

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

**December 2017**

### **One Gloucestershire STP Lead Report**

#### **1. Executive Summary**

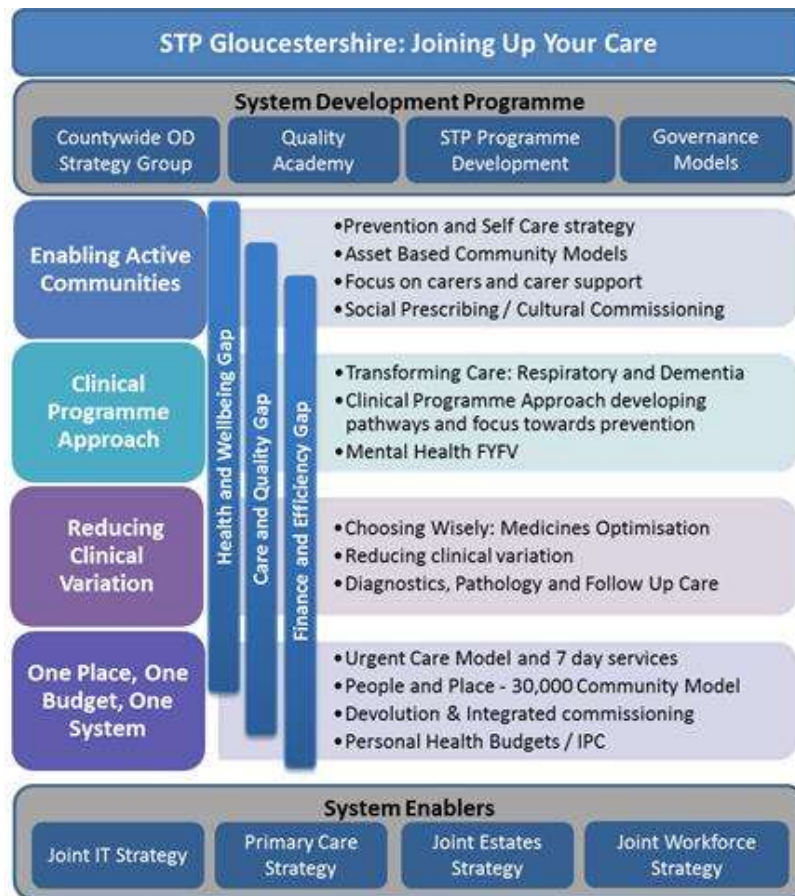
These reports provide an update to HCOSC members on the progress of key programme and projects across Gloucestershire's Sustainability & Transformation Partnership (STP) to date.

Gloucestershire's STP commenced year one of four in April 2017, since then we have made progress in embedding and delivering key schemes outlined within the plan, in an increasingly challenging health and care environment. We continue to develop our delivery plans against our main priority programmes (see figure 1. Below), building on the success we have had to date and learning from a number of innovative pilots and past implemented schemes. This work has shaped the way we test and embed new models of care that will enable us to meet the growing challenges to our local system.

Significant work has been undertaken to develop and embed business processes, governance and system enablers to support our delivery of the STP, ensuring that ambitions are transformed into delivery plans that demonstrate measurable outcomes. This has been supported by a comprehensive programme of STP communications and engagement.

This report provides an update against the priority delivery programmes and supporting enabling programmes included within the Gloucestershire STP.

**Figure 1: Gloucestershire’s STP Plan on a page**



## 2. Clinical Programme Approach

The Clinical Programme Approach has been adopted across our local health care system to ensure a collaborative approach to systematically redesign the way care is delivered in our system, by reorganising care pathways and delivery systems to deliver right care, in the right place, at the right time. The approach utilises improvement science, learning from established programmes already reaching implementation (i.e. Cancer, Eye Health) and embeds a pro-active approach to prevention and self-care. The following highlights from clinical programmes are detailed below:

The Respiratory programme continues to progress its COPD (Chronic Obstructive Pulmonary Disease) work stream and has recently seen the approval of MyCOPD for an initial 12 month roll out. MyCOPD is an online self-management tool for patients with COPD, the tool supports patients waiting for pulmonary rehabilitation (PR) or as an alternative if PR is not convenient for the patient. The tool will be rolled out in the coming months and evaluation completed at the end of the 12 month period to assess impact and future provision.

The Cancer programme has seen significant Macmillan investment secured for the 'Living with and Beyond Service'. The programme has delivered a successful diagnosis programme that has seen treatment summaries and risk stratified pathways developed and ready to roll out in the New Year.

The MSK programme has continued to work at pace exploring new models of care across MSK pathways, including the introduction of a Virtual Fracture Clinic in November 2017. Work now continues to focus on the introduction of MSK APS (Advanced Practitioner Service) Triage.

The End of Life programme has seen the launch of 'Just in Case' boxes in November 2017. The 3 month pilot has commenced in the Forest of Dean and involves a 'Just in Case' box being put into patient's home a few weeks before their anticipated death, with prescribed medications that ensure symptoms can be managed effectively and without delay to ensure effective symptom control and avoid any delay in dispensing. The pilot will also test whether carers can be supported to administer the drugs, building on successful findings from other areas of the country.

A one stop Dermatology clinic is due to go live in November, providing an improved service and experience for patients, as well as much needed additional capacity.

The rollout of Advice and Guidance (A&G) to three new specialties (Urology, Pain Management, and Gastroenterology) will take place from 1st October 2017, as part of wider expansion of the service to support secondary care demand management. This adds to the established A&G offer in Dermatology, Paediatrics, Haematology, Ears Nose and Throat, Rheumatology, Nephrology, Endocrinology, and Neurology. Further expansion is planned over the coming months.

A cross organisational workshop was held in October 2017 to look at Urinary Tract Infection pathways and identify potential improvements and pathway redesign opportunities. 37 people attended the workshop including nurses, GPs, consultants and managers from all partner organisations. Feedback from the event has been very positive and the outputs will form the basis of an improvement plan to be taken forward over the next 12 months.

### **3. Enabling Active Communities**

The Enabling Active Communities programme looks to build a new sense of personal responsibility and improved independence for health, supporting community capacity and working with the voluntary and community sector. The development of the Gloucestershire Prevention and Shared Care Plan, led by

Public Health, aims to reduce the health and wellbeing gap and recognises that more systematic prevention is critical in order to reduce the overall burden of disease in the population and maintain financial sustainability in our system. The following highlights are noted as part of the Enabling Active Communities programme:

- Gloucestershire has been invited to share our work on Prevention and Self-Care with NHS England's Empowering Individuals and Communities Learning Network in London in February 2018.
- The community connector service has now been re-named the Community Wellbeing Service (CWS). Commissioners facilitated a whole service training day in November 2017.
- A Gloucestershire VCSE (Voluntary Community Social Enterprise) bid to the Department of Health Health & Wellbeing Fund to support social prescribing was submitted this month by a consortium of 17 organisations. The bid was based on a cultural and nature based offer, which was designed to enhance the current social prescribing offer delivered through the Community Wellbeing Service.
- There have been 432 referrals onto the National Diabetes Prevention Programme in Gloucestershire to date - a total referral uptake of 19% against the number of letters sent (2,719 in Gloucester city, 670 in Cheltenham).
- A soft relaunch took place for Stop B4 the Op to increase the number of referrals to smoking cessation service for those patients undergoing an operation. This has resulted in a 10-fold increase in referrals for November 2017.
- A successful self-management event for individuals with COPD was held at the Friendship Café 2nd November. Over 50 patients attended where information, tools and techniques were shared with patients to support them to self-manage.
- Two Blue Light training days have taken place with attendance high and feedback positive.
- A date has been agreed for an award Ceremony (29th January 4:30-7pm) to celebrate all those organisations and businesses who were accredited through the Workplace Wellbeing Charter.

#### **4. One Place, One Budget, One System**

## **New Models of Care & Place Based Model**

The One Place, One Budget, One System programme takes a place based approach to resources and ensures we deliver best value. Our community care redesign will ensure responsive community based care is delivered through a transformative system approach to health and social care. The intention is to enable people in Gloucestershire to be more self-supporting and less dependent on health and social care services, living in healthy communities, benefitting from strong networks of community support and being able to access high quality care when needed. New locality led 'Models of Care' pilots commenced in 2016/17 to 'test and learn' from their implementation and outcomes, working across organisational boundaries, and leading to the formation of 16 locality clusters across the county. The following highlights from the programme are noted below:

- A mid-point evaluation is currently under development for the Gloucester City Mental Health pilot and work continues to scope future Mental Health roles as part of the place based model. Appointments continue to be delivered at all three practices within the cluster.
- Care Home Zoning has commenced across 12 practices in Stroud & Berkeley Vale.
- Construction of Kingsway branch surgery is formally underway.
- Aspen and Saintbridge cluster will be working in partnership with GCS (Gloucestershire Care Services) for a Physiotherapist to be based in the cluster from February 2018, and with SWASFT (South Western Ambulance Service Foundation Trust) for a Specialist Portfolio Paramedic from April 2018.

## **Urgent Care**

Our vision for Urgent Care will deliver the right care for patients, when they need it. In order to make this vision a reality and provide safe and sustainable services in to the future, we need to consider how to make best use our resources, facilities and beds in hospitals and in the community. We want to improve arrangements for patients to access timely and senior clinical decision making about their treatment and ensure specialist support is accessed as soon as possible. We propose potentially changing the way some care and support is organised in Gloucestershire to meet changing demands, make best use of our staff, their skills and the money we have.

An overview of the One Place Programme was shared with HCOSC in November 2017, describing how the programme aims to deliver an integrated urgent care system and hospital centres of excellence to ensure we realise the vision for urgent care. Since this update work has continued to develop the programme

timetable, engaging with clinicians, patients, and staff and community partners to develop the proposals for consultation and subject to the NHSE assurance process and discussions with HCOSC public consultation is likely to start in summer 2018.

## **5. Reducing Clinical Variation**

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

The Medicines Optimisation programme has continued to make progress in reducing prescribing spend across the county, against a challenging national picture from Category M drugs. Notably the Respiratory Inhaler project has seen a significant impact in prescribing, by working with patients with COPD and Asthma to optimise their inhaler usage and a result reduce cost.

Gloucestershire's Living Well with Pain Programme has now completed its Pain Masterclass programme for 2017, with over 100 GPs and clinical staff attending from across the county. The programme also offered a masterclass to Clinical Pharmacists and Community Pharmacists and is now looking to schedule a follow up masterclass for Prescribing Support Pharmacists following the implementation of the Risk Mitigation Plan in December 2017.

## **6. Enabling Programmes**

The Workforce & Organisational Development (OD) Programme has three main work streams (Culture, Capacity and Capability) as well as a Social Partnership Forum to allow engagement with staff-side representatives from the STP partner bodies. The Programme has successfully secured £652k Health Education England funding for workforce transformation against the bids which were submitted earlier in the summer. A new Project Manager has been appointed to focus on the programme two days per week funded by Health Education England.

The Primary Care Strategy workstream continues to progress delivery of the GP Forward View plan and Primary Care Strategy. From October, Tewkesbury, Newent & Staunton and the Forest of Dean have been delivering additional evening and weekend access to primary care in their respective clusters. Following closely are two further pilots, the Aspen & Saintbridge cluster and the St Pauls cluster in Cheltenham, by end of October/early November. This has

involved considerable work on Information Governance, IT, logistics, financial and operational planning. Feedback from GPs and patients so far has been very positive. A positive article in the Forest of Dean local newspaper created interest from BBC Radio Gloucestershire, who ran a piece on this scheme on 24 October 2017.

Our significant quality improvement programme, under the “Time for Care” programme, has continued this month, with a second cohort of a local General Practice Improvement Leaders Programme, running for two days in early October, which aligns with Quality Service Improvement and Redesign programme (QSIR) and focused on primary care improvement methodology. Furthermore, 35 practices have commenced their Productive General Practice Programme, running through until December 2017.

The programme development group continue to develop a system-wide approach to performance reporting to provide assurance of progress against delivery of commitments set out in our plan to local, regional and national bodies.

## **7. Recommendations**

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

**Mary Hutton**

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