<p><b>Risk and Assurance:</b></p>	<p>A full risk assessment is held by the Healthy Weston Steering Group, which is reviewed regularly. Key risks include:</p> <ul style="list-style-type: none"> <li>• There is risk that national workforce shortages mean that it is difficult to recruit to posts</li> <li>• There is a risk that other system initiatives, including D2A, don't deliver the bed savings required to deliver the full HW2 programme</li> </ul>

	<ul style="list-style-type: none"> <li>There is a risk that the revenue / capital investment required is not sourced, resulting in the implementation of the Healthy Weston 2 model stalling, leading to ongoing exposure to risk of inequitable and unsustainable clinical services</li> </ul>
<b>Financial / Resource Implications:</b>	No financial / resource implications as a direct result of this report into ICB Board (July 2024).
<b>Legal, Policy and Regulatory Requirements:</b>	The programme is being supported by BNSSG ICB and is subject to the associated assurance processes.
<b>How does this reduce Health Inequalities:</b>	<p>Healthy Weston 2 takes a concerted and systematic approach to reducing local health inequalities and addressing unwarranted variation in care. Here are some examples how:</p> <ul style="list-style-type: none"> <li>The health status of people in Weston Town is poor compared to other parts of BNSSG. Deprivation is also higher than the England average and linked to high rates of childhood poverty and lower life expectancy. HW2 P2 ensures that people living locally to Weston General Hospital can still receive most of their care locally. There will be improvements in the quality and responsiveness of care and improvements in the reputation of the hospital. Clinical outcomes and patient safety will also be enhanced.</li> <li>HW2 P2 will expand and enhance services for older people through a specialist centre for the care of the elderly. This new centre will meet the complex care needs of frail older people through an environment that promotes multi-professional support, joins up hospital and community care more effectively and delivers a person-centred approach to care that improves outcomes and helps older people to maintain their independence.</li> <li>Some non-frail patients who need a longer stay in hospital for their specialist condition, such as respiratory or cardiac, will be transferred to a neighbouring hospital for some of their care. This ensures WGH patients have equity of access to specialist care, and better outcomes.</li> </ul>
<b>How does this impact on Equality &amp; diversity</b>	A full equalities impact assessment has been carried out and is reviewed regularly by the programme.
<b>Patient and Public Involvement:</b>	Patients and the public have helped shape the development of the Healthy Weston 2 clinical model. An 8-week public engagement exercise took place over the summer 2022 – where we heard the views of nearly 900 people. Of these, 73% thought that the plans would improve Weston General Hospital. Patients and the public have continued to be involved with the development of the plans including Healthwatch and patient and public representation at the Healthy Weston Programme Group.
<b>Communications and Engagement:</b>	Ongoing work is planned to continue to inform staff, the public and wider stakeholders about the Healthy Weston 2 programme and Phase 2 implementation.

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<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Paula Clarke, Executive Managing Director, WGH, UHBW Shane Devlin, CEO, BNSSG ICB

**Agenda item: 6.1**

**Report title: Healthy Weston 2, Programme Update**

**NOTE: A summary slide deck is attached and forms the basis of the report to ICB Board. The report below provides**

- a) **A summary of the delivery of qualitative, performance and financial benefits from Phase 1 to date**
- b) **An overview of the Phase 2 model of care and business case**

**1. Healthy Weston Phase 1 – delivery to date**

**Significant improvements in ED performance:**

- 20% increase in the number of patients seen within 4 hours in our Emergency Department between 2022/2023 and 2023/2024
- 64% increase in the number of patients seen, treated and discharged on the same day through our enhanced Same Day Emergency Care Service (SDEC)
- Surgical Same Day Emergency Care was established in October 2023 accounting for 21% of all SDEC attendances since opening
- Emergency Department Observations Unit (EDOU) opened in December 2024 seeing an average of 5.5% of all ED attendances.
- Older People's Assessment Unit has received 21% of all ED admissions over the age of 65 since opening in November

Moving forward, both SDEC and EDOU will be relocating within the planned expansion of ED, enabling even more patients to be seen, treated, and discharged on the same day. This has been enabled through a £5m capital investment from NHSE urgent care national funding, a sign of growing confidence in Weston General Hospital.

**Benefits that support the wider BNSSG health system:**

The Phase 1 improvements are also supporting the wider health system:

- Reduction in emergency care LOS by -41% with ALOS down to 4.4 days in 2023/2024
- Reduction in 'No Criteria to Reside' beddays by -18% down to 1826 beddays for 2023/2024
- The Older Persons Assessment Unit (OPAU) opened in mid-Nov 2023 and has been supporting the care of older patients with an average LOS of 1.8 days across the last 6 months and a month-on-month reduction in readmission rates for these patients
- The Acute Medical Unit (AMU) has also seen a significant decrease in average LOS across 2023/24 compared to 22/23 and is now at an average of 1.8 days compared to 4.1 days
- AMU have received 30% of all adult ED admissions in the last 1 year
- An acute medical HOT clinic was implemented in March 2024 which will support improved flow and LOS on AMU
- Significant reduction in ambulance diverts from WGH since 2022/23

**23/24 Financial stocktake and assurance for Phase 1 benefit realisation**

The total approved gross revenue investment in HW P1 FBC is £7.1m with the recurring net revenue investment being £2.6m by 2025/26. Savings derive from reduced premium/agency costs of £3.3m by 2025/26 driven by substantive recruitment and from reduced non elective bed capacity (15 escalation beds) also achieved by 2025/26 of £1.16m.

The actual savings secured in 2023/24 delivered savings over and above those stated in the Phase 1 business case for year 1 of implementation. This is due to a rebalancing of savings across the escalation bed impact and the reduction in medical agency as follows:

- Escalation Savings YTD £0.81m favourable (was projected to be zero in 23/24)
- Agency Savings YTD £0.23m adverse (was projected to be £0.9m 23/24)
- Total Savings YTD £0.58m favourable

The remaining additional savings to be secured by 25/26 are £2.9m (total savings of £4.4m less £1.5m achieved in 23/24).

58 WTE doctors, nurses and health care professionals have been recruited to date and the recruitment programme remains largely on track against plan. There is still a way to go, and further opportunities to reduce the reliance on temporary staff are clear i.e. 26% of WGH division spend is on temporary staff in 23/24. There are risks, including risks associated with difficult to recruit posts and recent increases in NEL demand, but the right governance and oversight arrangements are in place, which continue to monitor, mitigate, and escalate as appropriate. The Weston operational management team remains confident that HW2 Phase 1 benefits realisation remains on plan including financial benefits.

## **2. Healthy Weston 2 Phase 2 Business Justification Case – phased approach from 24/25 onwards**

Healthy Weston 2 (HW2) Phase 2 sets out plans to deliver the next phase of Phase 2 of the Healthy Weston 2 clinical model – safe, sustainable, and equitable inpatient medical care - and follows on from Phase 1 and the rapid delivery of an upgraded front door model of care with significant improvements made in performance and overall length of stay reductions.

HW2 Phase 2 sets out a proposition for staged investment in adult inpatient medical care (including care of the elderly), and the transfer of some patients, for equity of access, to specialist medical care should they require a longer length of stay. Investment is sought in a new workforce model that delivers the scope of the case, stabilises, improves inpatient medical care at the Hospital, and provides specialist person centred care of the elderly. This in turn will secure high quality, short stay, acute care for both non-frail and frail adults plus longer stay care of the elderly inpatient wards with access to enhanced speciality in-reach from BRI and outpatient clinics. Fundamentally, the model will improve compliance with standards and equity of access to specialist acute services.

A Phased approach is proposed to deliver the scope set out below:

The first stage implementation plans deliver the following:

- Progress towards 5 x specialist care of the elderly wards delivering person centred care for older, frailer people
- Improvements to non-frail inpatient care including:
  - a) Transfer some cardiology patients, who need specialist care
  - b) Transfer some diabetes and endocrine patients who needs specialist care
  - c) Enhance respiratory in-reach and hot clinics to treat as many patients locally as possible (
  - d) Enhance Hospital at Night services

Second stage implementation plans deliver the following:

- e) Enhance cardiology in-reach and hot clinics to treat as many patients locally as possible

- f) Enhance diabetes and endocrine in-reach and hot clinics to treat as many patients locally as possible
- g) Enhance gastroenterology in-reach and hot clinics to treat as many patients locally as possible
- h) Transfer some respiratory, gastroenterology and other inpatient medical specialities

Recruitment to the new workforce model for Phase 2 will be phased over a period of 3 years [proposed as 24/25, 25/26, 26/27]. This phased approach to recruitment recognises the time it takes to recruit to consultant posts, specialist posts, and allows for internal development and training (grow our own workforce) as well as the opportunity to test and learn through staged implementation.

Because of the realistic approach to recruitment, the case also sets out a phased approach to patient transfers, focusing primarily on cardiology, diabetes and endocrine in year one (proposed as 24/25), as these specialties have the lowest transfer impact. This helps mitigate risks associated with identifying capacity at receiving sites and specifically at the BRI with a modelled impact of full implementation of the clinical model of a 25 bed transfer. The 2022 OBC assumed bed capacity at receiving sites was secured via D2A investment impact plus materially shorter LOS at receiving hospitals than at WGH. However, this position has changed, primarily because:

- BNSSG investment into Community and UEC initiatives have created substantial bed savings, however at UHBW, this has largely been subsumed by an increase in non-elective admissions.
- Average LOS at WGH has come down and is now more in line with neighbouring hospitals cancelling material LOS gains from transferred patients

Taking a staged approach to implementing a new in-patient clinical model supports teams to test and learn how enhanced specialist in-reach at Weston Hospital improves equitable care and enables system planning, via the updated UEC Strategy process, to address the commitment in the HW2 OBC to create the capacity needed at BRI and Southmead via the Discharge to assess transformation.

### 3. Financial resource implications

There are no financial / resource implications as a direct result of this report.

### 4. Legal implications

The BNSSG CCG took legal advice during the development of the Healthy Weston 2 clinical model, to ensure that the CCG's legal duties are met. The table below outlines the legal duties that are applicable to the Healthy Weston clinical model and how the Programme has complied with them.

It should be noted that the main pieces of law that are applicable in these circumstances are the NHS Act 2006, as amended by the Health and Social Care Act 2012, and the Equalities Act 2010.

Legal Duty	Compliance
<p><i>NHS Constitution</i> Section 14P of the NHS Act imposes a duty upon ICBs both to exercise their functions with a view to ensuring that health services are provided in a way that promotes the NHS Constitution and to promote</p>	<p>The Healthy Weston 2 Phase 2 Business Justification Case sets out the objectives of the programme and how these support the delivery of systems priorities and the ambitions set out in the NHS Long Term Plan.</p>



awareness of the Constitution among staff, patients, and the public.	
<i>Duty to exercise functions effectively, efficiently and economically</i>  Section 14Q of the NHS Act each ICB must exercise its functions effectively, efficiently and economically.	A detailed financial assessment is set out in the Phase 2 Business Justification Case.
<i>Duty to secure improvement of service</i>  Section 14R of the NHS Act places ICBs under a duty to exercise their functions with a view to securing continuous improvements in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness. Quality of services comprises in particular outcomes which show effectiveness, safety and patient experience.	The Healthy Weston 2 Phase 2 BJC recommends improvements to the delivery of healthcare in Weston General Hospital that will establish a sustainable position on which further ongoing and continuous improvements can be made.  A Quality Impact Assessment has been completed as part of the programme. This is included as an appendix of the Business Justification Case.
<i>Duty to reduce inequalities</i>  Section 14T of the NHS Act provides that ICBs must, in the exercise of their functions, have regard to the need to:  (i) reduce inequalities between patients with respect to their ability to access health services; and  (ii) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.	The Healthy Weston 2 improvement proposals will improve outcomes for local people in Weston Worle and surrounding villages and reduce inequalities through access to improved local health care.
<i>Duty as to patient choice</i>  Section 14V of the NHS Act imposes a duty on ICBs, in the exercise of their functions, to act with a view to enabling patients to make choices about aspects of the health services provided to them.	The Healthy Weston Programme seeks to address issues with the quality-of-service provision. Patient choice is maintained across the improvement proposals.
<i>Duty to promote integration</i>  Section 14Z1 of the NHS Act states that ICBs must exercise its functions with a view to securing that services are provided in an integrated way where this would improve the quality of the services, reduce inequalities of access or reduce inequalities in outcomes.	The Healthy Weston Programme has as a guiding principle of the promotion and creation of integrated services across community, primary and acute services. Healthy Weston is part of wider system change to enable a 'Home First' approach, and the programme is working closely with Primary Care, Social Care, Ageing Well programme, Virtual Wards, Locality teams and other system initiatives to make sure that the plans are integrated and create seamless pathways for patients

<p><i>Duty to involve the public</i></p> <p>Under section 14Z2 of the NHS Act the ICB must make arrangements to secure that individuals to whom health services are being, or may be, provided are involved in the planning of those services; the development of proposals for change and decision making in respect of those services.</p>	<p>The Healthy Weston programme has been developed with key stakeholders, staff and patient representative groups as described in Chapter 6.</p> <p>The outcomes from the public engagement period delivered between June – August 2022 can be found in Appendix 8.</p>
<p><i>Duty to reduce inequalities</i></p> <p>Under section 149 of the Equality Act a public authority must, in the exercise of its functions, have due regard to three main aims:</p> <p>(i) to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act;</p> <p>(ii) to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and</p> <p>(iii) to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p>	<p>The ICB has considered the equalities implications of the recommendations in detail through its Equality Impact Assessment process.</p> <p>This work has informed the Equality Impact Assessment of the Healthy Weston 2 Phase 2 Business Justification Case</p>
<p><i>Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013</i></p> <p>Section 244 of the NHS Act outlines the duty for NHS bodies to consult relevant Local Authority Health Scrutiny Committees in respect of the planning and delivery of service changes where those changes are deemed to be a substantial development or option in services locally.</p>	<p>The ICB has engaged and consulted with the relevant Local Authority Health Scrutiny Committees through the development of the Outline Business Case, including the North Somerset Health Overview and Scrutiny Panel held on 20 April 2022. At this meeting North Somerset Health Overview and Scrutiny Panel confirmed that the clinical model proposed does not meet the threshold to be considered a substantial variation rather continuous improvement.</p>

## 5. Risk implications

A full risk assessment is held by the Healthy Weston Steering Group, which is reviewed regularly. Key risks and mitigations are summarised below:

Risk	Score (Likelihood x Risk level)	Description	Avoidance/ mitigation/ management
Risk of insufficient workforce	12 (4 x 3) Med	There is a risk that potential plans do not give sufficient consideration to workforce deliverability which may result in	UHBW to continue an integrated approach to promoting benefits of working

		an un-viable clinical model, meaning that the model cannot be implemented.	in WGH and Weston, including partnership with One Weston. Model provides an opportunity for clinicians to work within a potential exemplar small, coastal hospital and more broadly a hospital with a vision for improvement.
Reliance on DTA and other system initiatives	12 (4 x 3) Med	There is a risk that the programme is reliant on the system approved Discharge to Assessment programme and other system and Trust initiatives being delivered by all partners, to release the bed capacity to accommodate the non-elective bed transfer to the BRI.	Will require continued input and oversight from UHBW senior leadership team and Healthy Weston Steering Group. UEC ODG and Acute Health Care Improvement Groups [HCIG] to provide oversight and assurance of wider system benefits and dependencies including though the UEC strategy refresh in 24/25
Capital investment	12 (4 x 3) Med	If the capital consequence of the phase 2 development cannot be funded (ie an increase in CDEL either by NHSE or the BNSSG System) then alternative sources of capital funding will be required resulting in either a change to the scope, a deferment of the development or a reprioritisation of system capital projects.	To be considered as part of BNSSG ICB capital planning and prioritisation 2024/25
Capital investment (linked to the risk above)	12 (4 x 3) Med	There is a risk that changes to NHSE bed compliance requirements will reduce the number of beds that are permissible in each ward resulting in fewer beds and a failure to deliver the bed requirement set out within the Healthy Weston Outline Business Case.	Work with UHBW estates / and other experts to understand estates and compliance requirements. Regular reporting to Programme Group on impact.
Capital investment – project timelines	12 (4 x 3) Med	Capital investment project timelines - If completion of the business case is delayed due to Better Business Case requirements or other issue, then the 2024/25 BNSSG system planning round will be missed resulting in failure to secure potential capital funding and address the risks to service resilience at WGH.	The project has a dedicated programme manager to ensure the individual business cases are delivered on time with regular oversight from the HW Steering Group and Finance, Estates and BI group.

Revenue investment	12 (4 x 3) Med	If the savings identified in the OBC cannot be delivered then the project may become unaffordable potentially resulting in a deferment or a cancellation of the project.	The project has a dedicated programme manager to ensure the individual business cases are delivered on time with regular oversight from the HW Steering Group and Finance, Estates and BI group.
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## 6. How does this reduce health inequalities

The table below sets out a high-level summary of how the Healthy Weston 2 plans help reduce health inequalities.

	Local need	HW2 P2 focus on healthy inequality reduction
<b>Ageing population</b>	<p>Weston has an older population compared to the England average, with 24% of the WGH catchment population predicted to be over 65 years of age by 2026.</p> <p>Those aged over 65 years accounted for 34% of all WGH emergency department attendances, 61% of all acute admissions and 83% of non-elective beds. They were also more likely to stay in hospital for longer than other age group and the national average.</p> <p>Unplanned and emergency admissions are not good for older people. Frail older people experience 5% muscle wastage for every day spent in a hospital bed, meaning they can find it difficult to return to their previous level of independence.</p> <p>Thresholds for admission are often lower than medically necessary and lengths of stay are longer than they need to be, resulting in poorer outcomes.</p>	<p>HW2 P2 will expand and enhance services for older people through a specialist centre for the care of the elderly. This new centre will meet the complex care needs of frail older people through an environment that promotes multi-professional support, joins up hospital and community care more effectively and delivers a person-centred approach to care that improves outcomes and helps older people to maintain their independence.</p>

<p><b>Health inequalities and long-term conditions</b></p>	<p>The health status of people in Weston Town is poor compared to other parts of BNSSG. Deprivation is also higher than the England average and linked to high rates of childhood poverty and lower life expectancy.</p> <p>Weston Town has a higher number of people living with mental health issues, learning disabilities and those struggling with drug and alcohol addiction than other areas in BNSSG. These people tend to have much poorer physical health and lower life expectancy. These populations tend to be registered with GPs in central Weston, where prevalence for smoking and obesity are over twice the BNSSG average.</p> <p>Up to 73% of those registered with Weston Town GP surgeries report having a long-term health condition, compared 57% in the North Somerset area. Individuals with long term conditions are more likely to attend the emergency department and require ongoing health and social care.</p>	<p>HW2 P2 ensures that people living locally to Weston General Hospital can still receive most of their care locally. There will be improvements in the quality and responsiveness of care and improvements in the reputation of the hospital. Clinical outcomes and patient safety will also be enhanced.</p> <p>Some non-frail patients who need a longer stay in hospital for their specialist condition, such as respiratory or cardiac, will be transferred to a neighbouring hospital for their care. This ensures these patients have equity of access to specialist care, and better outcomes.</p> <p>Increased provision of specialist outpatient and diagnostic services delivered at Weston General Hospital or at the new community based Clinical Diagnostic Centre will ensure improved access to locally delivered expert care for those with long term conditions.</p>
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<p><b>Inequalities in health care need</b></p>	<p>BNSSG has segmented its population into a pyramid of five segments, defined by the Cambridge Multimorbidity Index (CMMI1) score. Segment 1 includes the ‘healthiest’ 50% of the population and segment 5 includes 3% of the population with multiple health conditions, greater risk of mortality and a higher acute healthcare need. Three of the top six Segment 5 areas in BNSSG are in Weston – Weston Town, Weston Hillside and Weston Clarence.</p> <p>People in segments 4 and 5 of the population use most of BNSSG’s non-elective bed days, yet ambulatory care sensitive conditions are high amongst these population groups [43% of ambulatory care is in segment 5]. This matters because it suggests that a significant number of admissions from the most complex people are for low complexity reasons such as a fall or UTI.</p> <p>The segment 4 and 5 population groups are predicted to grow significantly by 2043 compared to other segments of the population.</p> <p>It is essential that we invest in both high-quality ambulatory care, that is integrated with the community, that is better able to meet the health and care needs of this population group.</p> <p>There are inequalities in frailty prevalence, with higher rates and earlier onset in areas of deprivation.</p>	<p>HW2 P1 – ‘high-quality emergency care, integrated with the community’ is already delivery significant ambulatory care and better meeting the healthcare needs of this population group. Improvements to date include the time it takes to be assessed, treated, and discharged, as well as reductions in the time patients stay in hospital.</p>
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<sup>1</sup> The Cambridge Multimorbidity Index (CMMI) is a method for measuring multiple long-term health conditions amongst patients, intended to help healthcare planners respond to patients with the greatest healthcare needs.

<p><b>Health in coastal communities</b></p>	<p>Weston is a coastal community. The Chief Medical Officer’s Annual Report 2021 ‘Health in Coastal Communities’ states that whilst coastal communities include many of the most beautiful and vibrant places in the country, they also have some of the worst health outcomes in England, with low life expectancy and high rates of many diseases. There are many reasons for these poor health outcomes. The pleasant environment attracts older, retired citizens to settle, who inevitably have more and increasing health problems. Attracting NHS and social staff to peripheral areas is harder, catchment areas are foreshortened, and transport is limited, in turn limiting job opportunities. Many coastal communities were created around a single industry such as previous versions of tourism, meaning work can be scarce or seasonal.</p> <p>The Chief Medical Officer’s Annual Report 2023 – Health in an Ageing Society states that ‘In planning health and social care services, as well as infrastructure, this report makes clear that the geography of older age in the UK is already highly skewed away from large urban areas and will become more so. A large proportion of people migrate away from cities before they reach older age. The result is that metropolitan areas largely maintain their current demographic, ageing only slowly, while some areas, particularly rural, semi-rural and coastal areas in the periphery, age much faster’.</p> <p>These factors are all important contributors to the health outcomes in Weston-Super-Mare and surrounding villages.</p>	<p>HW2 P2 ensures that people living locally to Weston General Hospital can still receive most of their care locally. There will be improvements in the quality and responsiveness of care and improvements in the reputation of the hospital. Clinical outcomes and patient safety will also be enhanced.</p> <p>HW2 P2 will expand and enhance services for older people through a centre of excellence for the care of the elderly.</p> <p>New workforce models should improve recruitment and retention rates, reduce vacancy rates and improve overall staff experience.</p>
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**7. How does this impact on Equality and Diversity?**

A full equalities impact assessment on the Healthy Weston programme has been carried out.

In summary UHBW’s workforce Diversity and Inclusion Strategy 2020-2025, sets out the ambition to be ‘committed to inclusion in everything we do’ and will frame the roll out of the recruitment plan. This means promoting equality and preventing discrimination, bullying and harassment with due regard to the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

## 8. Consultation and Communication including Public Involvement

Healthy Weston 2 builds on the extensive engagement that has taken place over the last four years. More than 5,000 local people have influenced plans to date, with a recent period of public engagement delivered between June and August 2022 providing feedback from 890 individuals. During this public engagement period, 73% of respondents indicated that they thought the plans would improve the Hospital. The full engagement themes report can be found in Appendix 8 of the Full Business Case.

There has also been significant staff engagement across UHBW, who have shown support towards the plans. The programme will continue to engagement with the public, staff, patients, and wider stakeholders, including local politicians, as the programme develops.

### Appendices

- Summary Healthy Weston 2 slide deck

### Glossary of terms and abbreviations

Business Justification Case (BJC)	A business justification case provides justification for undertaking a project, programme, or portfolio. It evaluates the benefit, cost, and risk of alternative options and provides rationale for the preferred option supporting decision making
Same Day Emergency Care (SDEC)	SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital.  Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.



# Healthy Weston

**ICB Board update –  
4 July 2024**



# Purpose of update

- Our vision for wellbeing, health and care in Weston
- Our plans for a thriving, sustainable hospital at the heart of the community and how these plans meet local population need now and in the future
- How we are turning our plans for Weston General Hospital into a reality
- How we are working together across acute, primary and community care to improve local health and care outcomes
- Maintaining momentum - What's planned next

# 1. Our vision for wellbeing, health and care in Weston



# Our vision for Weston General Hospital



A strong and dynamic hospital at the heart of the community that is fit for the future, with a range of services providing the very best care, experience, safety, and outcomes to local people

# Our plans for a thriving hospital at the heart of the community



# Enhancements to 4 areas, alongside ongoing improvement

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

<b>Key:</b>		= No change proposed as part of Healthy Weston Phase 2*
		= Change proposed as part of Healthy Weston Phase 2

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

# Improving our services to meet local need



**The population is growing and has new health needs.** The plans include services for all ages. We keep A&E, maternity and children's services. We will have even more care for older people, same day emergency care so people can get home quickly and better local access to certain types of surgery.



**We need to keep services safe and stable.** The plans mean there are enough staff to make sure hospital services meet local and national standards now and in future.



**We need to work better together.** The plans help the hospital work better with GPs and community services. They build on the merger between Weston and Bristol Trusts. This will provide better access to care and more continuity.

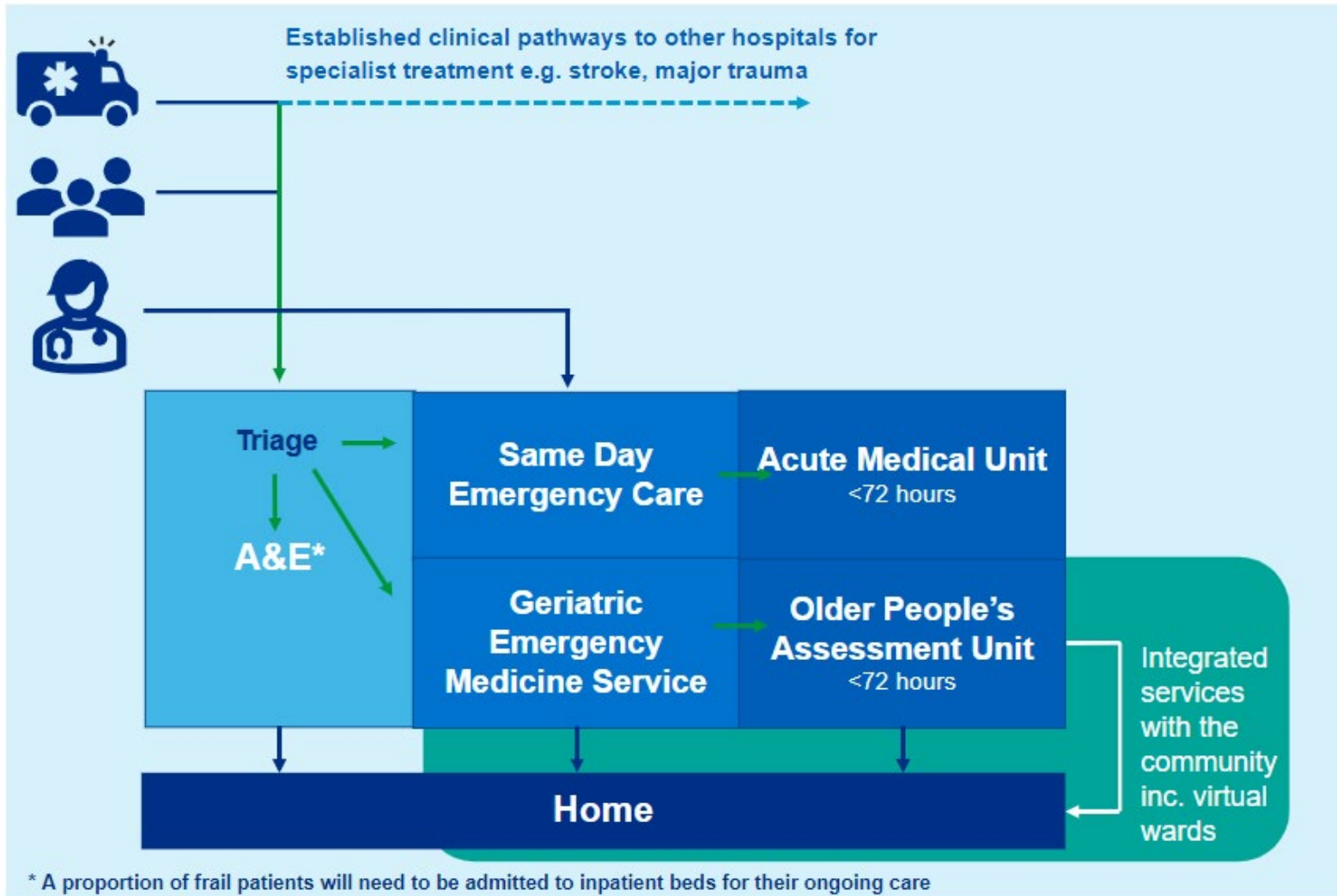


**We need to use resources well.** The plans will provide 1000s more planned operations, helping get through the backlog and get the best outcome for every NHS pound we spend.

## 2. How we are turning our plans for Weston General Hospital into reality



# Investing in safe, sustainable and high-quality urgent and emergency care



## Phase 1 benefits delivery

- Same day and short stay improvements are helping to avoid unnecessary admission, reduce length of stay and unlock additional bed capacity
- The step change in provision is delivering a more sustainable workforce and reducing reliance on temporary and agency staff
- The enhanced provision for frail older people in an emergency is reducing the risk of conditions associated with longer length of stay such as deconditioning, and improving patient outcomes, experience and improve quality of care
- Overall, the investments are improving time to be assessed, treated and discharged, increasing the quality and responsiveness of care, and improving system flow

# Delivering better care, and outcomes

## Significant improvements in ED performance:

- 20% increase in the number of patients seen within 4 hours in our Emergency Department between 2022/2023 and 2023/2024
- 64% increase in the number of patients seen, treated and discharged on the same day through our enhanced Same Day Emergency Care Service (SDEC)
- Surgical SDEC pathway was established in October 2023 and now accounts for 21% of all SDEC attendances
- Emergency Department Observations Unit (EDOU) opened in December 2024 and now sees 5.5% of all ED attendances

## Supporting the health system:

- Reduction in emergency care Length Of Stay (LOS) by -41% with Average Length Of Stay down to 4.4 days in 2023/2024
- Reduction in 'No Criteria to Reside' beddays by -18% down to 1826 beddays for 2023/2024
- The Older Persons Assessment Unit (OPAU) opened in mid-Nov 2023 and has been supporting the care of older patients with an average LOS of 1.8 days across the last 6 months and a month-on-month reduction in readmission rates for these patients
- OPAU has received 21% of all ED admissions over the age of 65 since opening
- The Acute Medical Unit (AMU) has also seen a significant decrease in average LOS across 2023/24 compared to 22/23 and is now at an average of 1.8 days compared to 4.1 days
- AMU have received 30% of all adult ED admissions in the last year
- An acute medical HOT clinic was implemented in March 2024 which will support improved flow and LOS on AMU

# Improving workforce stability

There have been significant reductions in the use of agency staff over the last year and decreases in vacancy rates across both medical and nursing staffing:

% Use of agency staff		
	2022/2023	2023/2024
Nursing	5.5%	1.7%
Medical	10.4%	6.5%

% Vacancy rate		
	2022/2023	2023/2024
Nursing	7.8%	3%
Medical	24.7%	10.8%

This has increased workforce stability, helping to improve wellbeing and drive improvements in care.

The 2023 staff survey engagement score for Weston teams was 7.3 - benchmarked at the top national score for NHS Acute Trusts.



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# Delivering better care and outcomes – a few words from the people who are doing this every day

Click on the video link below to hear how our staff feel about working at WGH and the impact of the HW2 changes so far:

[Video link](#)



# Delivering better care, and outcomes

## Alongside these plans there are further developments:

- Our **Seashore Centre** for children and young adults is now open 8am – 10pm, providing paediatric expertise to the ED, urgent treatment and specialist clinics
- Our new **Transfer of Care Hub** is integrating services across Weston to speed up discharge and make sure people get the support they need when they leave hospital
- We are **attracting and retaining people** to come and work with us including internationally educated nurses

### **3. How we are working together across acute, primary and community care to improve local health and care outcomes**

# Delivering better integrated care

These changes further enhance the shift to integrated working to enable joined-up care and treatment in primary and community care settings through HomeFirst models of care.. A shared 'One Weston' vision with primary care is being further developed to embed rotational Advanced Practitioner roles that operate in a boundary-less system across pathways such as frailty and urgent care.



NHS@Home

One Weston Care Home Hub



withyou

# Delivering better integrated care

## Examples of integrated care across between the community and hospital

North Somerset Council Public Health currently deliver, support, or offer a range of preventive and health improvement services in partnership with Weston General Hospital. Some of these services are commissioned at system level. Services include:

- Weston Integrated Sexual Health Service (WISH) <https://www.unitysexualhealth.co.uk/>
- Alcohol Liaison with We are with you (WAWY)
- Treating Tobacco Dependency and Smokefree Pregnancy:  
[www.betterhealthns.co.uk/information/smokefree-pregnancies/](http://www.betterhealthns.co.uk/information/smokefree-pregnancies/)
- Healthy Early Nutrition (H.E.N): [www.betterhealthns.co.uk/healthy-families/healthy-pregnancy/h-e-n-in-pregnancy/](http://www.betterhealthns.co.uk/healthy-families/healthy-pregnancy/h-e-n-in-pregnancy/)
- Specialist infant feeding support from Ashcombe Ward
- Healthy Workplace awards

withyou



## 4. Maintaining momentum - Our plans for the future

# What's planned next

**Exemplar Care for older people**, meeting the complex health care needs of frail older people in an environment that best suits their specific needs. This includes wards for older people, clinics for quick diagnosis and improvements to how we work together to deliver integrated care centred around each person

**Improving equity of access for specialist adult in-patient care.** If someone needs to stay in hospital longer than 72 hours for specialist medical care, we will take them to a neighbouring hospital for the **very best specialist care**. Older people needing ongoing care will stay at Weston as there will be specialist help for older people

**More planned operations**, Weston General Hospital will become a surgical hub providing operations for people of all ages, close to home

# Together, we are taking great strides towards our vision for health and care in Weston

We are transforming urgent care for people of all ages and helping them to get home quickly after an emergency

We are extending our Same Day Emergency Centre and redesigning some of our Emergency Department with £5m capital invested by NHS England

Our Seashore Centre is now open longer and is providing more specialist paediatric clinics into the evenings as well as advice into our Emergency Department

The new Transfer of Care Hubs are linking services across Weston to speed up discharge and make sure people have the care they need

But **there is more to do together**, to deliver our ambitious vision for Weston





# Thank you

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