

Gloucestershire Health Overview and Scrutiny Committee (HOSC)

September 2020

One Gloucestershire ICS Lead Report

1. Introduction

Since March 2020, the Health and Care system in Gloucestershire has been responding to the COVID-19 pandemic as a major incident. Our incident response has seen significant changes to the way health and social care is being delivered to our population. The following report provides an update to HOSC members on the work of key programme and projects across Gloucestershire's Integrated Care System (ICS) during this time.

Some of our programmes' focus has inevitably changed during the pandemic and certain activities have been accelerated or prioritised because of the COVID-19 response. During our 'recovery phase' we have refocused and returned to a new 'business as usual', restarting our programmes as appropriate and reprioritising in light of the new environment we are operating in. Our Phase 3 plan in response to the NHS COVID-19 Pandemic Guidance has recently been submitted and this further outlines our future plans.

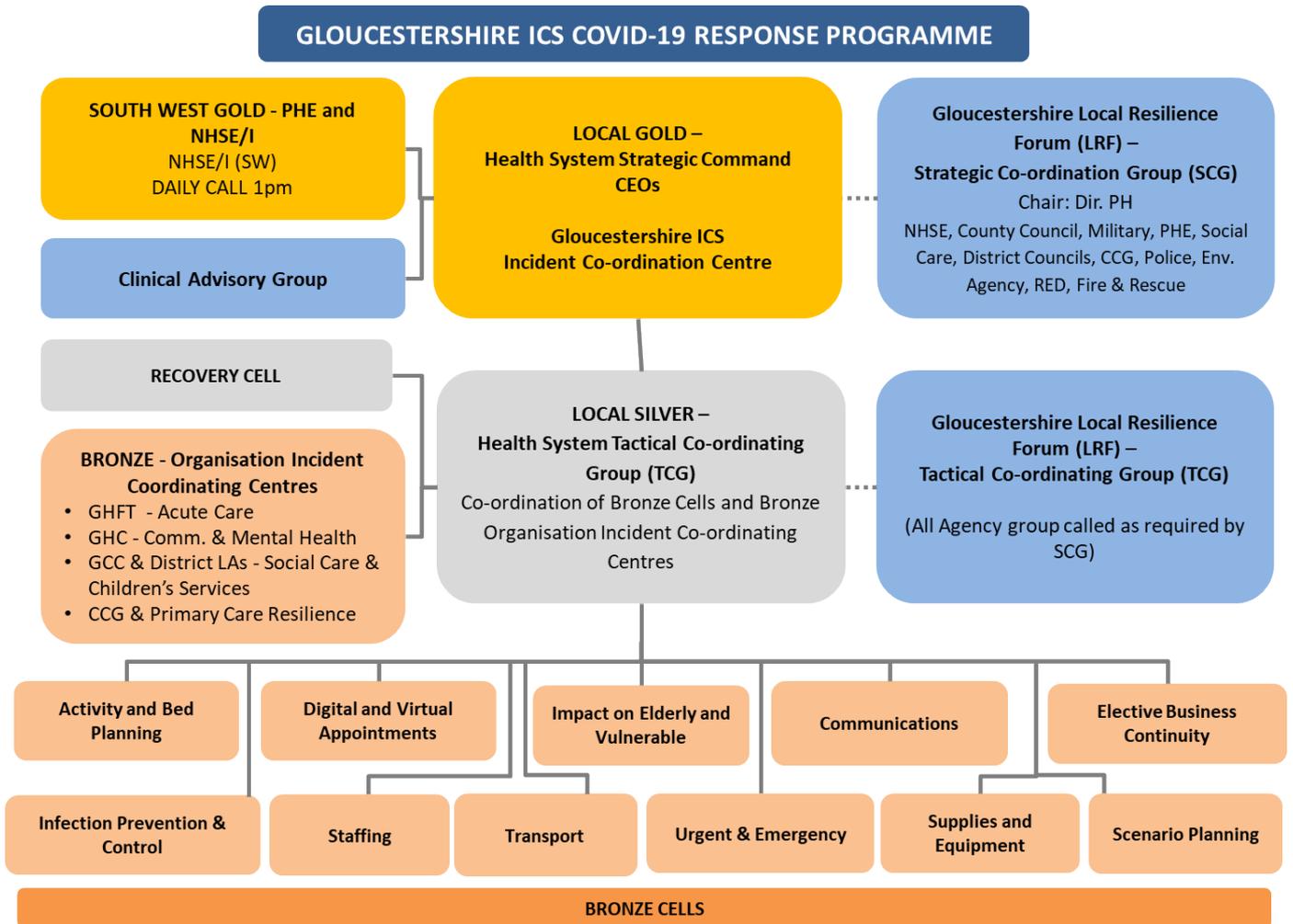
From April 2020 we moved into the fourth year of our Sustainability and Transformation plan. One of the roles of the ICS is to improve the quality of Health and Care by working in a more joined up way as a system. One 'silver lining' of the COVID-19 incident is that we have many new examples of excellent system working and delivery of best practice during the past few months, which the ICS have captured and intend to build on as we move forward.

COVID-19 Response

The incident response has been delivered through a bronze, silver and gold command structure, working in partnership with the Local Resilience Forum and co-ordinating the NHS response across partner organisations. An example of this is the work undertaken by the Transport bronze cell. The aim of the cell is to work across the ICS system to ensure the right transport option is identified, sourced and is available at the right time for each patient. Non-emergency transport providers have offered SWAST spare capacity for lower acuity transport cases in order to safeguard emergency ambulance capacity. All system partners have also worked together to ensure there is a full offer of

community, public and NHS funded transport.

The diagram below shows this operating structure, the bronze cells at the bottom representing co-ordinated county wide working on identified priorities.



As we continue into the recovery phase bronze cells will gradually be stood down as we move to business as usual for ICS work programmes.

COVID-19 Recovery

As COVID -19 cases, both locally and nationally, have significantly declined the NHS has set out a recovery and restoration programme to describe how health and care services will return to near normal levels of delivery. The Gloucestershire system has made very good progress in re-establishing services and promoting access to those services however there is recognition that services cannot return to previous operating models for a range of reasons:

- Loss of productivity due to increased need for infection control measures in all health and

care services, which include but is not limited to extended use of PPE for staff and patients, additional requirements for cleaning between patients, social distancing measures limiting the use of services delivered to groups and access to facilities

- The ongoing additional support needed for people in the shielded and vulnerable categories, coupled with these services needing to be delivered through virtual means
- Preparation for anticipated increased winter pressures, including any potential second peak of COVID-19 and the potential for any peak to coincide with future seasonal flu peak.

Hospital discharge requirements and community capacity (including care homes) forms a crucial aspect of our winter plans. The most recent hospital discharge guidance is being worked through by the Activity & Bed Planning cell where a task and finish group has been established to understand our current position and evaluate how we can best deliver the requirements.

Accepting that productivity has been severely compromised regarding the delivery of health and care services, the recovery programme is nonetheless looking at ways to reinstate services quickly that were adapted during the outbreak, whilst also looking at maximising the transformations that have come from new ways of working during the outbreak; for example extending the use of virtual means of conducting patient consultations. We are using patient and public feedback plus information from services to help scope how the health and wellbeing needs of the Gloucestershire population will have changed as a result of the COVID-19 pandemic and the impact of the associated lock-down measures.

- There are plans to restore Integrated Locality Partnership meetings with a planned focus on improving health inequalities particularly in Gloucester City.
- We are Participating in the South West 'Adapt and Adopt' process, this is a national programme focussing upon accelerating planned care recovery within the following work streams; endoscopy, CT & MRI, outpatients, theatres and cancer services.
- To help with the demands for services as we move towards the winter the system is promoting the NHS 111- Think First campaign.

The work on the future needs of the Gloucestershire population will be a major focus as this work progresses. We are keen to use a wide range of sources of information including feedback from the public, patients, carers and staff to help plan how we need to change and adapt to different needs going forwards.



Focus on Patient, carer and staff feedback and engagement

During the COVID-19 outbreak ICS Partners and Healthwatch Gloucestershire continue to maintain service user and carer involvement;

- PALS have continued to be available and adapted their services and access.
- The GHC social inclusion team have remained active with over 100 people accessing their services
- Gloucestershire CCG have been collecting patient stories
- Using an online survey Healthwatch Gloucestershire have been asking people “Has your health and care been affected by Coronavirus?”

Feedback has also been gathered from staff working across the system including;

- Dedicated email inboxes for feedback
- Staff support hubs
- In depth de-briefing and “silver linings” work with teams
- Regular newsletters including health and wellbeing, vlogs and updates

In order to continue to learn from our response to COVID-19 and improve services as we move forward the ICS has planned further ways to engage with patient, carer, staff and the public to gather their feedback. This includes;

- GHC undertaking focus groups and launched “Caring through COVID-19 – your experience survey”
- GCCG supporting development of a regional experience survey
- Telephone interviews with people supported by the Vulnerable People telephone line
- Continue virtual Patient Participation Group with primary care PPGs
- Use of online engagement tool “Engagement HQ” to support more in depth engagement without face to face meetings.

The existing ICS programmes are currently reviewing their work programmes and continuing to work on and accelerate high priority areas. The following sections highlight some of the work being undertaken by a selection of programmes.

2. Enabling Active Communities

The projects within these work streams where able are continuing to run to previous plans but

adapting their approach in light of COVID-19 restrictions e.g. moving to telephone/video conferencing rather than face-to-face. Where projects are unable to continue contingency plans are being drawn up and new methods of delivery explored. Project teams are looking at how projects can support the recovery effort.

Volunteering

During COVID-19 there was an incredible new wave of volunteering and there is now a clear drive to turn COVID-19 volunteering into a lasting legacy for Gloucestershire. A new system-wide Gloucestershire Volunteering Partnership Working group has been established and has undertaken a survey of new volunteers who came forward during COVID-19 and also people who had volunteered previously. This process identified 880 people who said they would be interested in future volunteering opportunities so the working group are now reaching out to those people.

The group is also working with local Voluntary, Community and Social Enterprise organisations and three local VCSE partners (GRCC, FVAF and GL11) are co-ordinating a listening and learning event on 29th September. The group are also talking to local businesses and employers to bring together the views of volunteers, local VCSE and employers to map the way forwards.

3. Clinical Programme Approach

The Clinical Programme Groups (CPGs) have all highlighted the impact of COVID-19 on the transformation programmes and Terms of Reference have been amended to agree ways of working through the COVID-19 incident and recovery phases. Where projects are able they are continuing to run but adapting their approach in light of COVID-19 restrictions. Where projects are unable to continue contingency plans are being drawn up and new methods of delivery explored. There is also opportunity to fast track some work programme content (i.e. non face to face appointments). The Cancer, Diabetes and Respiratory Clinical Programme Groups have a high priority within the COVID- 19 response given the impact on people with these conditions. Cancer performance has improved significantly where patients waiting for referral under the 2 week wait have been treated and Gloucestershire is exceeding national performance averages.

Recovery priority areas include;

- Respiratory – COVID and Non COVID pathways
- Cancer (including implementation of Faecal Immunochemical Test - FIT)
- Frailty pathway

- End of Life Care
- Muscular Skeletal (MSK) Pathways

These areas have important links to;

- Mental Health pathways including social prescribing
- Diagnostics
- Use of remote technology including digital methods for advice and guidance between GPs and hospital clinicians.

These will sit alongside the existing CPG priority areas. All pathways are keen to build on the momentum of changes made to date, for example the use of virtual appointments and are looking to prioritise patient and public involvement to inform substantiating or introducing new changes.



Focus on Diabetes Prevention

There are currently five million people in England at high risk of developing Type 2 diabetes. If these trends persist, one in three people will be obese by 2034 and one in 10 will develop Type 2 diabetes. There is strong international evidence which demonstrates how behavioral interventions, which support people to maintain a healthy weight and be more active, can significantly, reduce the risk of developing the condition.

The Healthier You: NHS Diabetes Prevention Programme (NHS DPP) identifies those at high risk and refers them onto a behaviour change programme. Patients are able to self-refer onto the programme via the diabetes UK know your risk tool.



In the next few weeks the Gloucestershire will become one of 10 areas taking part in the **NHS Low Calorie Diet Programme** Pilot. The programme provides a low calorie diet treatment for people who are overweight and living with Type 2 diabetes.

The new programme will initially be offered to 5,000 people in selected areas across England including Gloucestershire. Participants will be offered;

- Total diet replacement products including soups and shakes consisting of up to 900 calories a day for up to 12 weeks. During this time participants will be expected to replace

all normal meals with these products.

- Alongside this, participants will receive support for 12 months including help to re-introduce food after the initial 12 week period. Depending on where they live, this will either be delivered:
 - in groups (online currently in line with social distancing guidelines)
 - one-to-one (online currently in line with social distancing guidelines), or
 - digitally/remotely via an app, online or over the phone (Gloucestershire model)
- This support will provide participants with the help and advice they need throughout every phase of the programme. They will also be closely supported by their local GP practice, for example if medicines need to be changed.

4. Enabling Programmes

Our vision for future Health and Social Care in Gloucestershire is supported by our enabling programmes. These are working to ensure that the ICS has the right capacity and capability to deliver on the clinical priorities. Updates from some of the programmes include;

Joint IT Strategy: Local Digital Roadmap

All transformation work programmes have paused, except where objectives are aligned to supporting the COVID-19 Response. This has meant a concentration on supporting remote working and online access for patients.



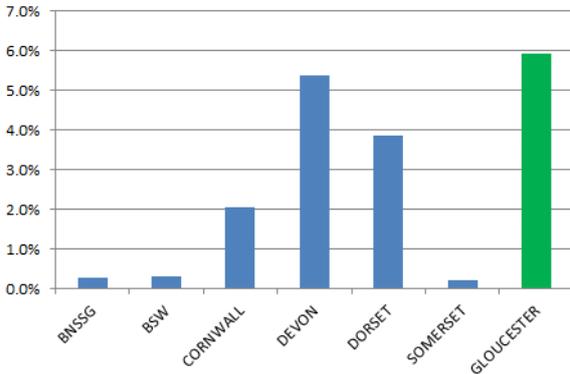
Focus on Digital & Virtual Appointments

Digital support to staff and patients has developed rapidly during COVID-19, supported by cross system working. There are many areas where work has accelerated including;

- Enabling staff and clinicians to work from home
- Enabling patients to interact remotely
- Advice & guidance between referrers and specialists for urgent patient needs
- Support new services with infrastructure including community hubs, testing sites, Vulnerable People call line
- Implementation of national systems and data flows
- Connecting care homes to securely message GPs
- Upgrades to the network to add bandwidth

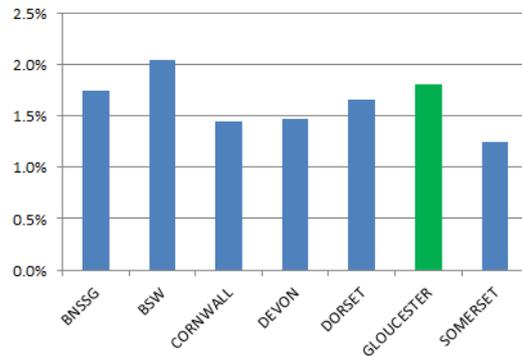
Our GP online triage and video consultations are some of the highest in the region

Online Triage and consultations (eConsult and Footfall) per Capita



There were 39,000+ in April and May (June is even higher) in Gloucestershire.

GP Video Consultations (accuRX) per capita (April & May)



There were 12,000+ in the last 3 months in Gloucestershire. There were also over 112,000 personal SMS sent to patients.

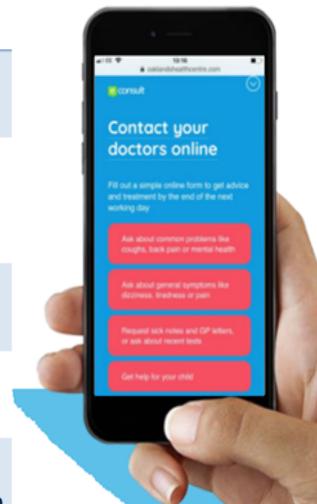
Enabling staff and clinicians to work from home

- 1000+ laptops issued, plus headsets, screens, “computers on wheels” and webcams procured
- Virtual Desktop solutions to give access to clinical systems and hospital’s electronic patient record from a work or home device.
- Secure home working solutions installed to allow access to clinical systems and information
- Microsoft Teams rolled out to allow remote collaboration from any device and location



Enabling patients to interact with the NHS remotely

Solution rolled out	Impact
AccuRX video and SMS to all GPs	<ul style="list-style-type: none"> • 17k+ GP video consultations • 110k GP personal SMS to patients
eConsult triaging and messaging (integrated with NHS App)	<ul style="list-style-type: none"> • 52 practices live • 1,700+ triages a week
Footfall digital front door and online contact	<ul style="list-style-type: none"> • 53 Practices live • 15k+ contacts a week
Attend Anywhere roll out	<ul style="list-style-type: none"> • 7,800+ video consultations across 46 Acute, MH & Community specialties
National Electronic Prescribing upgrade	<ul style="list-style-type: none"> • Patients can now nominate a pharmacy to collect or deliver to them



Joint Workforce Strategy

The system is ensuring that we taking steps to continue to support our staff wellbeing and keep them as safe as possible as we move into the recovery period, acting on national guidance and working across all partner organisations jointly with our staff. This includes developing a system plan in response to WE ARE THE NHS: People Plan 2020/21 - action for us all'.

Work is underway to agree key areas of ICS focus to improve the experience of and opportunities for our BAME workforce. These will include:

- Sharing resources and places on Leadership programmes
- Extension of 'reciprocal mentoring schemes'
- Considering internships for BAME individuals leaving care
- Linking existing diversity networks and aiming for a collective conference in 2021.

Primary Care Strategy

Practice requirements have increased under the Care Homes COVID Response, ahead of the national specification which is due to commence in Oct 2020. This includes virtual GP ward rounds. All Care Homes are now aligned to a single PCN across the county.

5. Integrated Care System Development

As a Wave 2 Integrated Care System we are working towards increased integration to improve health and wellbeing, we believe that by all working better together, in a more joined up way, and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to local people. The System Development work stream captures the work to develop the overarching ICS programme. The responsibilities of this programme are as follows:

- Provide Programme Direction to the Gloucestershire ICS
- Manage a Communications and Engagement approach on behalf of the ICS, including ensuring the Health and Social Care Act duties regarding significant services changes are met in relationship to the ICS
- Ensure the ICS has a robust resources plan in place that all ICS partners are signed up to and that is aligned to organisational level plans.

- To ensure that the ICS has clear governance and performance management in place to ensure the system can manage and oversee delivery.

Due to the COVID- 19 the 2020/21 the Publication of the Gloucestershire Long Term Plan (LTP) has been delayed. Some of the work-streams within the LTP have been accelerated in particular around staffing, outpatient care, digital streams & sustainability. This programme is pulling together the system response to the national Phase 3 planning requirements that will set out the plan for Gloucestershire system over the next 6 months. The priorities of these plans are

- Accelerating the return to near normal levels of non-COVID health services making full use of capacity available
- Preparedness for winter demand pressures alongside readiness for further local COVID-19 pressures
- Evaluating the changes we have made during the response including listening to the views of our population and staff to distil how we move forward with our silver lining transformations to lock in beneficial change. We will do this in a way that continues our mission to reduce health inequalities and support prevention throughout all pathways of care.
- Continuation towards our Fit for the Future vision in to deliver against our medium term strategy as a system.
- Our local People Plan will put our staff at the centre of everything we do ensuring that we maximise support to everyone who works with and alongside us

6. Recommendations

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

Mary Hutton

ICS Lead, One Gloucestershire ICS