

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

**November 2018**

**One Gloucestershire ICS Lead Report**

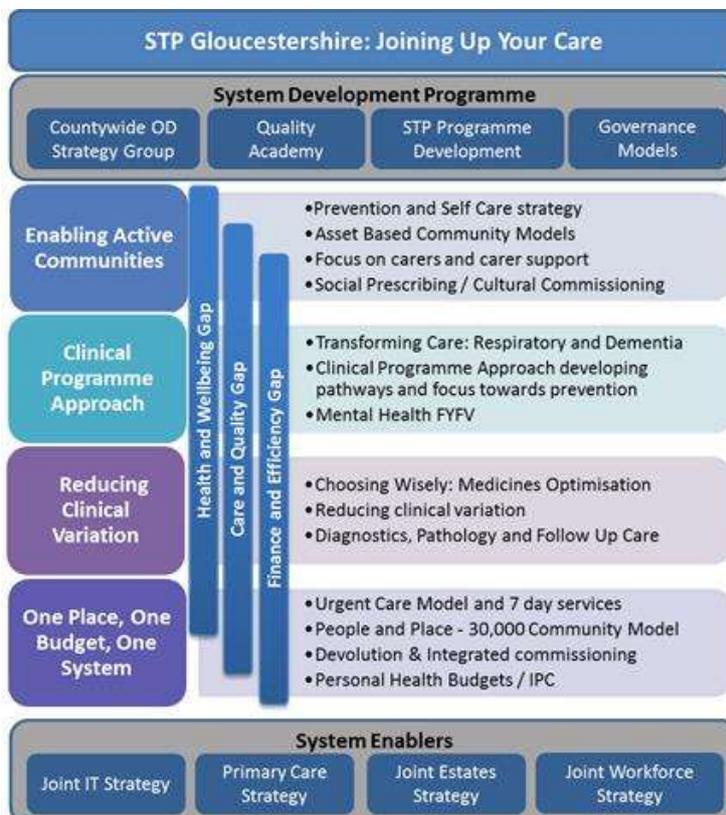
**1. Introduction**

These reports provide an update to HCOSC members on the progress of key programme and projects across Gloucestershire’s Integrated Care System (ICS) to date.

Gloucestershire’s STP commenced year two of four in April 2018, since then we have made progress in embedding and delivering key schemes outlined within the plan, in an increasingly challenging health and care environment. We continue to develop our delivery plans against our main priority programmes. In the July 2018 report we outlined the progress made in 2017/18 and the priorities for plans in 2018/19; in this report we provide an update on 2018/19 progress made against the priority delivery programmes and supporting enabling programmes included within Gloucestershire as we transition to an Integrated Care System (ICS).

This report contains updated on the programme areas as well as a specific focus on the following areas

- Mental Health Clinical Programme Group
- Integrated Locality Boards
- Capital Development at Gloucestershire Hospitals NHS Foundation Trust



Gloucestershire’s STP Plan on a page

## 2. Enabling Active Communities

The Enabling Active Communities programme looks to build a new sense of personal responsibility and improved independence for health, supporting community capacity and working with the voluntary and community sector.

The development of the Gloucestershire Prevention and Shared Care Plan, led by Public Health, aims to reduce the health and wellbeing gap and recognises that more systematic prevention is critical in order to reduce the overall burden of disease in the population and maintain financial sustainability in our system.

Key priorities for 2018/19 are:

- Reach the target of over 5,000 patients being on the National Diabetes Prevention Programme
- Appoint a GP Clinical Champion in Diabetes to further raise the profile of diabetic care in general practice (completed)
- Commission a new Child Weight Management Service and implement our new adult Weight Management Service Model to support people to reduce their weight in a sustainable way
- Continue to deliver an early identification and intervention model for victims of domestic abuse
- Develop a Breastfeeding Social Marketing campaign
- Progress the Gloucestershire Moves project (getting 30,000 inactive people active) and see the first pilots underway; including 'Beat the Street' and older people at risk of falls
- Launch a new postpartum contraception service
- Launch our new Gloucestershire Self-Management Education Programme called 'Live Better, Feel Better' and Support over 200 individuals through our new Self-Management Service
- Create a direct route into the community wellbeing service from urgent care (A&E, urgent treatment centres) to support people who attend for non-medical reasons
- Expand the arts on prescription service
- Increase our focus on support the following pathways with self-care and prevention schemes: adult mental health; paediatric epilepsy; paediatric Type 1 diabetes; Tier 3 obesity, adult chronic pain and adult respiratory pathways

Update on progress over the last two months:

### **Supporting Pathways**

- There have been a total of 2,700 referrals to the National Diabetes Prevention Programme (NDPP) since August 2017 with an uptake rate of 49%; this proves to be slightly higher than the national average. 3 localities are currently referring to the service with expansion to the remaining 4 localities set to continue in January 2019
- The Tier 2 Child weight management service pathway has been drafted and will be presented to the healthy weight steering group for discussion at the next meeting in December.
- The Diploma training schedule for specialist midwives has been updated and confirmed, with the final locally delivered postpartum contraception training session scheduled for the first week in November.

### **Supporting People**

- Since the start of the early identification of domestic abuse, there has been a 206% increase in health referrals to the Gloucestershire Domestic Abuse Support Service with 70% of these not being known to the service beforehand.

- There have been 60 workshops delivered to 1257 primary care health professionals to increase confidence in handling domestic abuse disclosure. The project has now trained 49 Domestic Abuse champions in GP practices across Gloucestershire.
- Patient Activation Measures (PAM) have been adopted as business as usual with a total of 2,364 being completed.

### **Supporting Places & Communities**

- Active Gloucestershire has appointed a new programme manager who started in post during October and will oversee the Gloucestershire Moves Programme.
- The latest results from the Active Lives survey are now available covering the period of May 2017 - May 2018. The results show that the percentage of people who are inactive is 22.9% in Gloucestershire which is better than the England level (25.2%)

### **Supporting Workforce**

- A number of new medium to large businesses have been engaged on the Workplace Health and Wellbeing project. Work has begun to improve employee health and wellbeing.
- Better Conversations: the project team are working with the Institute of Employment Studies to further develop the evaluation for the Berkeley Vale cluster site. Delivery of training in this area continues with the courses being well attended and well received.

### 3. Clinical Programme Approach

The Clinical Programme Approach has been adopted across our local health care system to ensure a collaborative approach to systematically redesign the way care is delivered in our system, by reorganising care pathways and delivery systems to deliver right care, in the right place, at the right time.

	Priorities 2018/19	Progress So Far...
<b>Respiratory</b>	<p>Deliver a comprehensive education and training package for health care professionals working in primary care and managing long term respiratory conditions.</p> <p>Support primary care to stop prescribing steroids where they are not having a significant impact on an individual's quality of life</p> <p>Continue to bring together the hospital and community respiratory teams together into one integrated team</p>	<p>The Integrated Respiratory Team commenced during September with the Integration lead role being developed to also include responsibilities as operational lead for the Integrated Respiratory service.</p> <p>Team engagement events are being organised to inspire, engage and provide clarity to the team members for how the changes will affect their roles and maximise the opportunities created by integration.</p>
<b>Musculoskeletal</b>	<p>Embed the Advanced Practitioner Service providing physiotherapy support to patients in primary care.</p> <p>Roll out MSK triage service which provides expert clinical review at the point of referral.</p> <p>Design and implement a countywide integrated approach to falls prevention</p>	<p>Providers continue to report that the MSK Specialised Triage is working well. An Integrated MSK educational event is planned for November 28th. There is a plan to change the triage service from a Clinical Assessment Service (CAS) to a Referral Assessment Service (RAS) on eRS as this will improve the process for primary care are administration staff.</p>
<b>Circulatory</b>	<p>Improvements to heart failure care</p> <p>Develop proposal for cardiac rehabilitation</p> <p>Progress community stroke rehabilitation</p>	<p>Plans to implement the Community Stroke Rehabilitation services are progressing well in line with the plan make the changes in January 2019.</p> <p>The Blood Pressure Award bid to British Heart Foundation successful and will secure £100k over 2 years from April 2019</p>
<b>Eye Health</b>	<p>Explore the enhanced community eye care offer to provide additional eye care services</p> <p>Implement the new NICE guidelines within Ophthalmology</p>	<p>Eye Care Liaison Officer (ECLO) expansion business case supported by the CPG. This will increase support to patients who have been diagnosed with deteriorating sight and will be available following attendance at outpatient appointments. It provides advice and support tailored to the needs and experience of the individual and supports transition between health and community services.</p>

<p><b>Diabetes</b></p>	<p>Recruit a part-time Consultant Diabetologist</p> <p>Training to care homes on “caring for patients with diabetes”</p>	<p>Multi-disciplinary footcare outpatient clinics continue at GRH and CGH with consistent input from Diabetologists, Podiatry, Vascular and Orthopaedic consultants. As expected, there is a downwards trend in major amputations.</p>
<p><b>Cancer</b></p>	<p>Progress towards the 2020/21 ambition for more cancers to be diagnosed at the earliest stages</p> <p>Deliver the Prostate Cancer Surveillance Project</p> <p>Implement the Colorectal Streamlining Project, including the Straight to Test pathway &amp; implementation of the Optimal Lung Cancer pathway to support quicker diagnosis (completed)</p>	<p>The next programme of GP Masterclasses have commenced from 9th October 2018 with Colorectal as a focus.</p> <p>The Early and Faster Diagnosis Programme is focusing on the actions needed to achieve the national objective of 62% cancers diagnosed at Stage 1 or 2.</p>
<p><b>Children &amp; Maternity</b></p>	<p>Develop community hubs and integrate better together services that support women and families in the early years</p> <p>Implement our ‘Safer Maternity Care’ Action plan</p> <p>Develop models of care supporting women to have the same carer throughout pregnancy, birth &amp; post-natal care</p> <p>Aim to have 30 to 40 children with Personalised Care Plans by Mar 19</p>	<p>The Social Care &amp; Youth Support day staff for the Integrated Recovery and Intervention Service (IRIS) are in place.</p> <p>As part of the Prevention - Better Births scheme, a healthy lifestyle programme is being developed and implemented with an expected launch date scheduled for later this year.</p> <p>Young Gloucestershire have been commissioned to facilitate person centred planning and management of the personal budgets for the children and young people which should increase the number of people able to personalise their support.</p>
<p><b>Learning Disability</b></p>	<p>Enabling individuals with a Learning Disability to use Personal Health Budgets to ensure they have control of the support they receive</p> <p>Embed the “Stopping Over Medication of People with LD” campaign to reduce the prescriptions of anti-psychotic drugs where they are not clinically recommended</p> <p>Ensure that 75% of people with a LD on the GP LD Register receive an Annual Health Check by Quarter 4 19/20</p>	<p>Increased support for 30 people on the Transforming Care Programme and the Positive Behaviour Support services are.</p> <p>Work continues to provide an improved and timely service for the special schools in Gloucestershire for disabled CYP.</p> <p>We are reviewing staff training to align closely to the clinical pathways that staff are working on.</p>

## Dementia

Develop a countywide approach to community dementia services  
Implement the Community Hospital Mental Health Liaison Team pilot

Current focus is on achieving 6 week referral to treatment times for the Memory Assessment Service and increasing the caseload for Dementia Advisor from the service. This should support people with longer-term support, improving the focus on prevention and living well.



## Focus on Mental Health Clinical Programme

The Mental Health Clinical Programme Group (MH CPG) was reformed in early 2018 under the clinical leadership of Dr Lawrence Fielder (CCG Clinical Lead for Mental Health). The group has met on 3 occasions this year to review previous work undertaken and to agree priority areas. The following priority areas were agreed by the group:

- **Personality Disorders:** Development of a business case for specialist personality disorder service building on the work undertaken in Gloucestershire over the past 4 years and incorporating more recent initiatives (e.g. Kingfisher Treasure Seekers Enablement Pilot, Serenity Integrated Mentoring pilot).
- **Primary Care Mental Health:** Over the past year 2gNHSFT have been working with commissioners to review the Psychiatric Nursing Element of the MH Intermediate Care Team. In parallel 2gNHSFT have been working with a small number of GP practices in Gloucester city to pilot an Advanced Mental Health Practitioner role in Primary Care.
- **Physical Health and Serious Mental Illnesses (SMI):** Requirement for 60% of people on GP SMI registers to have an annual physical health check and appropriate NICE recommended interventions. 2gNHSFT via a CQUIN have been working on improving access to physical health checks for individuals known to their services. We have recently undertaken an audit of GP practices to determine the uptake of physical health checks for all SMI patients. The results of the audit will be discussed at the next MH CPG.
- **Attention Deficit Hyperactivity Disorder (ADHD) Pathways:** In 2018 we introduced an additional element to the existing diagnostic service provided by 2gNHSFT. The intention was to provide additional support to primary care for diagnosed individuals in terms of access to specialist review if required and advice/guidance. Following discussions at the MH CPG a G-Care pathway group was established to review the existing ADHD pathway against the current model.

## Mental Health Crisis Care

The Crisis Care Concordat is a multi-agency agreement to improve services for people experiencing a crisis and has the following main components.



The Crisis Care Concordat Action plan has been reviewed through the Mental Health and Wellbeing Partnership Board and the Crisis Care Concordat Steering Group. A report will be returning to the MH and Wellbeing Partnership Board summarising progress to date and proposed future priorities.

### Development of a new Gloucestershire Intensive Recovery and Intervention Service (IRIS) for Children and Young People

The joint initiative with the Clinical Commissioning Group, NHS England and Gloucestershire County Council focusses on a different approach to working with children and young people with mental health issues. It comprises of different strands including residential, independent supported living, Foster Care, Casework team, intensive family and young person support, therapeutic day provision and emergency and crisis responses.

### Mental health crisis café (The Cavern)

Kingfisher Treasure Seekers Ltd are a local voluntary and community sector organisation who provide a crisis café for adults in Gloucestershire aged 18+. The Cavern supports people experiencing acute emotional distress associated with a mental health problem (whether diagnosed formally or not). They provide a safe, welcoming and comfortable place for people who feel they are at risk of reaching crisis or need some support in the evenings. The aim of the service is to provide earlier intervention for those at risk of crisis, improve people's coping skills and resilience and prevent the need for admission to an inpatient setting or attending the emergency department.

### Crisis Care Concordat Workforce Development

The Mental Health Crisis Care Workforce Development Group was set up to oversee the implementation of the agreed multi-agency multi-professional workforce development strategy (3-5 years) for Gloucestershire that addresses the workforce needs of the Mental Health Crisis Care Concordat to enable earlier intervention and responsive crisis services. The strategy addresses the training needs of partner organisations coming into contact with people in crisis and aligns with the practice development programme for specialist crisis workers in 2gether NHSFT. The Group continues to meet quarterly to oversee the development, delivery and evaluation of a prioritised, and where appropriate bespoke, programme of training and development interventions in mental health awareness and mental health crisis care. Following a successful year two STP bid, £30,000 2018/19 funding has been secured from Health Education England for workforce development.

The following programmes, in agreed priority areas, have been delivered since April 2018:

- **Police:** following the initial programme in November 2017 a full day training programme commenced in April and has now been delivered to 154 police staff (mostly response officers who use section 136 powers) and PSCO's. Feedback has been positive and the programme continues to be rolled out.
- **Ambulance:** To date 24 ambulance staff have received bespoke training and further dates are booked. Feedback has been good. The sessions are similar to those for the police but with a different emphasis for ambulance staff, especially focussing on mental capacity.
- **Housing and Homelessness:** A one day course was delivered to P3 in May 2018. The service commissioner and team leader for 2gether NHSFT Accommodation Team also attended. A bespoke programme for housing has been developed and is ready to deliver.
- **Personality Disorder Awareness:** The training already delivered for 2gether NHSFT staff was opened up to allow 10 free places on each date to be available to staff from other agencies. A further 4 courses have been scheduled for non 2gether NHSFT staff. To date 32 non 2gether NHSFT staff have attended these. It is recommended that staff attend the Mental Health Crisis Care awareness training prior to this programme which is a delivered by a Clinical Psychologist.

Additional developments:

- **Gloucestershire Fire & Rescue Service:** a bespoke training package has been designed and will be piloted and rolled out in November 2018.
- **Multi-agency:** the development of a multi-agency half day Mental Health Crisis Care awareness sessions are being piloted in the autumn.
- **E-learning:** An identified provider has been identified and two levels (awareness and specialist) training is being developed.

Other training:

- Rethink Mental Illness worked with Gloucestershire Constabulary to deliver a series of workshops to control room staff to support improved understanding of self-harm and suicide.
- The Independence Trust also provided 'crisis' training to the Gloucestershire Safe and Social Environments (cafes, museums, garden centres, libraries, etc).
- Training of Crisis Staff to enable them to triage Children and Young People 11 years+ and the Mental Health Liaison Team to triage 16 years+ has been undertaken in addition to training for working with Children and Young People in partnership with the Tavistock and Gloucestershire Counselling Services.

## Suicide Prevention

The strategy was developed by the Gloucestershire Suicide Prevention Partnership Forum (GSPPF), with input from partners across the public and voluntary sectors. Its objectives reflect the national suicide prevention strategy and local context to ensure that all action plans are aligned to ensure duplication is minimised and priorities are addressed through the most appropriate route.

## Mental Health Acute Response System (MHARS)

The new holistic Crisis model which reflects the partnership working across the County was commissioned in April 2017 in line with new Police guidance and legislation. This provides a single point of access and clear, concise pathway of care.

The Contact Centre has been co-located with the Police at Waterwells where they receive referrals from GPs, Police and Ambulance as well as providing advice to the police. The Urgent Response Team has also been co-located with the Police.

Additional helpline support is now being provided by 'Mental Health Matters' who provide support to people who would normally go straight to the Crisis Teams but do not require an acute response. General advice is provided with the option of escalating to the Contact Centre and Urgent Response Team if required.

In addition, a Street Triage Pilot was launched in June 2017 with a mental health clinician attending incidents with police officers. The service has been extended to 4 days from 2pm to midnight on Tuesday, Wednesday, Thursday and Friday. This pilot has seen a significant reduction in the number of Section 136 detentions.

The Mental Health Liaison Team provide support to Gloucestershire Hospitals NHS Foundation Trust through emergency departments in addition to liaison with the Older People's Service; Change, Grow, Live (alcohol) and Community Hospitals.

The 'targeted case management approach to Section 136 High Intensity Users' can be seen as an integral element of the High Intensity User Network/Serenity Integrated Mentoring (SIM) Project. The SIM Project Group for the recruitment of police officer who is based initially alongside the Psychiatric Liaison Team with a caseload drawn from the existing High Intensity Case Manager caseload.

## Place of Safety (PoS)

Following the changes brought in by the Police & Crime Act 2018, the waiting room in the Maxwell Suite had subsequently been identified as a Place of Safety if required. In addition the Police have agreed to remain as a chaperone throughout the process if a child is being detained. Since the introduction of the changes we have had no occurrences whereby a child or young person was unable to access a Place of Safety or any breaches of the revised 24 hour detention period. We are therefore currently confident that we have sufficient capacity within our Place of Safety to meet demand for Children & Young People/Adults.

## Approved Mental Health Professional (AMHPS)

Gloucestershire County Council has a statutory duty to ensure that there are sufficient numbers of competent AMHPs available 24 hours a day to consider requests for assessments under the mental health Act 1983/2007. An extended hours (9AM-11pm) Hub and Spoke AMHP model was introduced in July 2018 and it is the intention of the Council to commission a standalone 24/7 AMHP service (currently 11pm-9am is provided by Glos EDT).

## Self Harm

A review of the self-harm pathway was undertaken and key recommendations included:

- Improve what happens when people who are self-harming or in extreme emotional distress present themselves to ED
- Strengthen prevention
- Make it easier for children and young people to get help
- Join up the services that we already have
- Specific needs, e.g. personality disorder, children and young people with physical health conditions

A multi-agency plan has been developed and is currently being implemented.

## 4. Reducing Clinical Variation

The Reducing Clinical Variation programme looks to elevate key issues of clinical variation to system level and have a new joined up conversation with the public around some of the harder priority decisions we will need to make. This includes building on the variation approach with primary care, promoting 'Choosing Wisely' and a Medicines Optimisation approach and undertaking a diagnostics review.

### Key priorities for 2018/19 are

- The successful Prescribing Support dietetics role will be expanded to support change in the recommendation of oral vitamin B vs Vitamin B injections, advice and support around optimising the use of calcium and vitamin D, as well as reviewing and producing infant milk guidance to ensure appropriate support to patients via primary care
- Continue to support, develop and extend the Repeat Prescription Ordering Service for Gloucestershire patients to support the reduction of prescribed waste medication.
- Continue to support reducing Polypharmacy (the use of multiple medications at the same time) in patients, initial focus on frail patients, and extend it to groups such as those in care homes with the aim of reducing unwanted side effects
- Implement a paper referral switch off so that all referrals to consultant led services are made via an electronic system by October 2018 (in line with national guidance.)
- Implement patient led booking to give patients more control over their follow up care.
- Implement GP peer review of referrals to support consistency of patient management at a locality level.
- Continued development of alternatives to face to face follow up appointments
- Reducing the number of people who failed to attend a booked hospital appointment through a public awareness campaign and by establishing a reminder services
- Continue to make improvements to Operating Theatre, Radiology and Pathology pathways to reduce waste

### What we've achieved so far:

- Advice and Guidance (A&G) services, where GPs can get advice and support from specialist services without referring a patient, continues to increase month on month with a total of 6792 requested made in the first six months of 2018/19, significantly above the year to date target level of 4589. The service rollout continues as planned with 16 specialties now live and two further due to go live in the coming months.
- Work continues to progress the approach to referral management in the key target specialties of Dermatology, ENT, Gynaecology, and Urology
- G-care site (a website containing information for GPs and other healthcare professionals) views have increased by 7.3% since April, and a range of new content has been published. G-care search function has been redesigned to improve usability and this is currently being tested before changes are made to the live version.
- The social media videos for the Did Not Attend campaign are currently being developed and are expected to be finalised within the next few weeks, with the aim of launching the campaign in November to reduce the number of wasted appointments.
- The 2018/19 Savings Plan supports a saving opportunity of £5m across a range of treatments. The Prescribing Improvement Plan (PIP) continues within practices.
- Use of Prescription Ordering Line (POL) to manage continence and stoma prescription requests is developing. Practices have expressed interest in making use of this service for these prescription groups. Staffing is being increased to ensure capacity to manage the planned increase in demand and the extra staffing will be fully in place by the end of November 2018.

## 5. One Place, One Budget, One System

### New Models of Care & Place Based Model

The One Place, One Budget, One System programme takes a place based approach to resources and ensures we deliver best value. Our community care redesign will ensure responsive community based care is delivered through a transformative system approach to health and social care.

The intention is to enable people in Gloucestershire to be more self-supporting and less dependent on health and social care services, living in healthy communities, benefitting from strong networks of community support and being able to access high quality care when needed. New locality led 'Models of Care' pilots commenced in 2016/17 to 'test and learn' from their implementation and outcomes, working across organisational boundaries, and leading to the formation of 16 locality clusters across the county.

#### Key priorities for 2018/19 are

- Led by ICS partners, pilot three Integrated Locality Boards in both rural and urban areas. The pilots will be in Stroud and Berkeley Vale, Forest of Dean and Cheltenham. These aim to give more control to local GPs to develop and tailor services to best meet the needs of people in the local area.
- Increase the range of roles in primary care available to support GPs and patients including the use expanding paramedics, clinical pharmacists and mental nurses
- Support the roll out of the Community Dementia pilot across the county, following the completion of evaluation and a feasibility study.
- We will continue to work with practices to support them through merger or federation conversations as required.

#### What we've achieved so far:

- Commissioning Event on 27<sup>th</sup> September with nationally renowned speakers updating over 200 attendees on Primary Care Networks.
- 60 staff across Berkeley Vale have attended a 2 day Health Coaching training "Better Conversations" to support MDT way of working. Attendees included GPs, Practice Nursing, 2g staff and all staff in the ICT.
- 4 Practices from Stroud Central and Berkeley Vale completed the Releasing Time for Care programme, focusing on care navigation & clinical correspondence.
- Design of a frailty model for the Forest which will be based on the Complex Care at Home Model is completed.
- Literature/promotional tools being finalised for use on the information bus, including a 'frailty wheel' that gives guidance on improving health and wellbeing and a survey to capture public's current understanding of frailty.
- My Goals and Me At My Best care plans have been templated for System 1 and EMIS



## Focus on Integrated Locality Boards

Integrated Locality Board (ILB) pilots have been running since April 2018 in Stroud & Berkeley Vale, Forest of Dean and Cheltenham.

### Purpose

The purpose of the Integrated Locality Board (ILB) is to bring together key partners from across the organisations that serve the populations of our communities, to consider how together they can improve the delivery of health outcomes for their primary care registered populations and Improve the delivery of services that all are collectively accountable for. The ILBs are the local delivery arm of the ICS.

The Gloucestershire STP has been developed across the Gloucestershire Clinical Commissioning Group (GCCG), Gloucestershire Care Services NHS Trust, Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire County Council, 2gether NHS Foundation Trust and South Western Ambulance Service Foundation Trust, and it is these partners that will form the basis of working with primary care colleagues within the ILB.

ILB members map and share combined resources across their patch, seek to understand their demographics and determine the ICS priorities on which they will work. The ILB are responsible for the design and delivery of these priorities, working together to implement them.

This is not a top-down approach. All providers on the ILB are equal partners, working together on local delivery of the STP. All providers share the same goal of better outcomes for patients within a sustainable and resilient health and social care system.

### Outcomes we want to achieve through the ILB model

- More resilient primary care
- Improving outcomes in the locality
- Contributing to system sustainability
- Accelerated pace of service improvement and change to deliver ICS solutions;
- Better shared understanding of the local resources available to deliver strategies and work programmes, reducing duplication, improving effective use of resource
- Reduction in unwarranted variation in Practice
- Greater shared visibility and transparency of resources available in the Locality
- A forum which facilitates collaboration, shared learning, information sharing and peer support creating a culture of innovation in the context of improvement.

### Key responsibilities

Specifically the ILBs are seen as offering a new collective way of working that can:

- Accelerate the pace of service improvement to deliver high quality out of hospital care for the local population contributing to a sustainable model of care provision.
- Champion a place based model of care that significantly contributes to the delivery of the ICS
- Maintain a focus on the benefit for patients in the local population, ensuring engagement with patients, service users and carers
- Design, implement and evaluate projects
- Provide local challenge to partners to support continuous improvement and address unwarranted variation in practice

- Better understand the local infrastructure required to deliver strategies and work programmes
- Provide visibility and transparency of resources available in the locality and mapped to activity
- Implement new operational and clinical models to support new ways of working including clinical governance
- Providing a forum which facilitates collaboration, shared learning, information sharing and peer support creating a culture of innovation in the context of improvement.

### Membership

Pilot ILB membership will include, but is not limited to the following;

Organisation	Members
General Practice	Locality Provider Lead Locality Executive Group Chair Cluster Lead GP/s Governing Body GP
2gether NHS Foundation Trust	Executive Director with Locality Lead Lead Manager
Gloucestershire Care Services NHS Trust	Executive Director with Locality lead ICT Locality Lead Senior operational Locality Lead
Gloucestershire Hospitals NHS Foundation Trust	Senior representative
Social Care	Provider Lead Manager

This membership is supported by an ILB support team including: senior manager and administrative support, finance lead, public health lead and business intelligence lead.

### Governance

The Integrated Locality Boards report to the New Models of Care Board which is of the ICS structure and is accountable to the ICS Delivery Board and Gloucestershire Strategic Forum (GSF). The GSF is constituted of the Chairs and Chief Executives/Accountable Officers of all of the ICS partner organisations.



### Evaluation

Evaluation of progress is ongoing and will be considered by both the ICS governance structure and the CCG Governing Body. Further expansion of the Integrated Locality Board model would require a review of existing governance arrangements and HCOSC will be updated on this as progress is made.

## 5. One Place, One Budget, One System

### Urgent Care

Our vision for Urgent Care will deliver the right care for patients, when they need it. In order to make this vision a reality and provide safe and sustainable services into the future, we need to consider how to make best use of our resources, facilities and beds in hospitals and in the community.

We want to improve arrangements for patients to access timely and senior clinical decision making about their treatment and ensure specialist support is accessed as soon as possible. We propose potentially changing the way some care and support is organised in Gloucestershire to meet changing demands, make best use of our staff, their skills and the money we have.

Regular updates on the One Place Programme have been shared with HCOSC, describing how the programme aims to deliver an integrated urgent care system and hospital centres of excellence to ensure we realise the vision for urgent care. Since this update work has continued to develop the programme timetable, engaging with clinicians, patients, and staff and community partners to develop the proposals for consultation.

Throughout September and October 2018 there has been careful review of the work that has taken place and the progress made. In particular we have received strong feedback that we need to build in more time for engagement in advance of formal consultation and that people want to understand the whole model. In response to this the ICS Delivery Board has agreed that more time is needed to focus on co-designing options and proposals with clinicians, community partners, patients and the public before we move to consultation.

A new scope, co-production approach, governance and timeline will be finalised shortly. In the meantime it is proposed that, in addition to the Trauma & Orthopaedic and Gastroenterology pilots already agreed it is proposed that we develop a further General Surgery pilot (separate paper refers).

Alongside this we will progress the commissioning of a new NHS 111, Clinical Advice and Assessment Service. This will be informed by learning from the current 'test and learn' initiatives and ensuring the critical links with other parts of the urgent care system are maintained. Patients, including Healthwatch Gloucestershire representation, have been involved in developing the specification for this new service.

The Urgent Treatment Centre test and learn project has refocused on achieving compliance with the NHS England national standards and agreeing priorities for implementation before Winter 2018/19.

## 6. Enabling Programmes

Our vision is underpinned by our enabling programmes which are working to ensure that the system has the right capacity and capability to deliver on the clinical priorities.

- **Joint IT Strategy – Local Digital Roadmap** Governance has been established and will be managed by the Countywide IM&T Group with Project Boards and work streams established for the key IM&T Enablers. 75 out of the 76 GP practices are all live on the wifi project. Patient Online has been rolled out to 96% of Gloucestershire practices, and currently Gloucestershire has 22% of patients with an online account. eConsultation procurements are complete for a patient triage application which will begin in 5 pilot practices. Joining Up Your Information go-live has been successfully achieved for first set of users at 2g (30/08/2018) with go-live support activities underway. New version 4.0 Gloucestershire Information Sharing Partnership Agreement (GISPA) is now available and published to website
- **Joint Workforce Strategy** – the Workforce and Organisational development Strategy has been refined and updated; the strategy focuses on three themes: capacity, capability and culture. Developing 7 day working across urgent care services is a priority for the coming year. Planning to develop a shared recruitment function across ICS organisations and expanding the Trainee Nursing Associate programme are also central priorities. Continuing to improve workforce planning and development across the system will be increasingly important to system-wide working. Bids for Health Education England discretionary funding have been approved with a total of £322k being allocated. A further allocation of £252k has also been made to support the Community Education Provider Network working with primary and community care. The bid to expand the current ICS-wide “5 elements for successful leadership” programme was submitted to South West Leadership Academy for the £100,000 leadership development funding. This has now been approved and will support 2 further cohorts of development.
- **Joint Estates Strategy** – the estates strategy is moving forwards with a number of strands of work. Significant progress in the Primary Care Infrastructure Plan with a further 4 schemes are planned to deliver in full. The re-provision of community hospital services in the Forest of Dean will remain a priority following public consultation in 2017/18. Initial meetings have been held with Lydney and Severnbank Practices to set out way forward for potential development of a new primary and community facility aligned to wider Forest of Dean Community Infrastructure Programme Agreement at ICS health estates group that organisational Estates Strategies to be updated and subsequent ICS strategy to be completed for March 2019 with 2031 as the planning timeline;
- **Primary Care Strategy** – the Primary Care Strategy works alongside One Place, One Budget, One System to ensure we have really high quality primary care provision. Improved access has been successfully rolled out across all seven localities within Gloucestershire and in addition to improved access, clusters have been able to utilise funding to support additional workforce innovations across the ICS. All seven localities now have the benefit of additional hours and appointments; over 42,400 additional appointments have been offered so far in 2018/19. The CCG, in partnership with the Community Education Providers Network, has agreed to develop a Health Inequalities Tutor who will support roles which have been persistently difficult to recruit to in order that staff are supported and successful; this post has been appointed. The scheme will start in January 2019 to match with GP colleagues requirements and three of the four spaces on the scheme have been filled. Currently, a two-tiered approach for online consultations to test the benefits for patients and practices, is being looked into, whilst also focusing on future developments with 111 online and the NHS App.



## Focus on Acute Trust Capital Development

Following the approval of Gloucestershire Hospitals Wave 3 Sustainability and Transformation Partnership (STP) capital bid confirmed by Department of Health (DHSC) in April 2018 for £39.5m capital funding, work is underway to finalise the Strategic Outline Case (SOC), to be followed by an Outline Business Case (OBC) in June 2019 and Full Business Case (FBC) in October 2019, to meet NHS Improvement assurance requirements. Construction will start in early 2020 with the new facility being open to patients in 2022.

The preferred proposal at Strategic Outline Case stage is:-

- a new build on the GRH site, between the Tower Block and Gallery Wing. The ground floor would be used to re-locate GRH Orthopaedic Outpatient service and associated diagnostics, currently located adjacent to GRH Emergency Department (ED) and provide additional diagnostic capacity. The space vacated would be used to co-locate Ambulatory and Primary Care. Each upper floor within the new build would accommodate 30-bed wards, with the option to integrate with the Tower Block and Gallery Wing to create co-located specialty floors.
- development at CGH to provide an improved Day Surgery Unit and additional theatre capacity

This proposal is not dependent on service change or the outcome of any public consultation process.

The SOC will be presented to GHNHSFT Trust Main Board in November before being submitted to NHS Improvement and Department of Health. The programme will then proceed to OBC stage that will consider options in more detail and confirm and develop the preferred solution. The OBC will be developed with full engagement of relevant staff, patients, governors and or system partners.

HCOSC will continue to receive updates during the programme via this update.

### 7. Integrated Care

A national announcement was made by NHS England that Gloucestershire in June 2018 to confirm that Gloucestershire is to become one of only 14 Integrated Care Systems (ICS) across the country; we will be one of 4 new systems to join the other 10 systems who have been working in a ICS way during 2017/18.

There was an excellent visit to the system by Don Berwick, President of the Institute for Healthcare Improvement (USA) and Sir Professor Chris Ham, Chief Executive of the King's Fund on the 29<sup>th</sup> October. The visit included a workshop on supporting the continuous quality improvement approach across our system and it was a chance to celebrate some of the great progress being made and involve staff and stakeholders from across the system. Alongside this we are currently engaging in support for the Gloucestershire Strategic Forum to undertake a review of system-level priorities which will be the first steps towards developing a refreshed 5 year plan for One Gloucestershire in line with the national timeline of Summer 2019.

### 8. Recommendations

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

**Mary Hutton**  
ICS Lead, Gloucestershire ICS