

# Gloucestershire Health Overview and Scrutiny Committee (HOSC)

November 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. As numbers of Coronavirus positive cases continue to rise we will carry on focusing on demand on services including winter pressures and ongoing recovery from Phase 1 of the pandemic. This includes continuing to return 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 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. As numbers of positive Coronavirus cases continue to rise the work of the cells carry on evolving to ensure that the system is able to respond to pressures over the forthcoming months and through ongoing recovery.

## Covid-19 Recovery

In recent weeks we know that there has been an increase in Gloucestershire residents access Covid-19 tests and a rise in levels of confirmed cases. The number of patients requiring admission to hospital has also risen over the past two weeks. The situation is being carefully monitored and we are responding to the changes in national guidance. As emphasised nationally everyone should continue to access planned and emergency health and care services as planned/required during the national lockdown period. The Director of Public Health will provide the November 2020 HOSC meeting with an up to date briefing.

Our system continues to work on the recovery and restoration programme set out by the NHS which describes 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 increased winter pressures, including the second peak of Covid-19 and the potential for these to coincide with a future seasonal flu peak.

We will continue to provide as much routine activity as possible throughout the second peak of Covid-19. During the week ending 25<sup>th</sup> October our initial data shows that we saw more people as outpatients than for the same week in 2019 (5% more patients than last year) and operations were at 95% of the 2019 level.

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. Patient feedback from a wide range of surveys and engagement activities over the summer have been collated and bronze cells are auctioning changes within their programmes of work in response to this feedback.



## Supporting Carers beyond COVID-19: Survey Summer 2020

### Background and context

Covid-19 has changed our lives and tested us all in ways we may never have imagined. The Carers UK Report 'Caring Behind Closed Doors' and a daily log from Gloucestershire Carers Hub during lockdown, highlighted the increased pressure this has put on carers nationally. Carers, many of whom were already feeling isolated and lonely, found themselves even more strained with a lack of respite and a level of uncertainty that led many to feel anxious. Carers UK also estimate that Covid-19 has led to an increase of 4.5million carers countrywide so far. With carers providing so much support to our health and social care systems that are facing unprecedented pressures, we all need to identify, support and value carers in our county.

64%



Almost two thirds of carers say that their mental health has worsened as a result of the COVID-19 pandemic

81%



of carers are providing more care since the COVID-19 pandemic

40%



of carers are providing more care because the needs of the person they care for have increased

National results – “Caring behind Closed Doors: six months on, Oct 2020”, Carers UK

An online survey was circulated (August/September 2020) inviting Gloucestershire Carers to tell us how they felt and what could support them. The survey was completed by **273 carers** (82% adult carers, 16% parent carers, 25% male, 75% female from a variety of age brackets).

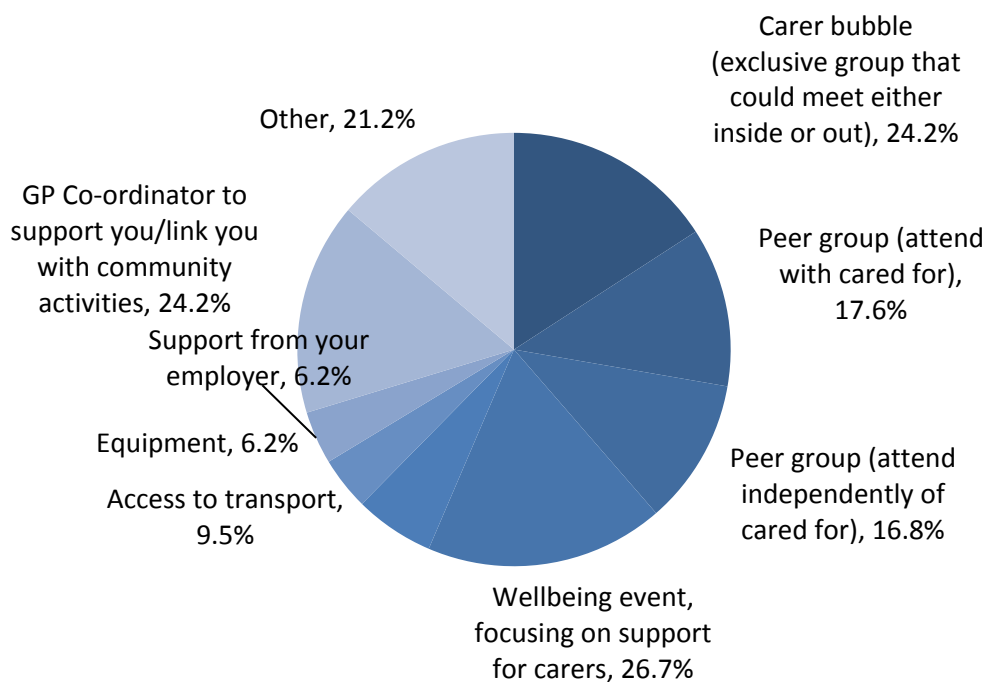
## Purpose of the survey

1. To amplify the voices of carers in Gloucestershire and share carers stories, experiences and concerns with people all across the health and social care system, as well as the voluntary and private sectors.
2. To ensure we put in place support for carers in preparation for a second wave over the winter period. We will ensure actions we take in a 'you said, we will' plan will reflect what carers need and want. It has also informed the Gloucestershire Carers Partnership Board revised Action Plan.

## Responses and Main Themes

- Which of the following best describes how you feel about the relaxation of lockdown? **43.6% are going to continue to restrict their social circle and activities for a little longer**
- What activities are you looking forward to returning to, or would be interested in taking up, over the next couple of months? **1) Being outdoors/spending time in nature/gardening 2) Social activities with friends and family 3) Exercise**
- What might stop you from doing these things? **1) My cared for's health 2) Someone to look after my cared for 3) My own health**

What support could be put in place to help you achieve these ambitions?





## 2. Clinical Programme Approach

The Clinical Programme Groups (CPGs) have all highlighted the impact of Covid-19 on the transformation programmes and continue to work through the 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 have been drawn up and new methods of delivery put into place. 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 COVID-19 Virtual Wards

Covid-19 has presented many challenges to health services including how to adapt services to reflect what we learn about this disease and how we can change the way it develops. Whilst most patients will be able to remain at home, some presenting with Covid-19 can present with severe hypoxia (when the body does not have enough oxygen). These patients may not recognise themselves as being unduly unwell at that point and are often not demonstrating familiar symptoms of breathlessness and wheeze. This has been described as silent hypoxia and is often not picked up by the person or their Doctor. It is important to diagnosis this as early as possible as there are benefits to the person if the condition can be treated quickly.

In response to this the idea of home oximetry (measuring the level of oxygen in a person's blood in their own home) supported by clinicians in the form of a Virtual Ward has been developed and implemented in several regions around the United Kingdom. The aim of the Covid-19 virtual ward is to identify patients who are showing signs of early deterioration in the community and where clinically appropriate increase their care to provide better results for the person.

The Gloucestershire Covid Virtual Ward model has been developed to support clinicians to follow up and monitor patients (confirmed with or suspected to have Covid-19) at a higher risk of deterioration within their own homes. The Covid virtual ward model will be offered to appropriate patients in order to:

- Use pulse oximeters ( used to monitor oxygen levels in the blood) to keep a check on patients in their own homes for up to a 2 week period following a Covid diagnosis (or clinical assessment)
- Promote easy access to assessment, diagnostics and treatment as required
- Considers the wider health needs of the patient
- Enables the follow up and safe discharge of a patient back to their normal routine care.

As a wave two pilot site in the national rollout programme, Gloucestershire is progressing Virtual Ward implementation early in November. A test of the virtual ward has been in place within a Primary Care Network in Gloucester City during October.



## Focus on End of Life

During September 2020 three full day virtual joint events were held with an average of 70 stakeholders from across the Palliative and End of Life Care (PEoLC) system attending each session. The events enabled internal and external partners across the ICS to review, refresh and reset Gloucestershire's system-wide transformation approach to Palliative and End of Life Care.

Prior to the event a survey of stakeholders indicated that the six ambitions were generally thought to be well implemented at a service level. However, there was recognition more could be done to join up across the county. Through the interactive event workshops these system needs were further discussed and clarified, taking into consideration the variety of services and partners involved across the PEoLC system. This resulted in the co-production of six system need areas:

1. Professionals confident in responding to the changing needs and wishes of people as they reach the end of life and communicating well with system colleagues;
2. Understanding the individual and their family (including their unique presentations and needs, and consideration for personal context e.g. culture, ethnicity, learning disability);
3. Shared knowledge of the full range of services and community assets in the county (so that people can be supported to access the right care at the right time for them);
4. Shared Care Plans to enable timely responses and good documentation of wishes (including digital solutions);
5. Smooth and supported transitions between children's and adult PEoLC services;
6. A sustainable finance model to enable high quality PEoLC to meet the needs of our local communities. There is potential to use different commissioning models, such as integrated care provider contracts to promote a sustainable, systems approach

A follow-up joint event was held in October 2020 again adopting a systems approach with stakeholders from the ICS and external partners. This event enabled the identification of specific 'drivers' and 'change ideas' for each of the six system needs. With oversight from the PEoLC



Clinical Programme Group these ideas will inform the co-production of a personalised PEOLC countywide strategy.



### **Focus of Mental Health Services**

An update on how some of our Mental Health services have adapted during the Covid-19 period to continue to offer services;

#### **Victims of Sexual Assault and Abuse**

A flexible support pathway for children, young people and adults was in place prior to Covid-19 offering a range of support services. During the pandemic counselling and emotional support services for victims and survivors of sexual violence have worked extremely proactively and flexibly to offer their support services via digital stages. This has enabled people to continue accessing support during this difficult time.

#### **Eating Disorders**

The service continues to offer urgent appointments and physical health monitoring adapting to Covid-19 restrictions. There is an expectation that referrals to the service will increase as we move out of the pandemic, in fact recently there has been an increase of 25%. Referral rate is being kept under weekly review.

The 'Attend Anywhere' scheme has been developed to provide an online platform for clinical interventions and feedback has been positive.

#### **Children and young people wellbeing chat line Trailblazer**

During the first phase of the pandemic, a children, and young people wellbeing chat line was available from Monday-Friday, 9-5pm for guidance and support, as well as a parent support line. Both of these functions then ran throughout the summer holidays. This has now been developed and extended and from September onwards includes a wellbeing lunch time 'drop in' service for Secondary Schools. This will hopefully be rolled out to all Trailblazer Secondary Schools by the end of October.

### 3. One Place, One Budget, One System

We have launched consultations on our hospital services transformation programmes, Fit for the Future and the Forest of Dean Community Hospital Programme. There is a new virtual engagement portal ***Get involved in Gloucestershire*** which is an online participation space where people can share views, experiences and ideas about local health and care services. This is accompanied by a short film clip of Dr Jeremy Welch describing *Get Involved in Gloucestershire*. The film can be found here <https://www.youtube.com/watch?v=XYwaqb-e3IU>

We are seeking the views of the public and staff on options for organising the following services:

- Acute Medicine (acute medical admissions)
- Gastroenterology inpatient services - medical care for stomach, pancreas, bowel or liver problems
- General Surgery – conditions relating to the gut. Specifically, emergency general surgery, planned lower gastrointestinal (colorectal) surgery and planned day case surgery
- Image Guided Interventional Surgery (IGIS) – where surgeons use instruments with live images to guide the surgery
- Trauma and Orthopaedic inpatient services (T&O) - diagnosis and treatment of conditions relating to the bones and joints.

The consultation follows an extensive period of public and staff engagement. Residents can find information on how options for services were arrived at and the public engagement that supported it in the consultation booklet. Because of the current COVID-19 situation, the NHS will be reaching out to people in a number of ways and offering a wider range of consultation activities, including on-line options.

We are open to receiving feedback until 17 December 2020. A independently run online Citizens' Jury will be held in January 2021 to consider the feedback and make recommendations. 18 people from across Gloucestershire will be selected and paid to take part. A consultation review period will follow before decisions are made by the NHS in March 2021.

## **A New Community Hospital for the Forest of Dean**

A Consultation inviting the public to comment on the proposals for the new community hospital in the Forest of Dean (consultation runs from 22 October – 17 December 2020). Planning for the new hospital in Cinderford is now at a stage where the proposals for the inpatient unit, outpatient services, urgent care, diagnostic services and other facilities on site can be discussed with the local community.

We hope our partners within health and care settings, across local authorities, and the voluntary and community sectors will encourage participation in this consultation, which is an important next step in the development of the new hospital.

The proposal is for a hospital which includes a 24-bed inpatient unit, urgent care facility, x-ray, ultrasound and endoscopy, and a range of consultation and treatment rooms for outpatient appointments. Experiences of providing care throughout the ongoing COVID-19 pandemic will also influence the final design, to minimise the risk of infections spreading and to allow for social distancing between staff and patients. The public consultation will run for eight weeks from Thursday 22 October to Thursday 17 December. The consultation materials and survey will be available online at [www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk) or [getinvolved.glos.nhs.uk](http://getinvolved.glos.nhs.uk).

## **4. 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 has submitted the system response to the national Phase 3 planning requirements that has set out the plan for Gloucestershire system over the next 6 months. The System Recovery Cell is leading ICS work on recovery and is particularly focused on bringing together all the feedback from the first wave of Covid-19 and ensuring that learning is understood and acted on as we move into the Winter period. We are continuing to review priorities and focus on creating sustainable services through the Winter period. Greater integration between partners can be seen in the models we have developed to help support hospital discharges over the next six months.

Alongside this we are now restarting much of our ICS programme of work in a more focused way using digital platforms to bring people together. We also continue to connect to other systems nationally and ensure we are sharing our strengths and learning from others as well as developing as a system working together.

## 5. Recommendations

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

**Mary Hutton**

ICS Lead, One Gloucestershire ICS