

**Gloucestershire Health Overview and
Scrutiny Committee (HOSC)
17 November 2020**

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

1. Introduction

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

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

Section C provides Trusts' updates from: Gloucestershire Health and Care NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHT).

Integrated Care System (ICS)

ICS Lead Report is provided as a separate agenda item.

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

These items are for information and noting.

Please note some of the items reported below may also feature in more detail in other reports prepared for HOSC e.g. ICS Lead Report, wherever possible duplication is avoided.

2.1 Flu Planning update

The Annual Flu planning work is underway with a renewed focus on ensuring that the vaccine is accessible as possible to those who need it.

The ongoing work and commitment to deliver the national seasonal influenza immunisation programme for 2020/21 builds on the experience from previous seasons and is more challenging this year in light of the impact of Covid-19 pandemic and will require collaboration across many health, social care and local authority partners.

NHS England SW in their August 2020 letter to CCG Flu Leads states:
This is an exceptional year in many ways:

- Expansion of the flu cohorts, including year 7 school children, people who are shielding and their households and potentially 50 – 64 year olds
- The uptake ambitions for eligible populations have significantly increased.
- Complexities and restrictions of a covid19 environment
- Possibility of a second surge in Covid 19 cases or local outbreaks
- Possibility of a Covid 19 vaccination programme

The collaborative joint working approach across the Gloucestershire Integrated Care System (ICS) is facilitated with good communication and engagement with all partner organisations (GP practices, Gloucestershire Hospitals NHSFT, Gloucestershire Health and Care Services NHSFT (GHC), Gloucestershire County Council and community pharmacies).

Regular planning and update meetings have been scheduled and participated in since June 2020 at national, regional and local levels.

The regional meetings with Consultant in Public Health, Screening and Immunisation Lead for Public Health England (PHD) have highlighted areas that require particular attention this season and the local flu plans have been submitted to PHE in the South West for feedback

2.1.1 **Uptake ambitions for priority groups**

Partners across the ICS have been notified of the key areas which need to be addressed, in particular patients affected by health inequalities and those who in the 'clinical at risk groups'.

Joint working across the ICS will ensure those with health inequalities are included within the seasonal flu vaccination programme. (E.g. GHC will offer vaccinations to all existing District Nurse caseload patients who are housebound, and consideration will be given as to how the homeless healthcare team can offer vaccinations to those who are homeless.

The update ambition targets for flu vaccination in 'clinical at risk groups' and pregnant women have been increased from 55% in 2019-20 to 75% in 20-21. To assist assurance around GP practices having robust call and recall systems for patients in high risk groups who need to be targeted and vaccinated, they plan this year to proactively confirm ethnicity for patients eligible for the flu vaccine which will also be helpful to support the Covid-19 vaccination programme when it is launched.

Additionally the importance of offering seasonal flu vaccinations to frontline health and social care workers (health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider, or a voluntary managed hospice provider) has been emphasised by an uptake ambition of 100% offer.

2.1.2 **Primary Care – GPs**

There are 73 GP Practices in Gloucestershire. The majority of flu plans have been developed by individual GP practices, with help and facilitation offered by the CCG Flu Planning Team. In light of the impact of the Covid-19 pandemic some more innovative ways of delivering the vaccinations will be employed this year. Whilst many practices will continue to run flu sessions from their own premises,

arrangements are in place for provision of drive thru vaccination hubs at local community fire stations and other community areas or use the CCG engagement bus to provide access to vaccinations for people living in rural communities where travelling to the GP surgery may be difficult.

At the Countywide Patient Participations Group meeting in October 2020, PPG members reported positive experience of the innovative ways GP practices across the county have delivered Flu clinics to their patients.

2.2 **Covid- 19 Update**

The Director of Public Health will be attending the HOSC meeting to provide an update on county Covid-19 position.

The following information provides an update on recent Covid-19 related activities.

2.2.1 **Activity, Flow and Bed Planning (AFBP)**

The AFBP cell has been focussing on implementing the NSHE/I Hospital Discharge Policy and Operating Model, released at the end of August 2020. The ICS is addressing this with multi-agency calls to establish processes and systems that facilitate safe, appropriate and effective discharges from hospitals in line with the requirements in the Operating Model. This work dovetails with implementation of the Transfer of Care Bureau and Enhanced Independence Offer previously communicated.

Key achievements and items are as follows:

- Establishing the Transfer of Care Bureau – based in Gloucestershire Royal Hospital. A multi-agency, multi-disciplinary meeting to identify the most appropriate pathway for patients who have been identified as able to be discharged. The meetings are intended to support maintenance of flow through the system through speeding up referral to discharge processes and decision making to reduce a patient's time in hospital.
- Establishing a programme structure and approach to respond to the stipulations of the Hospital Discharge Policy and Operating Model. This includes a tracker of responsibilities for various providers and the CCG, and a governance/assurance process of reviewing risks and issues as they arise.
- Established a working group for the acute trust to support implementation of the policy requirements, ensuring an organisational approach that maximises benefits and effective processes to support a successful discharge experience for patients and staff, and effective partnership working with other providers to maximise flow through the system.
- There continues to be an emphasis on secure use of digital solutions to capitalise on efficiency potential in these new or amended processes. Access to electronic patient records (EPR) to support the Transfer of Care Bureau, and the implementation of a digital single referral form are key areas at present. Appropriate sharing of information is being adhered to in all aspects.

2.2.2 Hospital Discharge Service Policy and Operating Model (HM Government 21 August 2020) in readiness for the Covid-19 winter 2020/21

As part of the Covid-19 Phase 3 response in August 2020, HM Government released the new Hospital Discharge Service Policy and Operating Model (HDSPOM) for the winter of 20/21 and sustainability longer term. Gloucestershire has been successful in responding to the requirements and is working as a system to implement the governance structures and processes to support the policy and model expectations. Following evaluation of our phase 1 and 2 response, system changes and transformations have been reviewed and where possible strengthened and extended to support the 2020/21 Covid-19 winter.

It is important to note that as a system we cannot implement a model without ensuring a clear governance framework for processes, education of users and implementation to ensure the new pathways 0 to 3 aligned to the HDSPOM, are effective and patients/service users appropriately referred and placed whilst minimising their stay in hospital.

2.2.3 Progress: August-November 2020

Currently progress is well advanced against the Discharge to Assess model, formally known as the Enhanced Independence Offer (EIO) with full testing of the bed based model in Kingham and Ashley Units and expansion of the bed base agreed by the CCG, with phasing currently being implemented at Milbrook Lodge and Chestnut Court.

The Home first model commenced roll out on 7 September 2020 starting in the Forest of Dean with full implementation in October 2020. There have been some teething problems with the Home first integrated model but these are being worked through and many more patients are able to go home from Hospital with wrap-around care. Due to a surge in admissions of frail patients over September 2020 there has been a surge in referrals to the Discharge to assess Assessment beds creating a bottle neck whilst the next phase of beds come on line. Work is underway to validate referrals with the multi-agency teams to ensure patients are moved appropriately and further mitigations are being put in place.

The Transfer of Care Bureau in GHFT, with a multi-agency team meeting twice daily and testing the new single referral form, is well underway and has already shown great improvements in the allocation of patients to Home first with patients moving on the same or next day. The digital referral form is now being tested on two wards at GHFT and this will move to six wards mid-November 2020. The Integrated Discharge Hub is near completion with break out areas for visiting teams and safeguarding discussions, full digital wall mounted technology showing system capacity and GHFT flow data, plus visualisation of referrals and documentation for the Transfer of Care Bureau members (real and virtual).

Adult Social Care (ASC) staff have been given access to GHFT's Electronic Patient Record (EPR) through Sunrise and through this access to Joining Up Your Information (JUYI). The firewall issue was resolved there are still some access issues to resolve for GCC colleagues. Once complete, Social Workers will be able to fully implement the discharge to assess out of hospital model remotely and have access to records from outside the Trust to support referrals.

2.2.4 Personal Protective Equipment (PPE) and Supplies

Gloucestershire Hospitals NHS Foundation Trust (GHFT) and Gloucestershire Health and Care NHS Foundation Trust (GHC) continue to manage stock delivered

under the national delivery arrangements from a storage facility within Gloucestershire.

Deliveries to care homes are being managed from the local PPE hub. Stock management is in place and stocks remain good at 10-14 days.

Primary Care providers are successfully securing supply chains and registering with the national online PPE Portal to access emergency supplies, reducing the reliance on the hub as the recovery phase continues.

2.2.5 Transport

Non-Emergency Patient Transport continues to offer a good level of service to Gloucestershire patients and is working well.

2.2.6 Staff Risk Assessments

The CCG has ensured that all staff who are currently working (not including those on maternity leave or long term sick) have completed a Covid Staff Risk Assessment with their line manager and that it is reviewed on a regular basis. The risk assessment requires that the staff member and manager complete a prescribed risk framework based on NHS Employers guidance. This takes into account the staff member's particular circumstances, Age, long term condition(s), Black Asian Minority Ethnic (BAME) background and the risk mitigation actions to ensure that if staff wish to work from Sanger House, it is as safe as possible. The CCG also has access to specialist Occupational Health advice and support from Working Well that provides the service to GHFT, GHC and the CCG.

The CCG's building, Sanger House is Covid-Secure and national guidance has been followed on the layout and number of staff who are able to work on-site at any one time.

2.2.7 Patient Engagement & Experience

Regional Covid-19 experience of health care services

GCCG has participated in, and facilitated a regional survey, which has given us helpful insight into people's experiences of healthcare services during the Covid-19 pandemic.

Analysis of the data has identified specific themes affecting patients and focussed in particular on groups with protected characteristics/demographic profiles:

- BAME
- Carers
- Learning Disabilities
- LGBTQ
- Under 30's
- End of Life
- Cancer

Data specific to video and telephone consultations has also been further analysed.

The Qualitative data from this survey has been analysed and placed into the following themes;

- Accessible and Timely
- Quality and Equity
- Improved Pathways and Communication

- Workforce and Resilient Services
- Value for Money/ Funding

The CCG Engagement and Experience Team were also aware of a number of other organisations who have been gathering information about Covid-19 experience from local communities over recent weeks and months – some healthcare related, others covering a much wider range of topics. A systematic review of cross cutting themes has been undertaken and findings presented to the systems Recovery Cell.

2.3 **NHS Diabetes Prevention Programme (NDPP) – Updates**

Since 2017 when the NDPP launched in Gloucestershire there have been 5,286 patient referrals made to the service, with a 55% conversion from referral to attending the first programme session.

At the start of the COVID-19 pandemic nationally, all NDPP face to face sessions were stopped and providers quickly adapted to start delivering their programme remotely via telephone and Microsoft Teams video conference sessions. Nevertheless, referrals to the NDPP service have dropped. In response to the drop in referrals, NHS England (NHSE) has temporarily extended the NDPP eligibility criteria for a confirmatory HbA1c blood test of within 12 months to 24 months.

Also recognising the capacity and clinical pressures faced by General Practice, NHSE have launched a new patient-led referral route which allows eligible participants to sign themselves up to the programme online via the Diabetes UK risk tool and without having had an HbA1c in the Non-diabetic hyperglycaemic range within the last 24 months. Both of these changes will be available until at least the end of March 2021.

The CCG's NDPP project team have also been working on a number of projects to increase referrals to the NDPP service and ultimately increase the number of people in Gloucestershire that have the opportunity to reduce their risk of developing type 2 diabetes. Some of these projects are:

- Delivering local webinar for professionals to learn about the NDPP service;
- Working with the Primary Care Clinical Audit team to develop and run clinical searches for practices to identify their NDPP eligible population;
- Working with the CCG's Health Workplace Consultant and Healthy Lifestyle Service to raise awareness of type 2 diabetes within workplaces; encouraging employees to use the Diabetes UK risk tool to assess their risk and refer themselves to the NDPP if eligible.

Gloucestershire's NHS Low-Calorie Diet (LCD) Pilot - Update

Earlier this year, Gloucestershire was selected by NHS England as one of 10 sites nationally to pilot the implementation of a digital Low Calorie Diet programme for people living with Type 2 diabetes.

As part of the NHS long term plan NHSE committed to pilot LCD for people with Type 2 diabetes following the results submitted by the DiRECT study (short for Diabetes Remission Clinical Trial) that reported nearly half of patients stopped taking anti-diabetic drugs and achieved non-diabetic body glucose levels following a LCD programme.

The LCD intervention aims to support patients to achieve significant weight loss and will include the provision of Total Diet Replacement products for 12 weeks. This will be part of a 12 month behaviour change support package to enable rapid initial weight loss followed by reintroduction of real food with the overall aim of sustained weight loss and improved nutrition. The support package will be delivered through a nationally accredited digital service provider and is planned to launch in autumn 2020

The new programme will initially be offered to up to 500 people in Gloucestershire between September 2020 and March 2022.

2.4 Focus on inequalities in health and employment

2.4.1 Health Inequalities– Gloucester City Plan

Jointly sponsored by the Gloucester City Integrated Locality Partnership (ILP) and Safer, Stronger Gloucester Partnership, the Gloucester City health inequalities task and finish aims to develop a plan for tackling health inequalities in the city.

Although Gloucestershire is a relatively affluent and healthy county, there are pockets of inequality in health access and outcomes, most notably in Gloucester City. We also now know that the impact of coronavirus falls disproportionately on groups already disadvantaged. The recent PHE report, *Beyond the data: Understanding the impact of COVID-19 on BAME groups* identifies the NHS as one of several 'anchor institutions' who need to scale up prevention services and develop strategies to rebuild trust and participation, co-producing solutions with communities themselves. This year's Gloucestershire Director of Public Health Report focusses specifically on health inequalities in BAME communities and how statutory partners in the system could mobilise to reduce them. You can read the full report here: <https://www.gloucestershire.gov.uk/gloucestershire-county-council-news/news-october-2020/public-health-report-calls-for-action-on-health-inequalities-faced-by-bame-residents/>

The Task and Finish seeks to work at the three levels of the Population Intervention Triangle illustrated below. Our health approach to inequalities typically focusses on the 'service based interventions' section, seeking to ensure services are accessible and that outcomes are consistent across the protected characteristics and disadvantaged populations:

Here is how the Gloucester City Task & Finish will approach the inequalities challenge:

Components of the Population Intervention Triangle



Service-based interventions: the ILP has already identified inequalities in general, and respiratory and mental health specifically as priorities for focus. The Task & Finish will work with public health to test culturally-competent diagnostic tools to enable existing services and new initiatives to understand where inequalities exist and action is required. It will also seek to develop our understanding of the service provision landscape: where are inequalities most evident in our provision, what level of investment is going in, and to what range of services?

Strengthen community action: a key strength in Gloucestershire is the widespread adoption of the 'asset-based community development' (ABCD) approach. The Task & Finish will continue existing work to ensure health is present and active in the conversations about what matters to people living in different areas of the city. There are some great opportunities here to co-produce solutions to address health inequalities, but there are also two key challenges we will focus on:

- How to ensure the conversation and priority-setting on health inequalities is diverse and representative. This means building ever stronger relationships with the communities we serve so that we are naturally connected in the way we work, and that we act and react based on what we are learning, not what we assume people want or need.
- Health most commonly approaches community groups with an agenda of our own already in mind – a service to improve or promote, or a problem to 'fix'. We will actively consider how this has an impact on our relationship with the community, and what we could do to work with people in a more strength-based way to effect real and enduring changes.

Civic-level intervention: we know that, as an anchor institution, health has an influence in the county that extends well beyond the reach of the services we provide. By building a greater understanding of health inequalities in our own services and of the strengths within the communities themselves, we will increase our effectiveness as an ally and advocate for addressing the wider determinants of

health that are beyond our immediate scope of control – e.g. education, housing, built environment.

The Task & Finish Approach

In line with the Intervention Triangle, particularly the need to ensure representation in the priority and direction setting, the initial focus is on gathering together the following:

- Information – what do we know, and how much more can we discover about health inequalities in our existing datasets and our spending profile?
- Stakeholders – both community and service-based. Who knows what the issues are, who ‘owns’ them, who has the power and influence to address them?
- Provision – this is not a comprehensive service map but is being built as a by-product of the process to share with stakeholders and support asset-based approaches.

There is a working group which includes the people you might describe as ‘owning’ the issue – senior ICS system leaders, commissioners and service providers. This is not a Steering Group as it represents provision not utilisation, and further work is required to consider how best to ensure the community voice is present in the conversation. The Safer, Stronger Gloucester Partnership and the Gloucester City ILP will both be involved in setting out the plan, trialling tools and interventions, and sharing learning across the county.

Service-based interventions: the ILP has already identified inequalities in general, and respiratory and mental health specifically as priorities for focus, and targeted initiatives are in place or being implemented in those areas as well as in early cancer detection. The Task & Finish will also work with public health in these work streams to test culturally-competent diagnostic tools to enable existing services and new initiatives to understand where inequalities exist and action is required. It will also seek to develop our understanding of the service provision landscape: where are inequalities most evident in our provision, what level of investment is going in, and to what range of services?

2.4.2 Workforce inequalities

The Integrated Care System (ICS) partners have prioritised work on health and workforce inequalities. This has resulted in Human Resources and Organisational Development colleagues from Gloucestershire Hospitals NHS Trust (GHFT) and Gloucester Health and Care NHS Foundation Trust (GHC) along with the Council and the CCG deciding that one of its key workforce priorities for this year is Equality, Diversity and Inclusion. Partners have worked together to agree a number of collaborative projects including reciprocal mentoring, ED&I networks and a prospective Equality & Diversity conference, as well as participating in GHFT’s Stepping Up programme, specifically designed for staff in pay bands 4-6 from a BAME background.

Additionally the CCG has commissioned an ED&I specialist within the Commissioning Support Unit (our current HR service) to work with the CCG. David Harris, ED&I specialist is currently undertaking a comprehensive audit of the CCG’s workforce strategies, policies, procedures and schemes and evaluate them according to ED&I best practice. This is with a view to making tangible recommendations, and resulting changes to our current policies and procedures on recruiting a more diverse and inclusive workforce, retaining those staff members;

as well as ensuring staff from a diversity of backgrounds have access to opportunities for career advancement and promotion.

A broader piece of work is currently being developed focusing on the CCG's culture and practices with a view to understanding if the CCG is 'fit ready to embrace diversity'. This will allow us to co-create plans with our staff that tackle the barriers faced by staff with protected characteristics to gain employment and promotion within the CCG. As well as improve their experiences of working in the CCG and how they are supported in their job. It is hoped that this work will give the CCG insight into the work culture experienced by staff with protected characteristics and provide practical solutions to making improvements to staff working lives.

2.5 **Graduates bring new skills to the CCG**

A new graduate training scheme run by NHS Gloucestershire CCG is set to nurture new talent and bring benefits to local health and care services.

The Graduate Management Training Scheme (GMTS) is the first of its kind to be run by the CCG. The new scheme, which went live in late 2019, received around 130 applications from graduates in search of coveted career development opportunities within the NHS.

It was essential for the CCG to look at new ways of recruiting because of the limitations brought by the Covid-19 pandemic. Senior CCG colleagues collaborated with neighbouring organisation the South Central and West Commissioning Support Unit (SCW CSU) who designed and delivered the GMTS assessment process. This involved a fully virtual assessment centre for the scheme as the application process took place at the height of the first wave of the pandemic.

The rigorous process included exercises for the 11 candidates, a written communication task, a data review assignment and a panel presentation.

The GMTS lasts for two years, after which the five candidates will secure a permanent role within the CCG. For the duration of the scheme the graduates benefit from a range of opportunities including mentoring, and learning project management skills.

2.6 **Public Consultations Update**

Two public consultations launched on 22 October 2020.

- Fit for the Future: Developing specialist hospital services in Gloucestershire
- A new hospital for the Forest of Dean

Both consultations follow long periods of engagement with thousands of local people. The local NHS is consulting local patients, carers, the public and our community and voluntary partners as well as NHS and care staff. Our main focus is on Gloucestershire residents, but we also invite feedback from people in neighbouring areas who use services in Gloucestershire.

Promotion of the consultations is well underway across the county and feedback is starting to come in. Online consultations activities have taken place, with many more planned. The Information Bus has been able to make three visits to: Cheltenham, Cinderford and Gloucester to talk to people face to face (with clear masks and socially distanced) before the nationwide Covid-19 lockdown

restrictions came into force on 5 November 2020, attracting more than 100 visitors. The participation team regularly reviews the progress of the consultations and modifies activities to accommodate relevant current circumstances. As previously mentioned at October 2020 HOSC meeting, a midpoint review is planned, the outcome of which will be shared with HOSC. The mid-point review will consider the learning from the first half of our consultation period, and consider whether any amendments to our consultation approach need to be made. This review will include consideration of whether an extension of time available for people to respond (in light of the additional restrictions presented by the most recent lock down period) would be appropriate.

There is also a programme of staff consultation activities ranging from team meetings to information stands and virtual online forums to regular communication updates.

There are lots of ways people can find out about the consultations and tell us what they think, including:

- Consultation materials distributed to local outlets e.g. consultation booklet
- Easy Read booklet
- Surveys
- Online presentations and Q&As with hospital clinicians
- Social and print media articles
- Awareness flyer to local households later this month which includes information about how to book a tele-consultation to share your views and how to express and interest in becoming a member of the Citizens' Jury.

We would like to thank Healthwatch Gloucestershire and Inclusion Gloucestershire for their help in supporting the development of consultation materials.

Further detailed information about Fit for the Future available at www.onegloucestershire.net/yoursay and at www.fodhealth.nhs.uk for the Forest of Dean Community Hospital consultation.

Both consultations feature on the new online participation platform at: <https://getinvolved.glos.nhs.uk>, which has a range of tools, information and communication resources e.g. service guides and video content, discussion forums.

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

3.1 Information regarding Department of Health and Social Care consultations is available via the GOV.UK website:

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

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

The Department of Health and NHS England websites also include responses to closed consultations.

3.3 **Department of Health and Social Care**

Access to all government departments and many other agencies and public bodies have been merged into GOV.UK

Here you can see all news and communications, statistics and consultations. Find out how government services are performing and how satisfied users are <https://www.gov.uk/>

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

These items are for information and noting.

4.1 **Primary Care Business Continuity**

Across the county, all practices are offering face to face appointments where appropriate whilst continuing to use remote triage and consultation tools. The increasing demand for primary care seen throughout the summer months continues into autumn.

Practices are providing full services in line with the NHS England/Improvement General Practice standard operating procedure. However, as demand reaches pre Covid-19 levels feedback suggests that this is especially challenging given the competing priorities such as the flu campaign, catch up programmes and managing patients in a Covid-19 environment. The CCG continues to support practices and Primary Care Networks as the response changes over time.

The CCG is working with GP practices to expand the range of services to which patients can self-refer. A number of existing self-referral pathways have reopened (e.g. podiatry) and the CCG is reviewing which pathways are best suited for self-referral so that they can be developed. In addition new pathways come on line. Recently a new prostate pathway which includes diagnostics has commenced.

The CCG Primary Care and Localities Directorate continue to remain in regular two way communication with Practices, GPs and Primary Care Network (PCN) Clinical Directors to understand and alleviate any issues and concerns. The CCG briefing for General Practice continues twice weekly with a weekly SITREP requested from all 73 practices.

The CCG has received excellent feedback from PCN Business Managers to the new monthly meeting, which provide a platform and opportunity for PCN Business Managers to hear national and local updates from the CCG, explore opportunities for Business Manager development from the Gloucestershire Primary Care Training Hub, and discuss issues and concerns together to support each other.

4.2 **Integrated Locality Partnerships & Population Health Management**

Integrated Locality Partnerships (ILP) have been reinstated across the county during September and October, initially via MS Teams. Each geography is focussing on experiences and learning during Covid and priorities going forwards.

The first of these to meet, Cheltenham ILP, will now focus on the impact of Covid 19 on the existing cohorts of patients selected as part of the Population Health Management Programme and retain their priority on developing support of care homes across Cheltenham.

A focus for ILPs will be assessing the impact of Covid on their populations and working with partners to support the reduction in health inequalities particularly in Gloucester City. The Stronger Safer Gloucester Partnership (SSGP) is the strategic group of various agencies responsible for the wider wellbeing, health and community safety agenda in the City of Gloucester.

Together with the Gloucester City ILP, SSGP have co-sponsored a task and finish group with the aim to gather together information and data on what we know, and what is currently being done, about health inequalities in the city of Gloucester. This will help the system and communities to identify further targeted interventions such as service design and development, better connectivity of existing support, or new initiatives, all with the aim of reducing the health inequalities gap in the city.

Prior to COVID, through the Population Health Management Optum programme, the Integrated Care System (ICS) Business Intelligence team was providing Integrated Locality Reports to Cheltenham locality teams. This was allowing our Primary Care teams and partners to trial interventions with cohorts at risk of negative health outcomes. With Regional Digital First Funding, and using a Population Health Management approach this work will be extended to the Gloucester City area, where there are high levels of deprivation and groups at risk of COVID-19 infection.

4.3 Care Homes support

The Enhanced Health in Care Homes service in the Network Contract DES commenced on 1 October 2020. However, a significant amount of work has been conducted prior to this date by the CCG, PCNs and Providers.

The Enhanced Health in Care Homes working group, with CCG, GHC, GCC and PCN colleagues, have been working through the requirements. GHC are working well with PCNs to develop new ways of working to support Care Homes to ensure there is aligned service delivery and avoid duplication.

All CQC registered homes (as defined by CQC) were required by NHSE/I to be aligned to a single PCN by the 31 July. The CCG met the deadline so all CQC Care Homes are aligned to a single PCN across the county.

The CCG was in regular communication with Primary Care and Care Homes to help support the implementation of these service changes in preparation for the

October 2020 start date; this included developing template letters for GPs to support re-registering of patients, and an Easy Read leaflet for Care Home residents prepared with the support of *Inclusion Gloucestershire*.

The CCG has been engaging with key leaders of Care Homes across Gloucestershire, through the Gloucestershire Care Providers Association, to make them aware of these service changes. The CCG anticipates that these changes will support the continued good relationship between general practice and care homes.

The local Care Home enhanced service (CHES) is being reviewed to complement the requirements outlined in the DES. It will continue the good practice established in Gloucestershire care homes under the previous CHES that goes beyond the DES requirements, while also remunerating practices for implementing “best practice” where appropriate as defined within the Enhanced Health in Care Homes Framework.

4.4 Digital implementation in Primary Care

The CCG enabled remote home working for GPs and other practice staff by providing over 800 laptops and circa 300 Away from my Desk dongles during the initial Phase of Covid-19. In addition there will be further investment in digital primary care. Consideration is currently being given to PCN cyber security, digital communications and diagnostics, remote monitoring equipment and PCN support and further IT equipment. Thus continuing the theme of enabling staff to work more flexibly, as well as allowing clinical staff who are potentially vulnerable themselves to continue to work.

4.5 Workforce support and development

The CCG in partnership with practices in the Inner City PCN have recruited two Health Equalities GP Fellows. Continuing on the success of this award winning project, this partnership project which has input from practices, the CCG, Public Health at Gloucestershire County Council and Health Education England, has now supported the recruitment of five GPs into the Inner City PCN for Bartongate, Partners in Health – Pavillion branch, Gloucester City Health Centre and Gloucester Health Access Centre.

Gloucestershire Primary Care Training Hub and Health Education England School of Primary Care in the South West together with the CCG have successfully recruited a Differential Attainment Fellow, part time for an 18 month period. This is a highly important role to support individual GPs in training as 33% of trainee GPs come from a BAME background or are International Medical Graduates. Providing support early on in their careers is vital for their success and the retention of GP colleagues in Gloucestershire for the longer term. This project is a trailblazer and not underway with such focus in other national areas.

The Spark GP, Gloucestershire’s New To Practice Scheme for GPs

led by Dr Laura Halden and the Primary Care Training Hub Workforce team, started in mid-September, with 30 early career GPs coming together virtually to receive, mentoring, training and development, including an offer of 4-6 sessions of coaching to assist them with support into their roles as developing GPs in county. The New to Practice scheme is funded via NHSE/I to integrate new GPs and Nurses into General Practice environments. The practice nurse Spark programme is due to start in late Autumn.

The Gloucestershire Primary Care Training Hub and CCG colleagues have worked closely with all 15 PCN leads in Gloucestershire to discuss and successfully submit workforce plans for 2020-21 as required for a submission to NHSE/I for the Additional Roles Reimbursement Scheme (ARRS). The approach taken with PCNs has been through 'workforce conversations' which has provided good insight for PCNs on their workforce profiles for consideration when submitting the workforce plans. This approach has been recognised as best practice regionally and shared across the South West region to other CCGs and Training Hubs for awareness. This approach continued for a further submission of workforce plans for 2021-24 required from all PCNs in county on 31 October 2020.

4.6 Primary Care Estates and Facilities

The new £5.4m Cinderford Primary Medical Centre is now open and welcoming local patients. The new facility area replaces the town's existing health centre, which housed both The Dockham Surgery and Forest Health Care.

The new centre has been built to modern, environmentally-friendly, state-of-the art specifications, and includes 20 multi-purpose consulting rooms, nurse treatment areas and first-rate facilities for reception and administration staff, making it a great environment for both patients and staff. In addition to this, the practice and developer worked alongside dementia experts to develop a number of special features to make it welcoming for people living with dementia and those with disabilities whilst offering enhanced infection control standards for both patients and staff.

The construction of the new GP Practice Premises at Quayside House in Gloucester continues and remains on track for opening next Spring/ early Summer 2021. This will house Gloucester City Health Centre and Gloucester Health Access Centre.

Two substantial surgery extensions are nearing completion after works were temporarily halted due to the COVID pandemic at The Chipping Surgery in Wotton-under-Edge and The Alney Practice's surgery in Highnam.

In August the CCG's Primary Care Commissioning Committee approved a GP led proposal for the development of a new £5.15m primary care centre in Coleford, bringing two existing practices into one modern purpose built facility. Subject to local authority planning approval, building work is expected to start during the summer of 2021 with the new facility open during the summer of 2022.

5. Section C: Local Providers' updates

This Section includes updates from Gloucestershire Health and Care Services NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHT),

These items are for information and noting.

5.1 Gloucestershire Health and Care NHS Foundation Trust (GHC)

5.1.1 Endoscopy Units Renew Accreditation

Stroud and Cirencester Community Hospitals have been recognised for meeting best practice quality standards for endoscopy with renewal of their national accreditation.

They are among a handful of community hospitals in the country to be accredited by the Joint Advisory Group on Gastrointestinal Endoscopy (JAG), which assessed the endoscopy units earlier this year.

Amjad Uppal, Medical Director, said: "This is deserved recognition for the continued great work of the teams at Stroud and Cirencester, who have maintained accreditation since 2016."

JAG was established in 1994 to set standards for endoscopists and provide quality assurance for hospital units. It uses a series of ratings to assess how well a hospital is providing a high quality, patient-centred service.

Severine Ryder, Theatre, Endoscopy and Day Surgery Manager at Stroud Hospital, said: "JAG accreditation is an important platform for our work - for example, it is a requirement for participation in the bowel cancer screening programme. As a team we are proud of the service we're able to deliver for patients, and pleased that our expertise and high standards are reflected in our accreditation."

5.1.2 Trust Nurse Awarded MBE

A nurse from Gloucestershire Health and Care NHS Foundation Trust has been awarded the MBE. Sonia Pearcey, who lives in Gloucester, is the Trust's Freedom to Speak Up Guardian and her inclusion on the Queen's Birthday Honours List 2020 is in part due to her work in supporting Trust staff to speak up about anything that gets in the way of providing good care. Sonia, who has been a nurse for 32 years, said: "I am proud to be a nurse and feel privileged to be a Freedom to Speak Up Guardian. This award is testament to the support of my family and colleagues throughout healthcare. I would especially like to thank all the Freedom to Speak Up Guardians who strive to protect patient safety and support staff to speak up."

Trust Chief Executive Paul Roberts said: “On behalf of the whole Trust I would like to wholeheartedly congratulate Sonia on her MBE. Sonia has made and continues to make a huge contribution to supporting our staff, our patients and partners in creating an open culture, where we can discuss and solve concerns. This is vitally important if we are to continue improving the quality of the services we provide.”

Sonia started her student nurse training in 1988 at The Ulster Hospital, Dundonald, Belfast. She joined Gloucestershire Health and Care NHS Foundation Trust in 2008 when it was known as Gloucestershire Care Services NHS Trust. Her career has involved roles in Vascular Surgery, Practice Nursing, Sexual Health and leading on Listening into Action. As a Freedom to Speak Up Guardian (and Chair of the South West region of Freedom to Speak Up Guardians) Sonia is available to anyone in the Trust who wants to speak up about issues such as safety, unfair treatment, poor practice or to improve services. Freedom to Speak Up Guardians were appointed by all NHS Trusts in 2015, following recommendations made by Sir Robert Francis QC, who chaired the public inquiry into the Mid Staffordshire hospital scandal.

5.1.3 **Dementia Information Films for BAME Communities**

Short films about dementia, made with people from black, asian and minority ethnic (BAME) backgrounds in mind, are now available for the public to view online.

The films, funded by GHC and the county council's Dementia Education and Training Strategy, were launched online at the beginning of October.

Four films have been made - in English, Gujarati, Polish and Cantonese - and each provides information about the signs and symptoms of dementia and addresses the stigma and misunderstanding about the condition. Each film also directs people to local help and support services. The films are the result of ongoing work by the Gloucestershire BME Network for Dementia; a group that brings together a number of organisations across Gloucestershire with the purpose of improving dementia diagnosis and care for people from Black and minority ethnic communities. The Gloucestershire Alzheimer's Society, family carers, health and social care staff and a number of local groups were involved in the making of the films.

There are an estimated 25,000 people from BAME communities living with dementia in the UK and this figure is expected to grow to 50,000 by 2025. (All Party – Parliamentary Group on Dementia, July 2013). The number of people from BAME communities growing older in Gloucestershire is increasing (Census 2011) and it is hoped that the films will enable people to have a better understanding of the signs and symptoms of dementia and how to get help and support.

5.1.4 **Children's Vaccination Update**

Gloucestershire Health and Care NHS Foundation Trust is providing children's flu vaccination drive-through appointments and community clinics across the county

for all primary school children (Reception to Year 6) and all Year 7 children in secondary school. In 2020/21, the children's flu vaccination is being offered to:

- children aged 2 or 3 years on 31 August 2020 – born between 1 September 2016 and 31 August 2018
- all primary school children (reception to year 6)
- all year 7 in secondary school
- children aged 2 to 17 years with long-term health conditions

Because of Covid-19, we have had to make some changes to the way we deliver our school-aged flu vaccinations. This includes wearing PPE but also carrying out clinics in community venues, such as fire stations and community centres, as well as 'drive through' appointments in parts of the county.

In a similar way, 'catch up' clinics have been held via drive through and community clinics for children who may have missed their vaccinations usually delivered in schools, but whose schools were closed during the lockdown earlier this year.

5.2 Gloucestershire Hospitals NHS Foundation Trust (GHT)

5.2.1 Virtual COVID ward

An important service development which was established at the hospitals in response to the learning from the initial phase of the pandemic is the provision of a COVID virtual ward. This service is a response to the cohort of patients who were managed at home, under the care of their GP, whose outcomes could be improved by earlier detection of any deterioration in their condition and particularly those who present with "silent" symptoms at the onset of their deterioration.

The service enables up to 500 patients, at any time, to have their oxygen levels monitored whilst remaining at home and thus, in the absence of their deterioration manifesting through worsening visible symptoms, can be identified and admitted to hospital sooner than might otherwise be the case. This will not only improve overall outcomes but is expected to reduce the number of patients who require admission to critical care services.

5.2.2 COVID research studies

The Hospitals Trust remains very active with respect to research studies in the area of COVID-19. In the newly established urgent COVID related public health studies (which comprises 61% of all research activity in the Local Clinical Research Network this year) Gloucestershire Hospitals is the highest recruiting centre in the Network accounting for 59% of all recruits. Recruitment of colleagues into the Siren study, aimed at developing our understanding of the immunity associated with previous COVID-19 infection continues to go well with around 300 staff now participating. Finally, and very importantly, research in non-COVID areas is also now picking back up, with trials recently opened in the areas of ophthalmology, cancer, cardiovascular, trauma and orthopaedic, stroke and paediatrics.

5.2.3 Staff recognised

Two of the Trust's staff have been recognised for their outstanding contribution to patient care at a national awards event. The national patient experience awards recognise those who've done exceptional things and made a difference to patients

in health and social care. Jean Tucker was awarded national PALS Manager Of The Year and nurse Shona Duffy also received an award for her work on developing guidelines for the care of our patients who are homeless.

5.2.4 **Annual Members' Meeting success**

For the first time the Trust's Annual Members' Meeting was a virtual affair this year with the event being broadcast live via our YouTube channel.

A range of people clinical staff, lead governor, patient and our management team broadcast from the education Centre on the Gloucestershire Royal site. The agenda included highlights of the year, the financial position of the trust and operational performance. A key focus this year was the spotlight on Coronavirus (COVID-19) at the hospitals. The event can be accessed via the @GlosHospitals YouTube channel.

5.2.5 **Electronic Patient Record (EPR)**

The next phase of our Electronic Patient Record (EPR) deployment has been successful. The electronic ordering and receipting system for blood tests (pathology) and images (radiology) have been successfully rolled out by the Digital Care Team in close partnership with clinical leaders. Roll out has happened across all of our adult inpatient wards, emergency departments and outpatients. This is a huge feat at any time but the additional complications of a team working remotely for much of the preparation phase, makes this an even more noteworthy.

EPR digitalising care

GRH: In December 2019, all our adult inpatient wards (x24) successfully converted to a digital system (nursing documentation) to record patient information.

CGH: In February 2020, all adult inpatient wards (x18) successfully converted to EPR (nursing documentation).

This is part of the Trust's long-term commitment to using better, faster, safer technology to help deliver '*Best care for Everyone*' in line with GHNHSFT's vision. The EPR will support better clinical decision-making, enhance patient care and improve patient experience.

Known as Sunrise EPR, the system is already being successfully used by some of the most digitally advanced NHS hospitals in England. Clinicians have been directly involved in the development of Sunrise EPR. It's the first time GHNHSFT has used a clinical digital system for inpatients, previously relying entirely on paper files to record admissions, care information and observations.

In addition to the benefits outlined above, the implementation of the new system has freed up nurses to spend more time with patients. Historically nurses would have updated patient records in nursing stations using paper. Now they spend more time in bays working with patients collaboratively to complete the administration electronically.

The EPR programme runs parallel with significant improvements in the community where the patient record has also been digitalised under a programme called Joining Up Your Information (JUYI). The ultimate vision is to combine these

systems so that the patient's record is seamless and joined up across all NHS and care services.

6. Recommendations

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

Dr Andrew Seymour
Clinical Chair
NHS Gloucestershire CCG

Mary Hutton
Accountable Officer
NHS Gloucestershire CCG

9 November 2020