

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

15 November 2016

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

1. Section 1: National Update

These are items are for information and noting.

1.1 Department of Health and NHS England Consultations

Information regarding Department of Health consultations is available via the GOV.UK website

https://www.gov.uk/government/publications?publication_filter_option=consultations

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.

1.2 Relevant open Department of Health consultations:

Providing a 'safe space' in healthcare safety investigations

Seeks views on creating a balanced 'safe space' to allow NHS staff to speak up about incidents without the fear of being punished.

This consultation closes at 16 December 2016 11:45pm

<https://www.gov.uk/government/consultations/providing-a-safe-space-in-healthcare-safety-investigations>

1.3 Relevant open NHS England consultations:

Consultations launched on specialised services policies and changes to the way new technologies are evaluated and funded

NHS England have launched a consultation on four related policies that describe how NHS England will make decisions on funding for treatments that are not currently routinely commissioned. The four policies are: in-year service developments, individual funding requests, funding experimental and unproven treatments, and continuing funding after clinical trials.

This consultation closes at 15 Jan 2017.

<https://www.england.nhs.uk/2016/10/specialised-comms-consultation/>

A separate consultation has also been launched by the National Institute for Health and Care Excellence (NICE) and NHS England jointly on changes to the arrangements for evaluating and funding drugs and other health technologies

appraised through NICE's Technology Appraisal (TA) and Highly Specialised Technologies (HST) programmes. This consultation closes:
13 January 2017 5:00pm

<https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/consultation-on-changes-to-technology-appraisals-and-highly-specialised-technologies>

1.4 **Department of Health Policies**

The following weblink provides access to Department of Health Policies:

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

2. **Section 2a: Local NHS Commissioner Update, Gloucestershire Clinical Commissioning Group (GCCG)excluding Primary Care Commissioning (GP services)**

These are items for information and noting.

2.1. **Sustainability and Transformation Plan (STP) – Update**

An update on the Gloucestershire STP will be presented to the November 2016 meeting of HCOSC.

2.2 **Good Corporate Citizen – Sustainability self-assessment**

GCCG recently submitted a sustainability self-assessment to Good Corporate Citizen. The CCG did very well overall and scored well in comparison to other CCGs in many areas. Of note was the score for community engagement where GCCG scored 100%. An excellent result was also received achieved for Adaptation Community Impacts, where our planned response around the weather impacts of climate change equally scored 100%. Some great work was also demonstrated on models of care, looking after the workforce, commissioning process and on GCCG's corporate approach to sustainability.

2.3 **Clinical Programme Groups (CPG) - Update**

We are pleased to report encouraging progress with our Clinical Programmes. Some programmes are already launching new service models that offer patients streamlined, accessible and high quality care. Other programmes are now bringing together partners to collaborate on new work to improve the health of our population and ensure sustainable services.

2.3.1 **Cancer**

Early Diagnosis of Cancer:

The Cancer CPG is pressing on with the next stage of delivery, with the most recent education series launched in September 2016 with a Prostate Cancer Macmillan GP Masterclass. The team is now actively planning the next phase of programme work to ensure further improvements in early diagnosis, including initiatives for targeted public awareness and ensuring with have sustainable diagnostic pathways.

Gloucestershire Living With and Beyond Cancer Programme:

This system-wide programme encompasses 7 lead projects transforming patient care with partners across the care pathway, with the first phase addressing the needs of people with Breast, Prostate and Colorectal cancer. Co-production between clinicians and service users is an important principle of the Clinical Programme Approach and over the summer we have commenced a series of patient focus groups to guide the further design and delivery of our service improvements. All partners have also been pleased to acknowledge improvements in cancer patient experience in the county.

Recent highlights include:-

- Hospital Care: GHNHSFT progressing the implementation of the Cancer Recovery Package, and are now ahead of target for offering Holistic Needs Assessments (HNAs) and Care Plans. Service redesign work is underway to enable a shift to needs based follow-up and the production of Treatment Summaries to improve communications with patients and between health partners
- Community Care: Macmillan Next Steps Cancer Rehabilitation has now progressed through the start-up phase of the project to improve health outcomes through active patient empowerment and self-management. The team offers patient education and exercise programmes, 1:1 specialist support including physiotherapy, occupational therapy, dietetics and emotional support. Our joint Project Board with Macmillan Cancer Support has commended the team for their commitment in delivering a highly innovative service model, with extremely valuable learning for all partners. Patient feedback has been very encouraging.
- Primary Care: GP practices are central to offering holistic care to patients following cancer treatment. We have opened registration for our new Gloucestershire GP Practice Nurses education events; which commence during November 2016 to help in supporting people living with and beyond cancer to live well. A GP masterclass will be dedicated to cancer survivorship this autumn and all practices are completing patient case studies to contribute to our system learning and further quality improvement.

2.3.2 ENT

An ENT CPG is currently being established with a planned start for November; Dr Graham Mennie is the clinical lead. Areas of work have been identified including, hearing aids, 2 week wait, tonsils and grommets, and neck lumps. Two quick win projects are currently being scoped, including removal of earwax and tinnitus services.

2.3.3 Mental Health

'Heads Up Cheltenham'

On 10 October 2016 (World Mental Health Day) two of the elected members for Cheltenham Borough, in their roles as Mental Health Champions, committed to

delivering 'Heads Up Cheltenham' - a year of mental health action, at an evening seminar for Cabinet members, a Mental Health First Aid Lite workshop for employers and Tackling Stigma workshops for the public. Each month will focus on an activity/event or social media/press release with the themes of stigma, 5 ways to wellbeing, giving, learning, sleep, anxiety, keep active etc., and may include the creation of a Walking Festival and Public Art Trail. The elected members and GCCG would like to encourage other District Councils to replicate this work.

World Suicide Prevention Day

Last year Gloucestershire Suicide Prevention Partnership Forum (GSPPF) launched their five-year plan to reduce the rate of suicide in Gloucestershire through a range of actions, including raising awareness and signposting people to help available. The Forum represents organisations from public, private and the voluntary and community sectors, as well as people with lived experience.

As part of the commitment to reduce the suicide rate in Gloucestershire, agencies recently supported World Suicide Prevention Day on 10 September 2016 by making pledges on how they will be reaching out to people in need. Using the hashtag #GlosCares, councillors, local business leaders, staff and other dignitaries from around the county posted their pledges onto social media throughout the day and people across Gloucestershire were encouraged to join in. The pledges are designed to help tackle the stigma around talking about mental health, and direct people to the help they need, when they need it.

The CCG Information Bus supported the event on The Cross in Gloucester city centre where staff from Gloucestershire County Council were on hand to provide support, information and encouraging people to make their own pledge on how they will help tackle suicide prevention in the county.

Gloucestershire Self Harm Helpline

Gloucestershire Self Harm helpline is a partnership between Rethink Mental Illness and Gloucestershire County Council. The Self Harm helpline provides a safe, supportive, non-judgmental and informative space for people who self-harm, their friends, families and carers. They also speak to professionals who may want to know more about self-harm. The service is able to support anyone living within Gloucestershire, and you can contact the service by telephone (0808 801 0606), text (07537 410 022) or webchat during our opening hours, every day 5pm to 10pm. The Self Harm Helpline website was launched at an event on 12 September 2016.

Crisis Café

GCCG has funded the Crisis Café in Westgate Street, Gloucester to open every evening from 6pm – 11pm to offer non-clinical mental health support to people during out of hours, when help is often needed most. The café is run by trained staff and volunteers, who provide non-clinical support to help people feel less isolated, cope with anxiety and meet new people. They provide listening support,

low-level interventions such as board games, adult colouring and more inclusive activities such as quiz nights in a supportive environment.

The service is available to anyone in the county with mental health problems. Referrals can be made by self-referral (drop in) or through mental health teams, Emergency Departments (ED), GPs, adult social care and the police.

During the first six weeks of opening the project had 250 visits/contacts and 40 separate individuals registered with the service. Early case examples provide evidence of one individual who was a high frequency user of ED but has not attended since the café opened. Also a number of vulnerable individuals using the service who would otherwise use 2gNHSFT crisis services (thus reducing demand and providing choice).

Place of Safety Capital bid

We are currently in the process of developing a bid for capital monies to develop a Place of Safety for children and young people (CYP). This will be included as part of the development of the Intensive Intervention Service which is being jointly developed by the CCG and County Council.

2.3.4 Musculoskeletal (MSK)

The plan for 16/17 is progressing well with all pieces of work anticipated to be implemented year to date having been so. New financial modelling is currently being worked up for the phase 2 plan which will see major pathway change, and we are awaiting the data and information report to move this forward.

We are pleased to report some excellent progress as follows. Referral forms are now out on “live testing” and are awaiting feedback from GP’s and receiving service to ensure any issues are addressed before county-wide roll out. Each service now has a basic level triage in place and this will facilitate re-direction of referrals as suggested in agreed referral guidance.

The falls education service has now recruited 3 additional staff to lead the coordination of falls management and prevention. The falls project team (provider led) have been tasked with producing 4 key strategic documents which will ensure there is a detailed plan for developing an integrated falls model.

Work packages for all services have been agreed with all providers and all services will ensure every service has each component in place by December 2016. 42 Pathways have also been developed in draft for G-Care – due to be delegated to G-Care, to simplify these pathways with a vision to providing GP’s with one per body part and the task team will work up into final drafts before sign-off at CPG.

2.3.5 Prevention and Self-Care

The new prevention and self-care Board met for the first time in September 2016. The Prevention and Self-Care Board (PSCB) will oversee all the prevention activities within Gloucestershire and encompass the functions previously delivered

by the Health and Wellbeing Board's Strategy Implementation Group and CCG's Healthy Individuals Clinical Programme Group. It will also be responsible for overseeing the delivery of the Prevention and Self-Care plan to support Gloucestershire's Sustainability and Transformation Plan.

Obesity programme

A multi-agency healthy weight group was created and met for the first time in September 2016. The role of the group is to be accountable for developing a whole system approach to obesity in Gloucestershire. The group will set the strategic direction for the programme. A joint Obesity Health Needs Assessment has been developed by the CCG and GCC Public Health and includes recommendations for action.

Two key projects include a review of the adult healthy weight care pathway (led by the CCG) and the child healthy weight pathway (led by GCC Public Health). Both of these will be using the 'transformation approach' and engaging a wide range of stakeholders. The first phase of both projects will be to hold a series of workshops to identify issues, solutions, quick wins and longer-term recommendations. This will support the development of a clear commissioning strategy and potential business case(s) for 2017/18 and 2018/19 onwards.

2.3.6 Diabetes

The Type 2 Diabetes workshop was held in September 2016. It was well attended by a large number of clinical staff from a variety of services, patient representatives and GCCG and GCC staff. The workshop was well evaluated and resulted in a series of recommendations to improve the quality of services for patients with a backdrop of increasing numbers of patients with diabetes in the county. The planning process for a second workshop in November 2016 with a focus on Type 1 Diabetes (including children) has already begun.

The Mapmydiabetes project (implementing on-line structured education and self-management support for patients with Type 2 diabetes in Gloucester and the Forest of Dean), is progressing well with training sessions held for GPs, Practice Nurses and Practice Managers. This implementation is part of a larger project run by the West of England Academic Health Science Network called Diabetes Digital Coach, which aims to build a digital platform for a number of on-line solutions for patients with diabetes.

GP practices were encouraged to participate in the annual National Diabetes Audit (NDA) over the summer. This national audit allows us to compare services provided and outcomes achieved in Gloucestershire with other areas. Last year's participation rates in Gloucestershire and nationally were lower than previous years due to changes in the recording system, however this year, following a push both nationally and locally we reached over 85% participation in Gloucestershire.

2.4 Positive Risk Taking

The Positive Risk Taking Group was established by GCCG and GCC as part of the Integrated Community Teams Phase 2 initiative. Due to the enthusiasm and interest in the subject, the membership of the working group grew to over 40 people representing many different organisations across the county. Safeguarding colleagues were integral to the work throughout.

The group began by exploring our attitude to risk in everyday lives – not only to our own lives, but also our attitude to the risks others might choose to take. Respect and support for people’s individual choices were agreed to be integral to person-led care and it was acknowledged there was scope for members of the group (together with their colleagues/organisations) to reflect on their own behaviours and practices. The group created a comprehensive set of resources to initiate healthy discussion and debate, and promote a supportive and collaborative culture for positive risk-taking across Gloucestershire, working to the following three objectives:

- Using human and professional skills to assess risk;
- Providing leadership and management which supports positive risk-taking; and
- Supporting individuals (people/patient/client) to take positive risk.

Multi-Agency Protocol

Going beyond training resources to encourage a culture of positive risk taking, a multi-agency protocol defining how positive risk taking can be approached in Gloucestershire has been written in conjunction GCCG, GCC, South West Ambulance Services NHS Foundation Trust, Gloucestershire Care Services NHS Trust, 2gether NHS Foundation Trust and the Voluntary and Community Sector Alliance.

This seeks to embed a person-led approach when working with an individual and their carer and/or family. The focus of these interactions is to ensure patients achieve their desired outcomes, whilst balancing this with the duty of care owed by services and employers to their workers and the legal duties of statutory and community services and independent providers. This has now been signed off by all organisations involved and will be embedded into their processes and procedures as appropriate.

2.5 Cultural Commissioning

The programme continues to explore new ways of working with the VCSE arts and culture sector, in order to develop arts based interventions which can deliver possible health outcomes for a range of long term physical and mental health conditions. Drawing on the concept of a stepped care social prescribing model, the key objectives behind the programme include:

- extended choice for patients of both intervention and provider

- contributing to the culture shift required towards self-management and prevention
- viable de-escalation and progression routes from primary and secondary care into community based activity
- development of a county arts and health workforce

A series of twelve test and learn arts based projects are currently being delivered through a grants programme, across a range of long term conditions including diabetes, respiratory conditions, chronic pain, cancer, dementia, obesity and mental health. Based on co-production principles, each project has been designed and overseen by a bespoke steering group of patient representatives, commissioners, clinicians and Voluntary, Community and Social Enterprise (VCSE) arts providers. GCCG is working in partnership with University of Gloucestershire to evaluate the grant programme during Autumn 2016.

The Cultural Commissioning Programme in Gloucestershire continues to draw significant regional and national interest, including from the All Party Parliamentary Group for Arts, Health and Wellbeing, who have commissioned a national policy inquiry into arts and health, of which the work in Gloucestershire is a key focus. The annual regional Arts and Health South West conference in November 2016 will be specifically focusing on the learning from Gloucestershire, and intends to propose a similar approach across the South West.

2.6 **Workplace Wellbeing Charter**

A full time Health@work consultant has been appointed and is co-located with the Local Enterprise Partnership. Their role will be to provide support to assist organisations to achieve accreditation of the National Workplace Wellbeing Charter. Four organisations (GCCG, UCAS, GCC and GFirstLEP) have benchmarked against the Charter Standards with a further 10 organisations expressing an interest.

2.7 **Flu Free campaign, urging at risk groups to protect themselves with a free flu jab**

The NHS in Gloucestershire has launched a new flu campaign sharing three short video clips to illustrate the importance, for those eligible, of taking up the offer of a free flu jab.

This year the flu vaccine is being offered to children aged 2 to 7 (a nasal spray), people 65 and over, pregnant women and anyone who is living with a long term condition.

For most healthy people, flu is an unpleasant illness from which they recover within a week. However, some people are more susceptible to the effects of flu and are at increased risk of developing more serious illnesses such as bronchitis and pneumonia, or make existing conditions worse.

In the worst cases, seasonal flu can result in a stay in hospital, or even death.

Flu is an unpredictable virus with new strains circulating each year during the winter months, so it is essential that vulnerable people take steps to protect themselves and have their flu vaccination every year.

The messages in the videos are clear – if you're at risk, take preventative action now to protect yourself and those you care about.

A nasal spray is available for children aged 2 to 7. This offers a quick, easy and painless way to help prevent them catching flu whilst also helping to reduce it spreading to more vulnerable people.

Even people whose health conditions are well managed and who lead otherwise healthy lives should still have the flu vaccine – it's free because they need it.

To watch videos about the potential consequences of not getting vaccinated, visit <http://www.gloucestershireccg.nhs.uk/flu-free> or search the hashtag #FluFree on Twitter.

2b Section 2b: Local NHS Commissioner Update, Gloucestershire Clinical Commissioning Group (GCCG) - Primary Care (GP services)

2b.1 Primary Care Strategy and sustainability and transformation

GP practices have organised themselves into 15 'clusters' across the county. We have been working with these clusters on their bids for sustainability and transformation funding and are now proceeding with implementation. Nine of the fourteen bids received will see clinical pharmacists working in general practice with a particular focus on frail patients and those with long-term conditions, an inner-city Gloucester cluster will have mental health nursing support, two clusters will be working to have additional clinical support for the care of frail patients within their community while three clusters are focusing on improving urgent care provision for their patients.

Whilst the initial aim of the collaborations of practices into clusters is to support the sustainability and transformation of primary care, they are already further developing to integrate care that improves the health, well-being and independence of the people within each cluster, delivering safe, high-quality care without organisational boundaries.

2b.2 National GP Patient Survey (July 2016 publication)

It is good to see that in the most recently published national GP Patient Survey results (July 2016), practices in Gloucestershire continue to perform better than, or in line with, the national CCG average. There is nevertheless practice variability hidden within that overall level achievement. The overall results are well summarised by the following two questions:

- Overall, how would you describe your experience of your GP surgery? Good rating: GCCG 89% / National 85%. Poor rating: GCCG 3% / National 5%
- Overall how would you describe experience of making an appointment? Good rating: GCCG 80% / National 73%. Poor rating: GCCG 8% / National 12%

The CCG will continue to promote the national GP Patient Survey and encourage practices to discuss their individual practice results with their Patient Participation Groups (PPG) to identify areas for local improvement and action.

Section 3: Local Providers' updates

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

These items are for information and noting.

3.1 Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

3.1.1 Financial announcement

GHNHSFT has announced a material change to its financial position. This follows a high level independent review of its financial position and financial reporting arrangements which was commissioned by the Board following concerns raised at a number of levels within the Trust about its financial position and the deterioration of its cash reserves (the money it has available to spend). The review concluded that the Trust's financial position wasn't as strong as previously understood and is significantly worse than the balanced position previously reported.

The review found that changes to some key financial planning assumptions had offset an underlying loss of financial control and a failure to fully deliver cost improvement plans. The review also found the Trust had spent significantly more money developing and improving its equipment and buildings than it had available. Therefore the Trust will not achieve its previously forecasted £5.3m surplus at the end of this financial year and although the exact amount is still to be confirmed, the Trust's revised financial position is likely to be a material deficit. The position at the end of September shows a year to date operational deficit of £8.7m. This is an adverse variance to plan of £15.1m.

Immediate steps to stabilise the Trust's financial position have been taken, for example, the Trust has reviewed its immediate capital spending priorities (spending on buildings and equipment) and arranged a loan to access up to £20m to strengthen the immediate cash position.

A full independent financial governance review has been commissioned to inform the Board of GHNHSFT how it governs its finances going forward so this cannot

happen again, and the Trust will be putting a detailed action plan in place to bring finances back on track. The purpose of the review is to answer three questions: (1) How did this happen? (2) Why did it go unnoticed for so long? (3) Who was involved and how? This last question will examine the part played by all Board members and relevant staff - both past and present. The Board has committed to making the findings and conclusions of this review publically available. This is likely to be in January 2017.

In the meantime patients should be reassured that services will continue to run as normal. Any patients who need treatment at Cheltenham General Hospital, Gloucestershire Royal Hospital or Stroud Maternity Unit should continue to access services in the same way they have always done.

The Trust firmly believes that excellent quality of care and good financial health go hand in hand and is determined to meet the challenges ahead in order to continue to provide high quality, sustainable services for patients in Gloucestershire and beyond.

3.1.2 **Board appointments**

GHNHSFT has announced the following appointments to its Board:

- The appointment of a new Chair Peter Lachecki. Peter joins the Trust on Monday 7 November 2016. He was previously Deputy Chair at Worcestershire Health & Care NHS Trust
- Stuart Diggles as interim Director of Finance. Stuart has worked across a number of commercial enterprises in a range of market sectors. He also has extensive experience in the NHS.
- Rhona McDonald (interim Non-Executive Director). Rhona has extensive experience in working in the NHS including CEO of Bath & North East Somerset Primary Crae Trust.
- The Trust is currently recruiting to two Non-Executive Director posts. Candidates with expertise and experience in finance are being sought.

3.1.3 **Improvement plan following regulatory action**

GHNHSFT has made good progress against an action plan aimed at improving A&E performance at Gloucestershire Royal and Cheltenham General Hospitals. NHS Improvement, the health regulator, announced in July that the Trust was in breach of its licence for not meeting the four-hour standard. In a short period of time the Trust has gone from seeing, treating and admitting or discharging 77% of patients within 4 hours to nearly 90%. The standard is 95%. As the Trust heads into the winter period, traditionally the busiest and most challenging period of the year for the NHS, a programme of work has been implemented to help improve patient flow through the hospitals and sustain the A&E standard. The Trust will continue to work closely with partners across the health and care system to address the challenges.

3.1.4 **CQC Inspection**

The Care Quality Commission (CQC) has notified the Trust that it intends to undertake a full inspection of services w/c 23 January 2017. The CQC will seek to find, and the Trust believes we should consistently have, an unrelenting focus on quality. Inspectors will review a wide range of services against five questions:

- Are they safe? Patients are protected from abuse and avoidable harm.
- Are they effective? Patient's care, treatment and support achieves good outcomes, helps patients to maintain quality of life and is based on the best available evidence.
- Are they caring? Staff involve and treat patients with compassion, kindness, dignity and respect.
- Are they responsive to people's needs? Services are organised so that they meet patients' needs.
- Are they well-led? The leadership, management and governance of the organisation make sure it's providing high-quality care that's based around patients' individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

The results of the inspection will be made public shortly (several months) following the inspection.

3.1.5 **Official opening of eye care ward at CGH**

Guests, dignitaries, nurses and ophthalmologists gathered at Cheltenham General Hospital in October 2016 to formally open the newly-refurbished Fairview Outpatient Department. The expansion of the eye care service marks the start of an exciting new chapter at Cheltenham General Hospital where a renovated ward has been transformed into a modern out-patient clinic facility for patients across the county.

3.1.6 **Congratulations to our Forest Midwifery team**

The team won the Best Practice Award for Supporting Health Care Students in Practice earlier this year. The award followed a nomination to the University of the West of England awards.

3.1.7 **Success for Paediatric Diabetes Team**

The Trust's Paediatric Diabetes Team has just won a national award for Quality in Care in Diabetes as part of the Quality Care Programme 2016. They were the winners in the category for Patient Care Pathway for Children, Young People and Emerging Adults.

This award was specifically for the development of dedicated annual review clinics for children with Type 1 Diabetes. The awards entry for the review clinics was supported by positive feedback from patients. The clinics are run for all patients over the age of eight and involve a three hour afternoon clinic with a consultant appointment, retinopathy screening, and annual bloods review. Patients and their families are also encouraged to participate in structured education sessions delivered by specialist nurses and diabetes dieticians

3.1.8 **National outpatients' survey 2016 shows improvement**

Gloucestershire Hospitals NHS Foundation Trust has welcomed feedback from patients following the publication of the 2016 National Outpatient Survey. Carried out by Picker Institute, questionnaires were sent to randomly selected patients who received treatment as an outpatient at either Cheltenham General or Gloucestershire Royal Hospitals in February 2016. Overall, the Trust performed well when compared to other Trusts in respect of their overall impression of the Outpatient Departments. The survey includes questions on the provision of information from staff, the communication from staff before and after tests, the level to which they felt involved in decisions and their perception of their time at the hospital.

A total of 1250 patients from the Trust were sent a questionnaire. 1223 patients were eligible for the survey, of which 630 returned a completed questionnaire, giving a response rate of 52%. The average response rate for the survey nationally was 48%. The clear explanation of tests by staff was reported by 83% of respondents; 84% said all members of staff introduced themselves; 99% said they would recommend the department to family and friends; and 84% said they had enough privacy for discussion of their condition or treatment.

Compared to our 2011 survey, the trust has improved on 29 of the questions and performed worse on just one, while 44 areas showed no significant change.

3.1.9 **National Cancer Patient Experience Survey, 2015 results (published July 2016)**

The National Cancer Patient Experience Survey 2015 is the fifth iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

<http://www.ncpes.co.uk/index.php/reports/local-reports>

GHNHSFT results 2015

In 2015, respondents were asked to rate their care on a scale of zero (very poor) to 10 (very good). Respondents gave an average rating of 8.6% for GHNHSFT against a national average of 8.7%. GHNHSFT are undertaking a more detailed thematic review of the 2015 survey results and an action plan will be developed by GHNHSFT.

In summary, the overall rating for GHNHSFT is approximately the national average. Where comparisons can be made year-on-year: for 21 questions GHNHSFT has seen improved results and for 9 questions GHNHSFT has seen a deterioration in results.

3.1.10 **University Technical College – continue to seek views**

GHNHSFT is working alongside local partners to evidence the demand for a health related University Technical College (UTC) in Gloucestershire. This is an exciting

opportunity particularly for young people in the county who could be offered the chance of studying and training locally with the prospect of full-time employment and a career in healthcare at our hospitals in the future.

This development has the potential to help address some of the issues relating to the national shortage of key healthcare workers. As part of a submission process your feedback to help evidence the need is being sought.

UTCs are facilitated and supported by the local university and local employers ensuring a clear path to employment or higher education. GHNHSFT is working with partners such as the University of Gloucestershire, NHS Gloucestershire Clinical Commissioning Group, South Western Ambulance Service NHS Foundation Trust, Gloucestershire Care Services NHS Trust, 2gether NHS Foundation Trust and Portman Dental. We would urge members of the committee to take a few moments to read the information about the plans and then complete the survey at www.gloucestershireutc.co.uk or share on Facebook: UTCGloucestershire or Twitter: @GloucsUTC. Any questions? Contact Lesley Millard on 07921 645 756 or email info@gloucestershireutc.co.uk

3.2 2gether NHS Foundation Trust (2GNHSFT)

3.2.1 World Mental Health Day 10 October 2016

The Trust marked World Mental Health Day with a call to tackle the stigma associated with mental health and to raise awareness of the services provided by the Trust. Coverage was generated in both local print and radio media, as well as online. The Trust were pleased to support Cheltenham Borough Council's 'Heads up Cheltenham' campaign which was also launched on World Mental Health day. Ruth FitzJohn, Chair of the Trust, appeared on BBC Radio Gloucestershire Morning show a few days earlier.

3.2.2 Wellbeing House to open in Alexandra Road, Gloucester

A wellbeing house for people experiencing mental illness and emotional distress will be opened in Gloucester. Operated by a local branch of the national mental health charity Mind, the project is supported by the Trust and NHS Gloucestershire Clinical Commissioning Group and will help adults to access support, therapy and advice for up to two weeks as part of the acute care pathway. The service is seen as a vital lifeline for people who might be experiencing the early stages of mental health crisis or for those who are experiencing emotional distress. Sometimes people in emotional distress require a temporary place to stay away from their home but a hospital environment or medical intervention is not always the best option. The wellbeing house will provide a peaceful stay away from everyday life that helps service users take steps to recover from a period of mental illness. The six bedroomed premises will open in the next few months.

3.2.3 Time To Change – Mental Health Practitioners

Time to Change is England's biggest programme to end the stigma and discrimination faced by people with mental health problems. This specific

campaign invited those who care about NHS mental health services to face a difficult truth: that 1 in 3 people reported experiencing lack of compassion, even stigma, in those services. 2gether NHS Foundation Trust was one of two partner trusts selected from a national call to work alongside Time to Change and we committed to a year-long project tackling stigma across the organisation. The key activity used was workshops which brought staff together with people who used their services to discuss the little things that make a difference to service experience. The communications team is also backing activity on social media, both internally and externally. As a result of this pioneering work in Gloucestershire, resources have been developed and published on the Time to Change website for use across the country

<http://nhsemployers.org/news/2016/02/time-to-change-launch-tools-to-support-mental-health-professionals-tackle-stigma-and-discrimination>.

The leaders of this initiative from 2gether were also invited to speak to national mental health leaders from across sectors at the Royal College of Psychiatrists in July 2016. This work dovetails with our work with NHS Gloucestershire and other partner organisations to tackle mental health stigma more generally in the community.

3.2.3 Innovation Award to Improve Quality of Health Care

A proposal from the Gloucestershire Health Community led by 2gether NHS Foundation Trust has been selected by the Health Foundation, an independent health care charity, to be part of its £1.5 million innovation programme, Innovating for Improvement. The programme is supporting 20 health care projects in the UK, with the aim of improving health care delivery and/or the way people manage their own health care by testing and developing innovative ideas and approaches and putting them into practice. The initiative led by 2gether's Let's Talk service, aims to equip people experiencing Medically Unexplained Symptoms (MUS) to live a healthier and happier life and reduce unnecessary medical attendance by introducing and evaluating a specialist primary care service for 12 months. This will build on the expertise of psychological therapists in the delivery of a new trans diagnostic cognitive behavioural therapy (tCBT). Over the course of the programme, the team will develop its innovative ideas and approach, put it into practice and gather evidence about how the innovation improves the quality of health care. The programme will run for fifteen months and will receive up to £75,000 of funding to support the implementation and evaluation of the project.

3.3 Gloucestershire Care Services NHS Trust (GCSNHST)

3.3.1 Listening into Action Accreditation

Three years of work to develop and change services at Gloucestershire Care Services NHS Trust was recognised in October 2016 with formal accreditation from Listening into Action (LiA).

We are the first NHS community services provider in the country to receive the LiA Kite Mark, which recognises our commitment to improving both our services and our organisation by empowering our own colleagues to create change.

Using the LiA approach, staff have taken their own ideas to make improvements in children's complex care, to set the highest standards for end of life care across the Trust, to improve the visibility and take-up of school nursing, to rebrand and promote sexual health services and to develop and improve our support for carers. Behind the scenes we have improved access to training, streamlined recruitment for clinical posts, and helped develop our clinical records software.

These are a small selection of dozens of step changes made at the Trust over the last three years, each one the result of teams and individuals testing new ideas and then making them work.

The Trust will have the LiA Kite Mark from Optimise Limited throughout 2017, which will act as a catalyst for further improvement and change and provide a solid foundation for meeting the challenges we face.

3.3.2 Official opening of Homeless Healthcare Centre in Gloucester

The ongoing need to support homeless people in Gloucester was highlighted at an official opening for the George Whitefield centre to mark World Homeless Day.

The centre is a joint project between the NHS, Gloucester Foodbank and Gloucester City Mission; which offers a range of services for people in need of healthcare, emergency food parcels and housing support. Gloucestershire Care Services NHS Trust runs the homeless healthcare services at the centre.

The official opening, on 10 October, saw more than 80 guests learn about the work of each of the organisations involved and showcased the range of services now provided in one place.

Amongst homeless people, national statistics reveal that 70 per cent report physical health problems, 80 per cent report mental health problems and a quarter have been admitted to hospital in the last six months. Male life expectancy is just 47 years while female life expectancy is even lower at 43 – both more than 30 years below the national average.

Services available at the the George Whitefield Centre, on Great Western Road, include daily nurse-led clinics, GP clinics three mornings each week, drop-in sessions offering hot drinks, basic clothing, shoes and blankets, housing and benefits advice sessions, and food parcels provided by the Foodbank. Shower facilities are about to be installed by Gloucester City Mission.

The official opening was conducted by Gloucester MP Richard Graham and included guests from a range of other agencies who work in co-ordination with the centre.

3.3.3 **Smiles Better Awards celebrate fall in tooth decay rates in young children**

An awards scheme to encourage young children to brush their teeth, eat healthily and visit the dentist celebrated its successes after seeing a major fall in tooth decay.

Staff from more than 30 pre-schools and children's centres gathered at Highnam Community Centre on 8 October 2016, to share their achievements as part of the Smiles Better Awards Scheme.

The scheme was set up in Gloucester and the Forest of Dean and those areas have seen tooth decay rates almost halve in five-year-olds between 2012 and 2015.

It runs in 58 participating pre-schools and children's centres and sets objectives for them to encourage healthier teeth, offering accreditation to venues which change their working practices and work in partnership with families to improve the oral health of the children in their care.

Examples include taking details of the dental surgery, as well as GP practice, that each child is registered with to increase awareness of the importance of visiting the dentist, providing regular information on tooth-brushing and bringing snacks and meals into line with voluntary nutritional guidelines to ensure children are given a healthy diet.

In 2012 the percentage of five-year-olds with tooth decay was 28% in both Gloucestershire and England as a whole, but with pockets of far higher rates in the Forest of Dean (46%) and Gloucester (40%). Three years on those figures are 28% and 20% respectively.

4. **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

November 2016