

## Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC)

11 July 2017

### NHS Gloucestershire Clinical Commissioning Group (GCCG) Clinical Chair and Accountable Officer's Report

#### Introduction

This report has been reformatted for this meeting of HCOSC to reflect better the new Sustainability and Transformation Partnership (STP). The STP Delivery Board, attended by all STP Partners, will discuss whether a standalone STP Report for HCOSC is recommended in future. In the meantime:

**Section 1** provides an update on STP related areas. However, as the STP is a key strategic driver within the county, with activities and initiatives becoming ever more closely aligned and joined up, other items within the overall report, for example in Sections 3 and 4 below, will include information related to STP activity.

**Section 2** provides the GCCG commissioner update, which incorporates the National Updates section below.

**Section 3** focuses on primary medical care commissioning updates.

**Section 4** focuses on Provider Trusts' updates: Together NHS Foundation Trust (2GNHSFT); Gloucestershire Care Services NHS Trust (GCSNHST) and Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT).

## 1. Section 1: Sustainability and Transformation

*These are items for information and noting.*

- 1.1 HCOSC received a comprehensive STP presentation in June 2017. The following provides an update on recent activity and progress.

#### STP Top Line Messages

- Measurement approaches developed for project, programme and system-wide levels to ensure progress towards delivery.
- Gloucestershire's STP facilitated a visit from NHS England National Director, Matthew Swindells, in May 2017 to showcase ongoing work and progress to date. Feedback suggests he was impressed with Gloucestershire's initiatives

particularly in Primary Care and recognised the good deal of collaborative working across the county although acknowledging work to be done to improve performance

- STP Clinical Away Day held 13 June 2017
- Consultation Business Case priorities agreed and under development by July 2017 (subject to assurance)
- System Delivery Plans mapped against NHSE 5 Year Forward View (5YFV) Next Steps requirements in development to be submitted to regional teams

## 1.2 **One Place: New Models of Care**

### 1.2.1 **Urgent and Emergency Care**

#### **Primary Care Streaming in Emergency Departments**

Gloucestershire was successful in a joint bid between Gloucestershire Hospitals NHS Foundation Trust and the CCG against the £100 million A&E capital funding outlined in the spring Budget by the Chancellor. This is targeted at easing pressure on Emergency Departments in time for winter 2017/18 through developing primary care GP triage/streaming.

Gloucestershire secured £960k to support the development of streaming in our Urgent Care System.

#### **Five Year Forward View Delivery Plan: Urgent and Emergency Care**

The Five Year Forward View and associated national Delivery Plan for Urgent and Emergency Care was launched in April 2017.

This plan focusses on the following seven key areas:

1. Testing innovative new models of service that enable patients to enter their symptoms online and receive advice online or a call back.
2. Developing the response patients receive when they call 111. By the end of 2017/18 the percentage of calls receiving clinical advice should exceed 50%.
3. By March 2019 patients and the public will have access to evening and weekend appointments with General Practice.
4. Standardising access to 'Urgent Care Centres' through booked appointments via NHS 111. These facilities will have an increasingly standardised offer - open 12 hours a day and staffed by clinicians, with access to simple diagnostics.
5. The ambulance service will offer a more equitable and clinically focused response that meets patient needs in an appropriate time frame with the fastest response for the sickest patients.
6. Emergency Departments will develop new approaches prioritising the needs of the sickest patients. Frail and elderly patients will get specialist assessments at the start of their care and those patients who could be better treated elsewhere, will be streamed away from Emergency Departments.

7. The assessment process will be speeded up and ensure that patients are sent home as soon as possible and if home is not the best place for their immediate care, they will be transferred promptly to the most appropriate care setting for their needs.

Gloucestershire's progress against these priorities has been assessed and shared with A&E Delivery Board members. This suggested that good progress has been made in all areas and aligns with our wider STP agenda. Despite the collaborative system work, performance against the ED 4 hour maximum wait standard remains the highest area of concern for delivery.

### 1.2.2 **Multi-Disciplinary Teams (MDTs)**

The jointly developed MDT framework was presented for sign off at the New Models of Care Board. Pilot sites and implementation process currently being agreed with clusters and a set of evaluation metrics is being developed.

### 1.2.3 **Frailty – South Cotswolds Project**

Continued work in underway with the Frailty Service team to establish the offer for the identified group of patients with mild, moderate, and severe frailty

The 'frailty in-reach' model with GHNHSFT and Great Western Hospitals NHS Foundation Trust is being developed. This is being led by a Senior Community Matron.

A further engagement work-stream is focussing on actively sharing principles and learning from the South Cotswolds with other frailty projects developing in the county through Quality Service Improvement Redesign project.

Continued engagement with stakeholders is undertaken via the South Cotswold Frailty Clinical Programme Group.

Work continues on the project which will be evaluated by the University of Gloucestershire.

### 1.2.4 **Dementia**

Gloucestershire's current dementia diagnosis rate is 68% which is better than the national target. Work is ongoing to establish diagnosis rates for those under 65 years of age and those in black and minority ethnic (BaME) groups. The STP Dementia Board has four work-streams as follows:

- Clinical pathways
- Workforce development
- Equality Impact Assessment
- Community Capacity Building

### 1.2.5 Rehabilitation

The Rehabilitation Steering Group is responsible for developing a programme to provide specialist rehabilitation services in Gloucestershire. The Stroke Rehabilitation Business Case is being reviewed with partners to ensure it aligns to STP ambitions.

Work is also ongoing to improve wider rehabilitation and commissioning in:

- Postural management
- Wheelchair services
- Acquired Brain Injury pathway

## 1.3 Clinical Programme Approach

### 1.3.1 Respiratory

Integration of services across the health community continues. There is growing enthusiasm for an innovative approach to prevention strategies that incorporates standard services with Patient Activation Measures (PAM). Alongside this annual review and self-management guidance and strategies are being produced to provide signposting in an attempt to reduce variation and quality of contact with COPD patients. The Winter Review scheme is now in its evaluation stage and alongside the MDT work within localities there has been lots of positive learning that will inform our continued service development.

Patient pathways are being mapped out supported by financial modelling. The future service model will be supported by clear care pathways and redesigned roles.

### 1.3.2 Diabetes

#### **National Diabetes Treatment and Care Programme**

The STP was successful in securing funding from the National Diabetes Treatment and Care Programme with £175k provided for the diabetes foot pathway for 2017/18 and £55k for improvements to structured education for diabetes.

The foot pathway funding will provide an additional:

- 0.5 WTE consultant diabetologist
- 2 x 1.0 WTE podiatrists

This funding will also provide improved working with the vascular and orthopaedic surgeons, orthoptists, microbiology, tissue viability, radiology and plaster technicians. The new pathway is intended to provide rapid MDT assessment and treatment for patients with a limb-threatening or life-threatening diabetic foot problem within an acute setting. The new service will also ensure inpatients have access to the new MDT diabetic service. It is expected that the CCG, GHNHSFT

and GCSNHST will then become compliant with NICE (National Institute for Health and Clinical Excellence) guidelines.

Structured education is 1 of the 8 care processes for people with diabetes. This additional funding will enable GHNHSFT (Type 1) and GCSNHST (Type 2) to provide a more holistic approach for patients to take a more personal responsibility for prevention and self-care. This additional funding will enable the CCG to:

- support practices to improve the coding in primary care for capturing structured education;
- ensure fully compliant with NICE guidance;
- ensure education is made more accessible for harder to reach patient groups; and
- make better use of specialist diabetes nurses and dieticians and open up opportunities for health science graduates.

### 1.3.3 **Cancer**

The Cancer Clinical Programme Group are pleased to report continued positive progress with our system redesign work to improve the health and wellbeing outcomes for people Living With & Beyond Cancer. A highlight is that the innovative community based project Macmillan Next Steps Cancer Rehabilitation is now celebrating its first anniversary. During this time the team has successfully developed and operationally tested:

- targeted 1:1 cancer rehabilitation from specialist allied health professionals, including support from a specialist physiotherapist or dietician.
- patient education and healthy lifestyle support through a range of workshops and programmes
- colleague education for health and social care professionals to build skills and joined-up working across the county.

The aim of the project is to enable people to live healthier, happier and more active lives. In the first year over 250 people affected by cancer have been supported by the project and nearly 500 staff have engaged in the education programmes. The CPG is commencing full evaluation of the project benefits which include more confident self-management; improved long term outcomes and a more sustainable use of our health system resources.

## 2 Section 2: Local NHS Commissioner Update, Gloucestershire Clinical Commissioning Group (GCCG)

*These are items are for information and noting.*

- 2.1 **National Update: Department of Health and NHS England Consultations**  
Information regarding Department of Health consultations is available via the GOV.UK website  
[https://www.gov.uk/government/publications?publication\\_filter\\_option=consultations](https://www.gov.uk/government/publications?publication_filter_option=consultations)

Information regarding NHS England consultations is available via the NHS England Consultation Hub website: <https://www.engage.england.nhs.uk/>  
These websites also include responses to closed consultations.

**Relevant open Department of Health consultations:**  
No new consultations open.

**Relevant open NHS England (NHSE) consultations:**  
The following specialised commissioning consultation, led by NHS England, may be of interest to HCOSC members:

Proposals for Congenital Heart Disease Services  
<https://www.engage.england.nhs.uk/consultation/chd/>  
This consultation closes: 17 Jul 2017

### **Department of Health Policies**

The following web link provides access to Department of Health Policies:  
<https://www.gov.uk/government/policies?keywords=&organisations%5B%5D=department-of-health>

## 2.2 Joint Commissioning

### 2.2.1 Transforming Care – Learning Disabilities

GCC and the CCG continues to meet their commitment to deliver timely CTRs (Care and Treatment Reviews) for each person placed in inpatient units whether placed in county or out of county. Blue Light Meetings are also routinely held to attempt to prevent all further admissions wherever possible.

Mortality reviews for people who were identified with a learning disability are now happening across the county. It is early days in terms of generating such reviews but the long term expectation is that this will provide learning on how to improve health inequalities.

The Experts by Experience Quality Checking through Inclusion Gloucestershire has now been extended to patients in inpatient units. This has evolved after considerable piloting of the best methodology and approach to follow.

The GEM (Going the Extra Mile) project is now up and running. This project provides work opportunities for those people furthest from the labour market. Funded by the Big Lottery Fund, this programme provides employment mentoring to a wide range of people with a disability.

### **2.2.2 Better Care Fund Updates**

The Better Care Fund (BCF) Policy Framework was published at the end of March 2017 and final guidance is awaited. In the meantime the Local Government Association has published guidance and in Gloucestershire work is ongoing to develop our plan for 2017-19.

The Gloucestershire BCF Plan will provide an overview of achievements to date, to include our challenges and set out the areas we will be developing over the next two years to meet those challenges. These areas include the development of the Integrated Commissioning Hubs, frailty pathways, integrated personalised commissioning, virtual wards and the housing agenda.

### **2.2.3 Carers**

Work is ongoing to improve contract monitoring and understanding of delivery against the service specification. This will enable better understanding of what is required to ensure we make full benefit of the existing contracts and improved arrangements into the future.

Gloucestershire's Carers Strategy is under review and work is underway to map the existing offer to carers. The next steps will include broader stakeholder engagement to reflect the needs of carers and develop sustainable community based options.

### **2.3 Non- Emergency Patient Transport Services (NEPTS): Eligibility Criteria**

In common with other areas the CCG has begun a process to review and assess compliance with the eligibility criteria for Non-Emergency Patient Transport Services (NEPTS). We have commenced this work with the other areas who contract NEPTS with Arriva Transport Solutions Limited.

This provides an opportunity to reinforce compliance with national guidance on eligibility for these services but also to build upon this including developing innovative local solutions to ensure that this resource is targeted at those who really need it and in a way which ensures improvements in performance. Further information on any proposed changes will follow.

## **Section 3: Local NHS Commissioner Update (Primary Care), Gloucestershire Clinical Commissioning Group (GCCG)**

*These items are for information and noting.*

### **3.1 GP Forward View (GPFV)**

GCCG has received encouraging feedback from NHSE on the original GPFV – Transformation Plan which was submitted at the end of December 2016. GCCG made a further submission to NHSE in early March and we have now received feedback and RAG ratings for assurance purposes.

There was a strong ‘Green’ rating across our plan, which recognises the significant progress we have made in Gloucestershire in planning and implementing the General Practice Forward View (much of which is integral to the ambitions set out in our Primary Care Strategy) at pace. While ‘Workforce’ has been given an ‘Amber’ rating, we have been informed that all areas across South Central have been awarded this rating given the current pressures in primary care.

All 16 clusters have identified and agreed transformational schemes, with all supporting not only primary care to be more sustainable by working at scale and diversifying the workforce, but also supporting the wider system. An update is given by cluster below:

### **3.2. Primary Care Out of Hours (OOH) – transition to new provider**

OOH will be provided by Care UK from 1 June 2017. Care UK is the current NHS 111 provider and is the biggest provider of primary care Out of Hours services in England Care.

A great deal of work has been undertaken to manage the transition to the new provider. Care UK has worked successfully to engage with the local GP workforce and all key partners within the urgent and emergency care.

## **Section 4: Local Providers’ updates**

This Section includes updates from 2gether NHS Foundation Trust (2GNHSFT), Gloucestershire Care Services NHS Trust (GCSNHST) and Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT),

*These items are for information and noting.*

### **4.1 2gether NHS Foundation Trust (2GNHSFT)**

#### **4.1.1 Big Health Check Day**

More people than ever before participated in the ninth annual Big Health Check Day, held at Oxstalls Sports Park, in Gloucester, on 24 May 2017. The event is aimed at helping people with learning disabilities and complex health needs to stay healthy and active.

More than 2,000 people attended during the day, with an additional 95 volunteers from Hartpury College, the University of Gloucestershire, Gloucestershire College, and Inclusion Gloucester helping the organisers to ensure the day went off without a hitch.

There were more than 80 information stands, 14 different sports to participate in and even some four-legged friends in the form of pets as therapy dogs, police horses and farm animals.

The event is coordinated by 2gether, with, and on behalf of, the Gloucestershire Learning Disability Partnership Board.

#### **4.1.2 The Lofthouse Suite**

A new, specialist bedroom has been created aimed at reducing the harm caused to people who may fall.

The Lofthouse Suite is a bedroom on Willow Ward, at Charlton Lane Hospital, in Cheltenham, where specialist assessment, treatment and care is provided for older people with functional mental health problems and people with dementia.

The refurbishment of the room incorporates several different technologies, including shock absorbent walls and flooring, edge-protection and visual aids to help those with dementia to process their environment more safely. These innovations have been paired with night-vision motion-detection cameras, which can be linked to portable tablets. This provides ward-wide visual cover and means staff can be alerted to any movement.

2gether has been working to reduce the harm from falls by 50% for the past five years. Since 2011, the Trust has been involved in the NHS South West Quality and Patient Safety Improvement Programme for Mental Health. Work has included investigating any increases in reported falls, and exploring individual factors that may have contributed to that fall. The hospital design has been made “dementia friendly” and as sympathetic to the patients’ needs as possible.

Hip protectors and safer footwear, such as non-slip slippers, have been introduced, alongside fall prevention training for all staff and luminous signs.

#### **4.1.3 Garden Project in Stroud**

A garden project is now fully up and running at Weavers Croft, in Stroud. The gardening group, made up of 2gether service users and people referred by the Independence Trust, meets weekly and is growing in numbers. The project has increased to include a weekly young persons’ group that meets in the garden’s summer house. The young persons’ group has painted the summer house and made the environment more welcoming.

The next phase for this project is looking at sustainable funding options and to develop a ‘Men’s Shed’, which will run from the brick shed at Park House. A Men’s Shed brings together a group of men where they share the tools and resources to work on projects of their own choosing at their own pace and in a safe, friendly and inclusive venue. They are places of skill-sharing and informal

learning, of individual pursuits and community projects, of purpose, achievement and social interaction.

#### **4.1.4 Launch of Stay Alive App**

A new app will offer information, help and support to people in Gloucestershire to help them avoid suicide.

The Stay Alive app, which is the UK's first suicide prevention app, was created by the charity Grassroots Suicide Prevention, and is now be available in Gloucestershire after it was licensed to 2gether NHS Foundation Trust.

The app has received positive feedback in the areas it has already been used, and offers an excellent source of advice and information for people who may have thoughts of suicide as well as those who support and care for them. The content is completely free and is available online and offline, so is always there for the user, whenever they are feeling vulnerable.

Among the app content is:

- Quick access to UK national crisis support helplines
- A mini-safety plan that can be filled out by a person thinking about suicide
- A Life Box to which the user can upload meaningful photos from their phone reminding them of their reasons to stay alive
- How to help a person who may be thinking about ending their life
- Suicide myth-busting
- Research-based reasons for living
- Online support services and other helpful apps
- Suicide bereavement resources

The app can be accessed through the Apple Store, Google Play and downloaded as a pdf.

## **4.2 Gloucestershire Care Services NHS Trust**

### **4.2.1 Introduction and Purpose**

This report seeks to provide an overview, on behalf of the Gloucestershire Care Services Trust on key issues and areas of work being progressed to support the delivery of the Trust's objectives and priorities.

### **4.2.2 Strategy and Leadership**

#### ***2016-17 Quality Account***

The final draft of the Trust Quality Account 2016-17 has been completed and shared with external stakeholders.

The Quality Account reflects our relentless focus on delivering high quality, safe care in line with our CORE values – Caring, Open, Responsible and Effective. It provides an overview of progress against our six 2016-17 quality improvement priorities and confirms our 2017-18 quality priorities which are summarised below:

2017/18 Quality Priorities		Quality Domain	
1	Falls Prevention and Management	To reduce the number of people falling or at risk of falling through an effective falls prevention and education programme to reduce the number of incidences of falls across the Community Hospitals	SAFE
2	Colleague Health and Well-being	To improve the health and Well-being of colleagues and increase the number actively involved in health and wellbeing activity.	CARING
3	Equality and Diversity	Improve the quality, accuracy and completeness of information about service users and our workforce.	RESPONSIVE
4	End of Life Care	To continue to improve our end of life care activities, building on what we did during 2016-17	WELL-LED
5	Dementia	To raise the profile of dementia care across the Trust and beyond and ensuring it becomes "everyone's business"	EFFECTIVE
6	Pressure Ulcers	To reduce the number of avoidable acquired pressure ulcers, focusing on preventing pressure ulcers developing, providing education and training for colleagues	SAFE
7	National Commissioning for Quality & Innovation	To achieve national CQUIN programme	EFFECTIVE

### ***Fire Safety***

In response to the tragic events at Grenfell Tower, we have been working with Gloucestershire Fire and Rescue to progress the further proactive and precautionary measures to instigate inspections of all our inpatient properties. This has included a joint review of our self-assessment and our risk assessments which confirmed that our inpatient sites are low risk. We have agreed that on-site inspections will also be progressed recognising the need to prioritise resources on higher risk sites in the first instance.

#### **4.2.3 Operational Service Overview**

##### ***Tewkesbury Hospital Remedial Works***

We have identified the need to undertake some repair work to the flooring on the first floor of Tewkesbury Community Hospital. The first floor accommodates a 20-bed inpatient ward and an operating theatre suite. We want to complete this work before the winter period, and it will require the temporary closure of the first floor for approximately three months. The inpatient area is therefore being closed from week commencing Monday 3 July and the theatre suite will be closed from Thursday 17 August, to enable the work to be finished as quickly as possible.

Detailed plans have been put in place to minimise the impact on patient care, and we have sought to keep key partners informed of the plans. 15 additional beds at Cirencester are being opened, and detailed modelling has been undertaken to provide assurance on patient flow. The Trust is also securing temporary theatre

capacity. Outpatient services and the Minor Injuries and Illness Unit on the ground floor will remain open during this period.

### ***Minor Injury and Illness Unit Closures***

There has been a recent increase in the need to consider temporary closure of units due to either capacity or staffing issues.

The table below details the breakdown of partial closures, noting only one closure has impacted on a whole shift.

	<b>Stroud</b>	<b>Cirencester</b>	<b>Lyndey</b>	<b>Moreton</b>	<b>Tewkesbury</b>	<b>Dilke</b>	<b>Vale</b>	<b>Total</b>
April	4	3	1	0	2	0	4*	14
May	5	4	0	0	1	1	7	18
Total	9	7	1	0	3	1	11	

\*Closed for whole shift

The position is being monitored closely, with particular focus being given to the position in Stroud which is impacting on the unit in the Vale.

Minor improvement works are also being progressed at the Dilke Community Hospital in July.

### ***Safeguarding***

The Trust has been working closely with Gloucestershire County Council (CCG) following the publication of the recent OFSTED inspection report. We have confirmed our full commitment to the Task and Finish Group being established by the Gloucestershire Safeguarding Children's Board, and will hope to build on the good practice noted in relation to the Trust's Children in Care Service.

## **4.3 Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)**

### **4.3.1 Annual accounts (2016/17) signed off**

Last month (May) the Board of GHNHSFT signed off the Annual Accounts for 2016/17. The final position at year end was an operational deficit of £18m. While this is not the position that the Trust wants to be in it does represent a stabilisation of the Trust's finances, having largely delivered against the recovery plan for the last six months of the financial year and compares strongly against a forecast position last autumn of £26m deficit.

### **4.3.2 Executive team changes**

GHNHSFT has made the following Board appointments:

Steve Webster (Director of Finance): Steve is responsible for finance, procurement and information management and technology. He joined the Trust in June 2017

after a variety of finance director roles across the South of England and in Wales. He has extensive experience of financial recovery and of major PFI and information technology schemes from these NHS roles, and prior to that worked in local government. He was awarded HFMA Finance Director of the Year for 2010.

Caroline Landon (Chief Operating Officer): Caroline, previously Director of Operations for Medicine at GHNHSFT, has held two Board positions since leaving GHNHSFT at acute Trusts and is currently Chief Operating Officer at Epsom & St Helier. Caroline will join the team in the autumn.

#### **4.3.3 New improved bus service**

GHNHSFT is improving the 99 shuttlebus service which links Gloucestershire Royal and Cheltenham General Hospitals. The new service, to be launched in August 2017, will be provided by local company Pulham's and will be an enhanced service (bigger bus, WiFi enabled) in line with the Trust's transport and sustainability strategy. The fine details of the revised service are being finalised and will be made publically available in due course. This recommissioned service follows an extensive programme of staff engagement.

#### **4.3.4 Team highly commended**

The community-wide team involved in redesigning care for patients with musculoskeletal problems were recognised at a national awards ceremony. The team were awarded a Highly Commended by the Health Service Journal in the category Community Health Service Redesign. The work that the team do is to support more patients in the community – ensuring hospital services are there for people who need specialist support most.

#### **4.3.5 Maternity services praise**

GHNHSFT maternity services were, once again, credited with the UNICEF Baby Friendly status. Baby Friendly accreditation is based on a set of interlinking evidence-based standards for maternity, health visiting, neonatal and children's centres services. Accreditation demonstrates that parents and their babies are receiving the best possible support to build close and loving relationships with their baby.

#### **4.3.6 CQC Inspection**

The Care Quality Commission (CQC) is planning to publish GHNHSFT's inspection imminently. Inspectors reviewed a wide range of services (January 2017) against five questions:

- Are they safe? Patients are protected from abuse and avoidable harm.
- Are they effective? Patient's care, treatment and support achieves good outcomes, helps patients to maintain quality of life and is based on the best available evidence.
- Are they caring? Staff involve and treat patients with compassion, kindness, dignity and respect.

- Are they responsive to people's needs? Services are organised so that they meet patients' needs.
- Are they well-led? The leadership, management and governance of the organisation make sure it's providing high-quality care that's based around patients' individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

## **5. Recommendations**

This report is provided for information and HCOSC Members are invited to note the contents.

**Dr Andrew Seymour**  
Clinical Chair  
NHS Gloucestershire CCG

**Mary Hutton**  
Accountable Officer  
NHS Gloucestershire CCG

**27 June 2017**