

**Gloucestershire Health and Care Overview and
Scrutiny Committee (HCOSC)
13 November 2018**

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

1. Introduction

Section A provides a general NHS Gloucestershire Clinical Commissioning Group (GCCG) commissioner update, incorporating a national consultation section.

Section B provides a CCG commissioner update focussing on primary medical care.

Section C provides Trusts' updates from: ²gether NHS Foundation Trust (²GNHSFT); Gloucestershire Care Services NHS Trust (GCSNHST) and Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT).

Integrated Care System (ICS)

ICS Lead Report is provided as a separate agenda item.

**2. Section A: Local NHS Commissioner Update,
Gloucestershire Clinical Commissioning Group
(GCCG)**

These are items are for information and noting.

Please note some of the items reported below may also feature in more detail in other reports prepared for HCOSC e.g. ICS Lead Report, wherever possible we seek to avoid too much duplication.

2.0 NHS 70 Awards

To Celebrate the 70th Birthday of the National Health Service, established on 5 July 1948, Gloucestershire hosted the NHS 70 Awards last month. The Gloucestershire NHS 70 Awards was a night of inspiring stories that acknowledged the care and support that is given in people's own homes, in GP surgeries, in the community, workplaces and in hospitals across the county.

Nominations were received from members of the public, partners and staff working in local services.

The awards, held at Cheltenham Racecourse on 27 September 2018, were hosted by 'Embarrassing Bodies' presenter Dr Dawn Harper, a local Gloucestershire GP. The evening included three brilliant performances from the Coady Dance Studio. Their dynamic and exciting display was a great way to break up the awards and celebrated yet more wonderful things about Gloucestershire. Victoria Newland shared her experience of exemplary local services in a presentation entitled: My Cancer Journey & The NHS.

A full list of winners can be found at:

<https://www.gloucestershirelive.co.uk/news/health/gloucestershires-nhs-heroes-hailed-awards-2054967>

2.1 Clinical Programmes

2.1.1 KiActiv Programme

KiActiv® Health is a clinically proven digital behaviour change programme that redefines the use of physical activity in the improvement management of Diabetes and other Long Term Conditions. The CCG took part in a 6 month project to demonstrate how Diabetes can be improved by empowering people with Type 2 diabetes to take responsibility for their self-management of personalised physical activity. 93% of participants completed the 12 week programme, with 97% of participants improving their physical activity. This resulted in improvements in weight, a reduction in blood glucose levels and was particularly notable for its impact on comorbidities.

The Programme was implemented in 3 GP practices with different demographics and levels of deprivation to demonstrate scalability and replicability across the health economy. These outcomes demonstrate the programme's positive impact on inequalities and highlight the opportunity to support the transition from condition specific pathways to a more holistic patient centric service. The initiative was supported and funded by the West of England Academic Health Science Network.

The CCG has commissioned a further 500 places starting in the autumn of 2018 to roll this out across the county. The CCG has also been shortlisted for a Health Service Journal Award for this project.

2.1.2 Multidisciplinary Diabetes Foot Team (MDFT)

Following receipt of National Diabetes Transformation funding from NHS England in June 2017, the CCG and Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) now has an established Multidisciplinary Diabetes Foot Team (MDFT). The MDFT aims to reduce the number of below knee amputations, which can be one of the complications for people with diabetes.

Whilst there has been an established MDFT clinic at Gloucestershire Royal Hospital (GRH) for the last 6 months, a second MDFT outpatient clinic has also started at Cheltenham General Hospital (CGH) in September 2018. This clinic will

be facilitated weekly on Tuesday afternoons by podiatry, consultant diabetologist, a Vascular consultant and a new foot and ankle surgeon. These clinics provide a weekly multi-professional foot care service to patients in order to treat and better manage active foot disease with a view to improving patient outcomes through reducing complications, ulcerations, amputations and associated costs of caring for the complications of diabetic foot problems.

2.1.3 Tinnitus Support Group

Following joint working between the British Tinnitus association (BTA), Gloucester Deaf Association and the CCG, a support group has been launched to support people in Gloucestershire with long term tinnitus for whom no further treatment is available. The group is held in Gloucester on the first Tuesday of each month and the first group meeting was held in September 2018.

Through this support and advice we hope to reduce demand on primary care, as people become more able to self-manage their tinnitus. A range of speakers will be presenting to the support group to share knowledge, use of local services/ voluntary and community support. An evaluation will be carried out six months from launch to assess the benefit to patients of the support group. Based on these findings a decision will be made on further expansion of support groups elsewhere in the county.

2.1.4 Social Prescribing

Emerging data is showing a trend of reduced A & E attendances and emergency admissions for people supported by the Community Wellbeing Service. As a national social prescribing demonstrator site for NHS England, the CCG has been asked to host a fixed-term part-time post for a South West Regional Social Prescribing facilitator.

Phase two 'arts on prescription' projects are due to commence delivery by Voluntary and Community Sector arts partners this autumn. These interventions are part of a targeted social prescribing offer (Social Prescribing Plus) to support people to self-manage their long term conditions. Programmes in October 2018 are:

- Breathe In, Sing Out – 12 week singing on prescription programmes for people with diagnosed chronic respiratory conditions. Groups run in Gloucester, Forest of Dean, Cheltenham and Stroud. Delivered by Mindsong
- Flying High – a nine month art on prescription programme for children and young people diagnosed with Type 1 diabetes. Commenced in Gloucester with a circus and dance workshop during October half term. Delivered by Artshape and Cinderford Artspace

2.1.5 New Frailty Clinical Programme Group (CPG) established

A Frailty CPG was established in July 2018. The meeting was well attended by a wide range of stakeholders, and successfully harnessed energy and enthusiasm for working together on frailty within Gloucestershire. The first meeting concentrated on defining a vision and key aims of the CPG. The vision of the Frailty CPG is to work together to:

- Develop a collaborative way of working across health, social care and third sector to support people who are at risk of becoming frail;
- Ensure that people who are frail, at any age, have a person-centred approach aiming to improve their health and well-being; and
- Reduce complications of frailty and improve the quality of life of those living with frailty.

2.2 Commissioning Policies

2.2.1 Assisted Conception Policy Update

Following the annual clinical review of Gloucestershire CCG's Assisted Conception Policy it was recognised to be out of line with the majority of CCGs both nationally and locally with regard to the number of assisted fertility attempts (IVF/ICSI cycles) that are funded by the NHS. As at October 2017, GCCG was one of only 12% of CCGs in the country offering couples three or more attempts, with 23% offering two, 65% offering one and 4% offering none.

Therefore GCCG will be updating its policy to a position of offering two assisted fertility attempts with all existing access criteria remaining unchanged. It should be noted that IVF/ICSI success rates with the current assisted conception provider are very good in comparison to the national average and the updated policy will only apply to newly referred couples.

2.3 Urgent Care

2.3.1 Cinapsis (Advice and Guidance Tool)

Gloucestershire Integrated Care System has invested in a telephony tool which will support GPs and on the scene Paramedics who are considering taking a patient to the acute trust. A direct conversation with the Physician of the day will support decision making on the most appropriate pathway, be it to an Emergency Department or elsewhere either on the day or in a planned slot. The aim of the project is to ensure appropriate advice and reduced admissions to hospital.

We will go live with a pilot GP practice early this winter, supporting a test of the technical system and clinical pathways / governance. Full roll-out to GP practices is anticipated to support the delivery of services during winter 2018/19 with paramedic access scheduled for the new year. Planned care elements focusing on dermatology and ophthalmology are also in development, again aimed at ensuring advice on presenting condition and referral.

2.4 Community Offer

2.4.1 Home Care – Test & Learn Initiatives

During the summer, the Integrated Brokerage Team has commissioned various “test and learn” initiatives, to get people home from hospital as quickly as possible. These include:

Bridging Service - To enable people who have existing packages of care to return home from hospital with care whilst their provider can re-rotate in care and support to meet their needs, which may have changed after a period in hospital. Last winter, these people may have needed to be discharged to a care home for a short stay.

Discharge Home to Assess (DH2A) - This is an enhanced Hospital to Home Service for people with dementia to enable discharge home with greater levels of support.

Complex Care / Live-in Care - This is a three month pilot, operating on a hub and spoke basis. This service is designed to support dementia and complex care arrangements and / or prevent social admissions.

2.4.2 Age UK / British Red Cross – Out of Hospital Service

The Out of Hospital (OOH) service is formally commissioned by the CCG to provide an integrated service to support the overall discharge pathway and process within and across GHNHSFT. During 2017/18 the service extended its scope to support discharges from Cirencester Community Hospital as a pilot, with the view that this would have an associated and positive impact on the discharge flows within the acute hospitals.

Following the evaluation of this pilot, with a small investment, this extension has been rolled out across all Gloucestershire Community Hospitals. It is envisaged that the service will provide the support needed to build resilience and increase confidence for older people to live well at home, thereby mitigating the risk of readmission, whilst simultaneously making an associated and material contribution to improving the discharge flows from Gloucestershire acute hospitals.

2.4.3 System Wide Frequent Attenders

There are a number of initiatives to provide additional support to frequent attenders or high users of the health and social care system, for example the High Intensity Network, mental health frequent attender post in Emergency Departments and provider specific initiatives. A report has been built within the CCG to link pseudonymised¹ health activity data for people who meet the criteria of a ‘frequent attender’ across the system, or in one or more urgent care services.

These patients are often classified as ‘complex’ or ‘frail’. Currently the following services are included: ED attendances, outpatient appointments, emergency

¹ Pseudonymization is a data management and de-identification procedure by which personally identifiable information fields within a data record are replaced by one or more artificial identifiers, or pseudonyms. A single pseudonym for each replaced field or collection of replaced fields makes the data record less identifiable while remaining suitable for data analysis and data processing.

admissions, some community and mental health services, NHS 111, Out of Hours and the Community Wellbeing service. Discussions are underway to include SWAST and primary care information within the dataset. The report provides aggregated information about the demographics of frequent users and their cost to the system, as well as individual level information about which services individuals use. Having a system-wide understanding of how frequent attenders are interacting with services gives commissioners and providers the opportunity to:

- identify services where an earlier intervention could potentially reduce or avoid frequent attendance further upstream, providing improved health and wellbeing and better quality of care for individuals;
- understand where resources can be better used to prevent pressure on acute services; and
- ensure we are appropriately meeting the needs of this client group, including identifying commissioning gaps, reducing duplication and ensuring integrated approaches to their care.

Discussions are ongoing with key stakeholders to scope how the model can be used within Integrated Locality Boards (ILBs) at population and individual level and early feedback is very positive.

As requested at the HCOSC meeting in September 2018, there is a 'focus' on ILBs in the ICS Lead Report to this committee.

2.4.4. Adult Mental Health - Mental Health and Wellbeing Strategy

The Adult Mental Health and Wellbeing Strategy has co-produced with the Mental Health and Wellbeing Partnership Board. Over the next quarter we will be seeking approval from both the CCG and County Council to endorse the strategy.

As requested at the HCOSC meeting in September 2018, there is a 'focus' on the work of the Mental Health Clinical Programme in the ICS Lead Report to this committee.

2.5 Enabling Active Communities

2.5.1 Community blood pressure testing

£100,000 of new funding has been awarded by the British Heart Foundation (BHF) to the CCG to pave the way for a ground-breaking community based approach to detect high blood pressure.

With funding provided over two years the grant will be used to recruit and train local blood pressure champions.

Once recruited, the champions will be trained on how to take blood pressure and interpret the readings, when to refer to other services, what lifestyle advice to give and the risks of high blood pressure. They will then create, advertise and run local blood pressure events, with the support of the CCG, within their own communities.

Their main aim will be to provide 5,000 tests each year to the people of Gloucestershire. It is hoped that this will identify some of the estimated 65,000 people who are currently living with undiagnosed high blood pressure in the county. The project will firstly target the more deprived and Black and Minority (BME) communities in Gloucester city.

Service specifications are currently being developed and the programme is planned to go live in April 2019.

NHS Gloucestershire CCG will collaborate with Healthy Living Pharmacies, the Voluntary Sector, Healthy Lifestyles Service, the Friendship Cafe and locally run groups in Gloucester for the project.

2.5.2 **Five myths around the flu jab and who is eligible for a free vaccine**

Every year, we hear common misconceptions about the flu vaccination such as ‘I don’t need the flu jab, I’m fit as a fiddle’ or ‘I’m not having the vaccine as it gives you flu’.

As a result, the CCG has compiled a list of the myths surrounding the immunisation programme and the real facts behind them in a bid to encourage those eligible to take up the vaccination.

The Myths Debunked:

You can’t die from flu

According to Public Health England, there were an estimated 15,969 deaths from flu in 2017/18. This is a 9% decrease in flu related deaths between 2016/17 and 2017/18

The flu vaccine gives you flu

You cannot get flu from the jab because the adult vaccine doesn’t contain live viruses. Some people experience mild side effects such as soreness around the site of the jab or aching muscles but this is your immune system responding to the vaccine.

I had the vaccine last year, so I am covered

Just because you had the vaccination last year, it doesn’t mean you are covered from any new strains of flu circulating, so you need to have it every year.

I feel well, so I can’t have flu

You do not have to be showing any symptoms of flu to have it and therefore pass it on to someone else. Aside from having your flu vaccine, the best way to prevent the spread of flu is to practice good hand hygiene. Catch coughs and sneezes in a tissue, throw the tissue away and wash your hands.

My child will need to have an injection?

For most children, the flu vaccine is not usually an injection, just a quick and easy nasal spray. Children aged 2 and 3 receive the vaccine through their GP and

children in reception and years 1, 2, 3, 4 and 5 receive it in school. If you have a child who is of the eligible age, make sure you sign the consent form allowing them to have the flu vaccine at school.

This year, a new enhanced vaccine will be available for people over 65 to help their body's immune system stay better protected from the disease.

The free nasal spray vaccination programme will also be extended to children in year five at school.

Gloucestershire Hospitals NHS Foundation Trust's maternity teams will be offering the vaccine to those attending its antenatal clinic appointments for the fourth year in a row.

People working in the NHS are also being helped to receive the flu jab through a range of initiatives taking place including peer vaccination and drop-in clinics in the workplace.

Who is eligible for the free flu vaccination this winter 2018/19:

- Those aged 65 years and over
- Pregnant women
- Those living in a residential or nursing home
- The main carer of an older or disabled person
- Children aged 2-3 and those in reception class, and school years 1-5 (to those in year 5 for the first time)
- Frontline health and social care workers should also be offered the flu vaccination by their employer.
- Those aged under 65 with serious health conditions including:
 - A heart problem
 - A chest complaint or breathing difficulties, including COPD, bronchitis, emphysema or asthma
 - Kidney disease
 - Lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
 - Liver disease
 - Stroke or a transient ischaemic attack (TIA)
 - Diabetes
 - A neurological condition e.g. multiple sclerosis (MS), cerebral palsy or learning disability
 - A problem with spleen e.g. sickle cell disease, or you have had spleen removed.

For more information, visit our Flu Free pages

<https://www.gloucestershireccg.nhs.uk/your-health/health-topic/winter/seasonal-flu/seasonal-flu-vaccination/>

To book your flu jab, contact your GP surgery or local pharmacy by the end of November.

3. Department of Health and Social Care and NHS England Consultations

- 3.1 Information regarding Department of Health and Social Care consultations is available via the GOV.UK website:
https://www.gov.uk/government/publications?publication_filter_option=consultations

Information regarding NHS England consultations is available via the NHS England website: <https://www.engage.england.nhs.uk/>

These websites also include responses to closed consultations.

3.2 Engaging on the Long Term Plan for the NHS

On 18th June 2018 the Prime Minister set out a funding settlement for the NHS in England for the next five years.

In return, the NHS has been asked to set out a Long Term Plan for the future of the NHS, setting out its ambitions for improvement over the next decade, and its plans to meet them over the five years of the funding settlement.

18 national working groups, comprising local and national health and care system leaders, clinical experts and patient/voluntary sector representatives, have been engaging with relevant stakeholders to develop specific proposals for inclusion in the plan.

During September 2018 those national working groups have organised or attended over 150 meetings with stakeholders and received hundreds of written submissions.

An online call for views has also enabled other stakeholders, in particular members of the public and front-line NHS staff, to inform policy development. More than 2,000 submissions were received through the portal.

The publication of the Long Term Plan, expected before Christmas 2018, will be followed by indicative five-year funding allocations for CCGs and other associated guidance. This will provide the basis on which local health and care organisations, working together as part of systems, can develop detailed plans for the next financial year by April 2019, and strategies for the next five years by the summer of 2019.

Locally staff, patients, the public and other stakeholders will have the opportunity to help our local health and care system to determine what the long term plan means for Gloucestershire, and how local services need to adapt and improve in the short and medium term. The CCG will shortly be talking with community partners such as Healthwatch Gloucestershire to draw up plans for local engagement. HCOSC will receive regular updates.

- 3.3.1 **Calorie labelling for food and drink served outside of the home**
<https://www.gov.uk/government/consultations/calorie-labelling-for-food-and-drink-served-outside-of-the-home>

This consultation is seeking views on making places that serve food and drink outside of the home show calorie information (calorie labelling).
This consultation closes at 11:59pm on 7 December 2018.

3.3.2 **Ending the sale of energy drinks to children**

<https://www.gov.uk/government/consultations/ending-the-sale-of-energy-drinks-to-children>

The government is seeking views on whether the sale of energy drinks to children should be stopped.

This consultation closes at 11:59pm on 21 November 2018

3.4 **Department of Health and Social Care Policies**

The following web link provides access to Department of Health and Social Care Policies:

<https://www.gov.uk/government/policies?keywords=&organisations%5B%5D=department-of-health>

4. **Section B: Gloucestershire Clinical Commissioning Group (GCCG) primary medical care commissioning update**

These items are for information and noting.

4.1 **Cirencester practices merger**

St Peters Road and The Avenue Surgeries in Cirencester merged contractually from October 2018. This merger contributes towards sustainable primary care services for the people of Cirencester.

4.2 **College Yard Surgery, Gloucester closure**

Unfortunately due to the unexpected illness of one of the partners, the Alney Practice had to apply to close its branch surgery at College Yard, Gloucester at the end of October 2018, an earlier date than previously approved by the CCG Primary Care Commissioning Committee (PCCC).

4.3 **Hesters Way and Spring Bank, Cheltenham**

Healthcare for people living in Hester's Way and Springbank in Cheltenham is now secure with the move of Springbank Practice's main surgery location to the Healthy Living Centre on Hester's Way and with Springbank Community Resource Centre becoming a branch surgery location.

4.4. **Care Quality Commission**

The Care Quality Commission (CQC) has recently carried out inspections at Gloucester City Health Centre and Romney House Surgery in Tetbury; both have

retained a 'good' overall rating. Rosebank Health had been listed as 'requires improvement' overall. However, the practice completed the work highlighted from the previous visit and the CQC revisited in August 2018, and it has subsequently been rated as 'good' overall.

4.5 **Improved access cluster pilots**

The outcome of the evaluation of the 14 Improved Access Cluster Pilots in Gloucestershire is currently being compiled. Preliminary results indicate that the pilots have been received well by patients, with 99% of people saying they would 'absolutely' or 'probably recommend' an Improved Access appointment to a friend or family member. Examples of feedback received include:

"As I am working till 6.30 it was amazing news I can see a doctor today"

"Excellent that I was able to see someone the same day. Can't improve on that!"

Some of the new ways of working are already showing good results, for example the Paramedic delivering the Home Visiting Service in Tewkesbury Town sees an average of 6 people per day. This frees up an estimated 15 hours of GP time per week and provides patients with more timely visits.

4.6 **GP Forward View and Primary Care Strategy progress: Annual Commissioning Event**

Attended by more than 200 primary care colleagues, the morning of the Annual Commissioning Event focussed on clinical topics for local GPs. The afternoon session, attended by system partners and National speakers, was a celebration of successes and progress over the last year and an opportunity to learn for the future.

Speakers included: Dr Ned Naylor from NHS England; Professor Nick Harding OBE, Chair of Sandwell and West Birmingham CCG and NHSE Senior Medical Advisor on Integrated Care Systems; Dr Nav Chana, Chair of the National Association of Primary Care (NAPC) and Dr Stewart Smith a GP Partner from St Austell, who spoke about his experience of Primary Care Home.

Primary Care Home is an innovative approach to strengthening and redesigning primary care. Developed by the National Association of Primary Care (NAPC), the model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community. Staff come together as a complete care community - drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local population needs and provide care closer to patients' homes.²

² <https://www.england.nhs.uk/new-care-models/pch/>

4.7 General Practice Development Programme

The final element of the General Practice Development Programme 'Releasing Time for Care' commenced in September 2018. Building on programmes at individual and Practice level, clusters will now be facilitated to work on High Impacts Actions of their choice. Nine practices are taking part in this programme at this time, with a further cohort starting in January 2019.

4.8 Learning Disability Enhanced Service (LDES)

The Learning Disability Enhanced Service (LDES) was first introduced in 2008/09. The current enhanced service is designed to encourage practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities 'health check' register and offer them an annual health check, which will include producing a health action plan.

An annual health check is an opportunity for a holistic review of a person's health, lifestyle, medication and interrelated risks to health and wellbeing. It is also a chance to meet people when they are more likely to be well, to understand more about their lives and to gain mutual trust to help develop a long-term relationship.

In Gloucestershire there are 3,329 people registered with a learning disability on GP registers who would be eligible for an annual health check. In 2017/18, 2,155 claims were made by practices for completed annual health checks, 64.3% of the people registered with a learning disability on GP registers. This is slightly down from 2016/17, when 2,209 (66%) annual health checks were completed. The NHS England target is currently 65%, which rises to 75% in 2018/19.

An Annual Health Check Working Group was set up in 2017 to improve the uptake and quality of annual health checks in line with the national requirements.

It is disappointing that the uptake of LD annual health checks has not increased during 2017/18. However it should be noted every Gloucestershire practice has now signed up to take part in the DES in 2018/19.

There has been significant training and support provided to GP Practices through individual practices and Localities. We are hopeful that the investment into local LD resources, communication with GPs, practice managers, providers of LD services there will be an improvement in uptake in 2018/19.

5. Section C: 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.

5.0 Trusts Merger update

In September 2018, the Boards of 2gether (²GNHSFT) and Gloucestershire Care Services NHS Trust (GCSNHST) formally approved the submission of the Strategic Case to join the two Trusts in order to transform the way in which community physical health, mental health and learning disability services are delivered. ²GNHSFT's Council of Governors has also given the case its full support, and the document is now with NHS Improvement for review.

Preparation of a Full Business Case is under way, with a view to seeking formal approvals to merge the organisations during the summer of 2019.

As previously reported, engagement has been taking place with stakeholders throughout. Most recently this has included a 'Values Week', during which approximately 2,000 colleagues and 50 service users, patients and carers gathered together to help shape the culture, vision and values of the new organisation. Further engagement will take place, involving colleagues as well as the people the two Trusts serve.

Work has also commenced on determining the name of the new organisation and on appointing a 'Shadow Board' for the new Trust. While the Trusts remain two separate legal entities, many of the more informal Trust forums are now held jointly. This includes joint team meetings, Senior Leadership Network events, and Joint Staff Forums. Work is under way to align the overarching strategies and policies of both Trusts.

Although the formal merger of the Trusts will not be completed until next year, early work to transform service delivery is already under way. While this is likely to take at least three years, many benefits to our communities will be delivered sooner.

5.1 ²gether NHS Foundation Trust (²GNHSFT)

5.1.1 World Mental Health Day

October 10 is World Mental Health Day, and the theme for this year's awareness raising occasion was young people's mental health. A range of activities took place, involving partners across Gloucestershire, including an event showcasing third sector organisations working to promote mental wellbeing in our communities. 2gether attended and was involved in organising the event, held at Forest Green Rovers Football Club, with partners such as the CCG, VCS Alliance and Office of the Police and Crime Commissioner.

Other activities included a stand at Tewkesbury Community Hospital, as well as a wide range of social media activity, including blogs from people who have either experienced mental illness as a young person, or who have expertise in supporting and treating young people with their mental health.

5.1.2 **Volunteer Tea Party**

A tea party has been held to celebrate the contribution of the Trust's 150 volunteers and experts by experience.

The event was the sixth annual celebration of its sort, and included the presentation of certificates to many volunteers, as well as the Trust's experts by experience – people who use their own personal experience of mental illness or learning disability to act as advisors.

Trust Chair Ingrid Barker hosted the occasion, which was a fantastic celebration and an opportunity for us to pay tribute to everything our volunteers and experts by experience do for the Trust and the communities it serves.

This group of colleagues bring significant expertise, energy and knowledge and enhance the Trust and its services. More than 54 volunteers are registered with 2gether, and they offer their time to enhance and improve the services the Trust provides.

Their roles include:

- Running a walking group
- Providing music as therapy
- Working in the Trust library, supporting reading groups and delivering books to inpatients
- Driving service users to and from appointments
- Helping at individuals at meal times
- Providing peer support at the Severn & Wye Recovery College

There are more than 95 experts by experience registered with the Trust. They also help in a variety of ways, including sitting on interview panels when staff are being recruited, advising on trust policies, helping to provide staff training, and participating in focus groups to provide feedback on important issues the Trust is working on, including its long term strategies.

5.1.3 **Annual ROSCAs**

The care, compassion, commitment and dedication of 2gether colleagues was celebrated during the 11th annual Recognising Outstanding Service and Contribution Awards (ROSCAs), held in July 2018. Around 125 staff, volunteers, service users and carers from across Gloucestershire and Herefordshire attended and awards were presented in 10 categories. In addition, long service awards were presented to staff who have given either 20, 30 or 40 years' dedication to the NHS, totalling an impressive 2580 years between them.

Paul Roberts, Chief Executive, 2GNHSFT acknowledged the success of colleagues who go the extra mile every day. Shining examples of teamwork, innovation, leadership and putting service users and carers at the heart of everything were heard in over 200 nominations from staff, service users and carers.

The ROSCAs judging panel consisted of service users, trust governors, trade unions and sponsors.

5.1.4 **PLACE Assessments**

The latest Patient Led Assessment of the Care Environment (PLACE) results put ²GNHSFT above the national average for mental health and learning disability settings in all of the six domains for the first time since PLACE began in 2013. The 2018 assessments took place between April and May this year.

The results demonstrate the great care and attention that is paid to providing high quality, therapeutic facilities for service users which has a positive impact on the experience people feel while being cared for by the Trust.

PLACE are self-assessments carried out by local volunteers who go into hospitals as part of a team. The teams assess how well the environment supports a number of non-clinical aspects of the premises identified as important by patients and the public. These aspects are known as domains: privacy and dignity, food, cleanliness, general building maintenance, and how well the needs of patents with dementia and disabilities are met.

The criteria for each domain represent good practice as identified by professional organisations whose members are responsible for the delivery of these services, including the Hospital Caterers Association (HCA); Health Estates and Facilities Management Association (HefmA) and Association of Healthcare Cleaning Professionals (AHCP); all three of which the Trust or its leadership team are members of.

PLACE focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job. It is the only non-clinical assessment of the Trust's activities.

PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matter to patients, families and carers: putting patients first, active feedback from the public, patients and staff, adhering to basics of quality care and committing to ensure services are provided in a clean and safe environment that is fit for purpose. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. The assessments take place every year, and the results are reported publicly via NHS Digital to help drive improvements in the care environment.

Healthwatch Gloucestershire and Healthwatch Herefordshire were the lead partners in undertaking the PLACE assessments for ²gether this year. Healthwatch provided patient assessors who made up a minimum of 50% of an inspection team with a minimum of two patient assessors on each inspection. The Trust provided the other 50% of the inspection team, providing at least one senior nursing lead and one Estates and Facilities Department lead on each inspection team.

The following sites were assessed this year:

- Wotton Lawn Hospital (Gloucester)
- Charlton Lane Hospital (Cheltenham)
- Laurel House (Cheltenham)
- Honeybourne (Cheltenham)

- Berkeley House (Stroud)
- Oak House (Herefordshire)
- Stonebow (Herefordshire)

Domain	Cleanliness	Food overall	Privacy, dignity and wellbeing	Condition, appearance and maintenance	Dementia	Disability
Overall 2gether score	99.64%	94.60%	93.11%	99.20%	90.18%	91.19%
National Average MH/LD	98.40%	90.60%	91.00%	95.40%	88.30%	87.70%

5.1.5 AHPs Day

The first annual Allied Health Professionals Day took place on October 15th 2018. The occasion celebrated the contribution of the 14 different categories of Allied Health Professionals:

- Art Therapists
- Drama therapists
- Music therapists
- Chiropodists/podiatrists
- Dietitians
- Occupational therapists
- Operating Department Practitioners
- Orthoptists
- Osteopaths
- Paramedics
- Physiotherapists
- Prosthetists and Orthotists
- Radiographers
- Speech and language therapists

At 2gether, we have five of the 14 professions working within our teams. They make a huge contribution to enabling recovery and supporting wellbeing across all age groups in hospital and community settings. Arts therapists, dietitians, occupational therapists, physiotherapists and speech and language therapists work alongside medical and nursing colleagues to provide their unique perspective and expertise to work with service users and carers to achieve their goals. The occasion was celebrated in various ways, particularly on social media.

5.1.6 Equally Well

Colleagues from 2gether attended the launch of an historic charter for equal health and the launch of the new Equally Well initiative at the Royal College of Nursing. The Charter for Equal Health offers a vision for improved physical health support for anyone living in the UK with a severe mental illness. It sets out how organisations working nationally and locally will tackle one of the biggest inequalities in health anywhere in the UK.

Today, people living with a severe mental illness such as schizophrenia have a life expectancy that is up to 20 years shorter than average. Equally Well UK will bring together organisations that have a part to play in reducing this inequality to take concerted action to achieve significant and sustained change.

5.1.7 Interim Director of Nursing

John Trevains has been appointed as Interim Director of Quality for ²GNHSFT , following the departure of Marie Crofts, who has taken up a new position with Birmingham Women's and Children's Hospital Trust. John is exceptionally well qualified for this role having held a range of posts across health and social care settings over a 22-year long career. Well known both nationally and locally within the NHS, John is currently the Head of Mental Health and Learning Disabilities Nursing for NHS England. Prior to this he has held a number of senior leadership roles including Assistant Director of Nursing, Patient Experience, Safeguarding and Mental Health Homicide Investigations (NHS England South Central), Clinical Lead for the National Transformation Care Programme and Deputy Director of Nursing for ²gether.

A Registered Mental Health Nursing graduate of Plymouth University, John also holds an MSc in Quality Improvement in Healthcare. He officially started in his new role on 22 October 2018.

5.2 Gloucestershire Care Services NHS Trust (GCSNHST)

5.2.1 Sexual Assault Service increases accessibility for victims in need of help and support

The Trust's Sexual Assault Referral Centre (SARC) has expanded its service to improve accessibility for people affected by rape or sexual assault in need of help and support.

Based at Hope House, Gloucestershire Royal Hospital, the SARC is available 24/7, 365 days a year, to provide victims of rape or sexual assault, their friends and families, with access to emotional, psychological, medical and practical help.

As well as expanding its service, the SARC has launched a new website which provides lots of information about what the service does and how it can assist those in need of help and support. To find out more, please visit www.hopehousesarc.nhs.uk

5.2.2 League of Friends' generosity sees hospital's endoscopy service receive state-of-the-art technology

The generosity of a Cirencester community charity has seen the installation of brand-new, state-of-the-art endoscopy equipment at the town's hospital. Members of Cirencester Hospital League of Friends funded the new £80,000 endoscopy system, which is now in daily use at Cirencester Hospital.

The Olympus 290 Elite video system, complete with monitor and screen, has been in use for almost four months. It is housed on a wheeled cart designed to stack a light source, camera, image capture devices and attachments for endoscopy procedures. The hospital's Endoscopy Department is busier than ever, having recently taken on additional activity, meaning more patients can be seen locally.

5.2.3 Complex Care at Home commissioned by Forest of Dean Integrated Locality Board

Following on from the early success of the Complex Care At Home Service in Cheltenham and Gloucester, the Integrated Locality Board in the Forest of Dean has commissioned the Trust to set up a service in their locality, using the same model.

The service will be delivered in partnership with GPs, and will use a proactive, preventative enhanced community case management model, which will aim to prevent unnecessary admissions to hospital. This will identify and provide appropriate support to the cohort of adults with complex long-term conditions, and/or frailty, who may also have complex social situations. It is a planned, proactive service, not an urgent care model responding to those in crisis.

Working closely with local GPs and a Gloucestershire Royal Hospital geriatrician, the service will comprise community matrons, well-being coordinators, with physiotherapy, occupational therapy and dietetic input. The Trust will also work in partnership with 2gether NHS Foundation Trust, Adult Social Care (GCC), the Forest of Dean District Council, as well as the community and voluntary sector.

Intended outcomes of the service include: people's health, well-being and self-management of conditions are improved; people being more effectively managed in the community; reduction and prevention of hospital admissions; reduction in the demand for primary care and in care home placements.

5.2.4 Location for a new Community Hospital in the Forest of Dean

Following both the Trust Board and Gloucestershire Clinical Commissioning Group's decision to site the new community hospital in the Cinderford location, work is progressing in developing the Outline Business Case (OBC) for the Trust Board to consider in due course.

The Trust is reviewing the identified sites in the location, and an options appraisal will be undertaken which will include the site selection criteria identified in the Strategic Case for Change, as well as those criteria recommended by the Citizens' Jury earlier this year.

Engagement has continued to support the development of a new community hospital for the Forest of Dean. Representatives from the Forest Health Forum and Leagues of Friends of both Lydney and Dilke Hospitals have met with both the CCG and GCS representatives and the Forest of Dean Reference Group, made up of local community representatives, will be meeting in November 2018 to discuss next steps.

5.2.5 Director of Workforce Race Equality Standard (WRES) Implementation at NHS England visits the Trust

Yvonne Coghill OBE, Director of Workforce Race Equality Standard (WRES) Implementation at NHS England visited the Trust in September 2018. In 2013 Yvonne was voted by colleagues in the NHS as one of the top 50 most inspirational women, one of the top 50 most inspirational nurse leaders and one of the top 50 BME pioneers, two years in a row. Yvonne was awarded an OBE for services to healthcare in 2010 and was appointed as Director for WRES Implementation in June 2015.

As part of her visit to the Trust, there was an opportunity for Yvonne to meet staff from Black and Minority Ethnic groups from across the organisation, to understand their experiences of working in the Trust.

5.2.6 National Guardian for the NHS visits the Trust

Dr Henrietta Hughes, National Guardian for the NHS, visited GCS in October 2018 to meet colleagues from the Trust and representatives from all Trusts in the South West. This coincided with the national Speak Up Month campaign.

Every Trust in England has a Freedom to Speak Up Guardian, so that colleagues are able to share issues or concerns which may ultimately affect patient safety or staff experience.

Dr Hughes met with members of the Board and colleagues from the Trust, sharing her thoughts and insight on why it's so important for workers to be able to speak up in a supportive environment.

5.3 Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

5.3.1 Cheltenham & Gloucester Hospitals Charity launch £1.2m scanner appeal

The Cheltenham & Gloucester Hospitals Charity has launched its CT Scanner appeal to raise a further £1.2m for three new CT scanners and two new mobile digital X-ray machines for Gloucestershire.

Almost 80,000 people have a scan or mobile X-ray taken at Cheltenham General (CGH) and Gloucestershire Royal Hospitals (GRH) every year, and our existing scanner provision is at full capacity. Scanners are vital for early detection, diagnosis and treatment and can help save lives in an emergency when every second counts.

New state of the art scanning technology will make a huge difference for people with a wide range of conditions, including those fighting cancer or heart disease, and emergency patients with head injuries. Everyone will benefit, from older people with dementia to premature babies who need urgent medical treatment.

To date £1.2m has already raised for the appeal. If you would like to support you can find out to donate/fundraise by visiting www.gloshospitals.nhs.uk/charity

5.3.2 Flu jab uptake

GHNHSFT has had an encouraging number of staff receive their seasonal flu jab with more staff than ever having a jab at this point in the season compared to the same period in previous years. 2724 (52%) staff have now had their flu vaccination (3rd week of October), this compares very well to 2017 when at the end of the month we had vaccinated 2646 staff. We are some way ahead and on track to achieve our 80% target. It's quite a turnaround, given that the year before last (2016) GHNHSFT achieved just 57% and that was the best year by some margin.

5.3.3 SHED launched to support Dads at Gloucestershire's Neonatal Unit

GHNHSFT has officially launched a new support group at Gloucestershire Royal Hospital. S.H.E.D, or Support and Help for Every Dad, is a new group aimed to support fathers of babies who start their life at Gloucester's neonatal unit. The group was officially launched on Saturday 2 October 2018.

S.H.E.D was established this year to run alongside the broader support group HOPE and offers peer support for Dads who are coping with the wide range of issues associated with having a baby on the unit.

The group has been supported in its establishment by Trust staff members led by Sister Betty Tenn-Stewart and is looking to help make the journey through neonatal care less stressful. Gloucestershire's Better Births improvement programme has funded a new video which can be watched on the Trust's YouTube channel by searching for SHED. The video focuses on the stories of fathers who have had their babies cared for on our unit.

5.3.4 Kier appointed to deliver £39.5m capital programme

Following the announcement in March this year that Cheltenham General and Gloucestershire Royal Hospitals had successfully bid for £39.5m of capital funding to modernise hospital buildings and transform services, we are pleased to announce that Kier will be our partner for this project.

The money, awarded by NHS England and allocated under the Gloucestershire Sustainability and Transformation Partnership (STP), will be used to develop the next generation of care at the county's two main acute hospitals.

A significant amount of the money will be used to improve acute care facilities at the Gloucestershire Royal Hospital and replace outdated ward environments, whilst at Cheltenham General Hospital the investment will support the development of theatre and day surgery facilities. Around £4m will be used to address areas within the existing estate backlog.

We are now working with healthcare planners to establish more detailed plans, with our staff at the heart of this initial concept work. We look forward to inviting patients and members of the public to inform the detail of these plans as they develop.

To date, the hospitals two main sites have sometimes been seen as a problem but the Trust believes they present us with a huge opportunity to develop our vision of *Centres of Excellence* providing outstanding specialist care where more patients can be treated, with lower waiting times, enhanced patient experience and patient outcomes amongst the best. Importantly, this capital will be invested at both GRH and CGH signalling that both have a vibrant future; the investment at GRH will be targeted at addressing the challenges in urgent and emergency care whilst at CGH it will support the delivery of highly efficient, patient-centred planned care.

5.3.5 Care Quality Commission (CQC) Inspection

At the time of writing, GHNHSFT is in the process of being inspected by the Care Quality Commission (CQC). The inspection process comprises three parts:

- Core Services (9/10/18 – 12/10/18): An unannounced visit by a team of inspectors and service experts who observed our services in action and talked to our staff (individually or in groups) to assess what it is like to be a patient or member of staff in our hospitals
- Use of Resources Inspection (18/10.18): Led by NHS Improvement, the team assessed us on how effectively we utilise our resources
- Well-led (13/11/18 – 15/11/18): will look to find out how our organisation is governed and the impact of the Board and senior leaders on the organisation. They will hold group and individual interviews as well as reviewing some of our documentation and processes.

Feedback to date has been encouraging, although the final inspection rating will be published in the new year. The Trust was last inspected in January 2017 when 73% of our services were rated *Good* or *Outstanding* by the CQC (compared to 68% in 2015) though the overall rating was *Requires Improvement*.

The CQC always ask the following five questions of services:

- Are they safe? People are protected from abuse and avoidable harm.
- Are they effective? People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best evidence.
- Are they caring? Staff involved in treating people with compassion, kindness, dignity and respect.
- Are they responsive to people's needs? Services are organised so they meet people's needs.
- Are they well-led? The leadership, management and governance of the organisation makes sure the delivery of high quality person-centred care, supports learning and innovation and promotes an open and fair culture.

5.3.6 Emma Samms MBE opens new cancer information hub at GRH

British actress Emma Samms MBE has officially launched a new cancer support service at Gloucestershire Royal Hospital. The Macmillan information hub, developed in partnership with Gloucestershire Hospitals NHS Trust, is the first service of its kind for the hospital, and offers a friendly environment in the main atrium for patients and their families, friends or carers to access a comprehensive range of information and support. It also features a private consultation area.

Cancer services are a key area of focus for the Trust and this is an area where we are constantly driving improvements. The new service from Macmillan can only serve to enhance the care we offer, now and in the years to come.

With around 22,000 people living with cancer in Gloucestershire, access to information is becoming increasingly important. Providing cancer information and support can make a real difference to a person's quality of life by helping them make decisions about their treatment and care and improving their ability to manage life with cancer.

In Cheltenham, the Maggie's Centre, situated close to Cheltenham General Hospital, offers free practical, emotional and social support to people with cancer and their families and friends. Help is offered freely to anyone with any type of cancer.

5.3.7 £1.7m bid for LINAC successful

GHNHSFT has been advised by NHS England that we have been successful in our bid to the National Modernising Radiotherapy Fund and will receive £1.7m of capital for a new Linear Accelerator (or Linac - a state of the art radiotherapy machine). We had previously been awarded capital last year but were unable to draw down the funding in the end due to some conditions in relation to Trusts in Financial Special Measures. Patients and staff can expect to benefit from the new technology next Summer.

6. 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

5 November 2018