

## Gloucestershire Health Overview and Scrutiny Committee (HOSC)

January 2021

### 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 some 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 phases 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 the month of December we know that there has been an increase in Gloucestershire residents accessing COVID-19 tests and a rise in levels of confirmed cases. The number of patients with COVID-19 requiring admission has increased and all parts of the system are now under significant pressure with staff extremely tired. We expect an even busier January with significant pressure from increased Covid admissions. 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.

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
- Managing 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 more recent increase in pressure due to rising Covid levels will impact across all services.

During December we launched the '*Help your GP surgery*' campaign which encourages the public to support primary care as they face immense ongoing pressures, juggling not only the usual business, COVID-19, flu vaccinations alongside playing an important role in the COVID-19 vaccination programme. More information can be found below;

<https://www.gloucestershireccg.nhs.uk/senior-doctors-say-help-your-gp-surgery-to-help-you/>



## Focus on COVID-19 Vaccination Programme

On the 9<sup>th</sup> December we welcomed the news that the independent Medicines and Healthcare products Regulatory Authority (MHRA) had confirmed that one of the highly anticipated COVID-19 Vaccinations, the Pfizer/BioNTech vaccine had been approved for use. This approval follows months of rigorous clinical trials with over 40,000 global study participants and a thorough analysis of the data by scientists and experts at the MHRA who have concluded that the vaccine has met its strict standards of safety, quality, and effectiveness. The Government announced that the vaccine would be made available across the UK from the following week.

The Joint Committee on Vaccination and Immunisation (JCVI) have publishing its latest advice for the priority groups to receive the vaccine, including care home residents, health and care staff, the elderly and the clinically extremely vulnerable.

The NHS has decades of experience in delivering large scale vaccination programmes and extensive planning has been underway nationally and in our region to ensure we were ready to deliver the new vaccine once approved. These plans have now been put into action with GHFT the lead organisation

Gloucestershire has adopted an innovative model of community vaccination building on existing expertise and strong local networks and partnerships. Primary Care Networks are involved in delivering vaccinations to their geographical population. GPs and community NHS teams in some areas of the county began administering COVID-19 vaccination to priority groups from mid-December. Starting with people over 80, the roll out of the vaccination programme will be expanded in the coming weeks and months to include other priority groups by age and people who are particularly vulnerable. Local people are being asked to wait for their GP surgery to contact them about local arrangements and timings.

Based on local arrangements, clinics will be in GP surgeries, community centres or hospitals and confirmed 'Wave 1' locations are:

- Cheltenham East Fire Station
- North Cotswold Hospital, Moreton in Marsh
- The Devereux Centre, Tewkesbury
- Rosebank Surgery, Gloucester
- Vale Community Hospital, Dursley.

Further sites supporting COVID-19 community vaccination in the county are now confirmed. They are:

- Churchdown Community Centre
- Rowcroft Medical Centre, Stroud
- Old Cinderford Health Centre, Forest of Dean
- Cirencester Hospital
- Beeches Green Health Centre, Stroud.

Further information along with short films featuring day one at our vaccinations sites can be found here: <https://covid19.glos.nhs.uk/index.php/2020/12/14/community-covid-19-vaccination-of-priority-groups-set-to-get-underway-from-mid-week/>

This is a ground-breaking and a significant step forward in our response to COVID-19 – we now have a clear route forward for the country to get back to some semblance of normal.

As of New Year's Eve, over 5,000 frontline NHS, health and social care staff in the priority groups have so far received their first doses at the Edward Jenner Vaccination Hub at Gloucestershire Royal Hospital and over 20,000 people in community vaccination centres and care homes across Gloucestershire.

The NHS says that the rate of vaccinations in the county should only increase as additional vaccine supplies are made available.



### **OXFORD/ASTRAZENECA vaccine is authorised for use**

The Oxford/AstraZeneca vaccine has now been authorised for use in the UK from the beginning of January 2021. Based on best practice this will initially be in hospital hubs e.g. Gloucestershire Royal Hospital. It is then expected to be rolled out to local community vaccination centres shortly after, significantly increasing vaccine supply for priority groups.

Updated national guidance has also been published to advise increasing the spacing of second vaccine doses for both the new Oxford/AstraZeneca vaccine and the current Pfizer BioNTech vaccine. For the Oxford/AstraZeneca vaccine, guidance states that the second dose should be given after 4 weeks, but within 12 weeks of the first. Updated guidance for the NHS recommends that the second dose of the Pfizer/BioNTech vaccine is offered between 3 and 12 weeks following the first dose. Those people, who recently received their first vaccination and are due to receive their second dose in the next few weeks, may be contacted by the NHS to re-arrange their appointment later within the 12 week window. For those people receiving their first vaccination from 31 December 2020 an appointment to receive the second dose will be scheduled within 12 weeks.

Prioritising the first doses of vaccine for as many people as possible in priority groups will protect the greatest number of at risk people overall in the shortest possible time. The new national guidance does mean that some people who have already had their first dose will be asked to wait longer for their second dose of the vaccine, but this will be within the recommended time period. Whilst we recognise the inconvenience for some, we hope people will understand the rationale for this. We are asking for the public's support in working through this logistical challenge.

NHS leaders have praised the work of GP practice teams, NHS community services and volunteers in creating a successful infrastructure for community vaccination in double quick time and for getting the programme off to such a successful start. They have truly pulled out all the stops in the face of very challenging timescales. We now have a network of 10 community vaccination centres in place in the county. As a result, Gloucestershire is at the forefront of the COVID-19 community vaccination response and well placed to benefit from increased vaccine supply.

GP practice teams are continuing to provide day to day medical care for patients alongside their support for the community vaccination effort and we are urging local people to act with kindness and understanding when making contact with practice staff who are working under great pressure. We politely request that priority patients wait to be contacted about their vaccinations, including any rescheduling of appointments for second doses.

## 2. Enabling Active Communities

The Enabling Active Communities (EAC) programme looks to build a new sense of personal responsibility and improved independence for health, supporting community capacity and working with the voluntary and community sector.

The development of the Gloucestershire Prevention and Shared Care Plan, led by Public Health England, aims to improve health and wellbeing. It recognises that a more efficient approach to preventing ill health is very important. This will improve the health of the population and make an important contribution to the maintenance of sustainability in our ICS.

The programme continues to work on its recovery programme and we are pleased to report that In November 2020 we were successful in being awarded financial support from the Health Equalities Partnership seed funding from NHS E/I to take forward project(s) aligning with the national eight priority actions to address inequalities. Our bid focussed on place-based work in Gloucester City to improve connection between statutory and community (including VCSE) partners working with individuals and communities who experience worse health outcomes. Teams working as part of the programme will have access to national learning sets providing peer support.

## 3. 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 continue to focus on:

- 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 Better Births – Maternity Transformation Programme**

The NHSE Maternity Transformation Programme (MTP) is now in year 4 of 5 as Better Births has been extended to 2025. Significant progress has been made to improve the quality and safety of maternity and neonatal services, as well as improving choice and experience for women. Working in partnership with women, their families and communities to co-design maternity and neonatal services together are key drivers to improve maternity and neonatal services further in Gloucestershire.

Gloucestershire Local Maternity System (LMS) was established following the recommendations of the national review of maternity services report Better Births (2016). The Gloucestershire LMS is one of 44 across the country and is a sub group of the ICS. The vision and membership of the LMS supports outcome based improvements in maternity and neonatal services. The LMS vision for Gloucestershire maternity and neonatal services is:

*“Working together in Gloucestershire so that every woman and their family have access to safe, high quality and personalised maternity care; giving babies the best possible start in life.”*

The programme has 8 key work streams;



Due to COVID-19 the MTP was paused between April – July 2020 and is now in a recovery and resume phase. Progress of note has been made to the following work streams;

### **Choice and Personalisation**

- Work is being undertaken on the development of a digital web-based app version of personalised care plans based on feedback received pre-COVID from a small pilot with women. Feedback was solely around functionality and how the template was not user friendly. We are therefore looking to increase accessibility by opting for a digital version, in line with original feedback.
- We are looking at creating an e-form which will be routed to a specific email address based on the beginning of each woman's postcode which will be aligned to continuity of carer teams. This will help provide more stream lined care and improved communication.
- The Maternity Voices Partnership has had a substantial increase in it's following over the last quarter on social media. A lockdown report of people's experiences was submitted to the Local Maternity System in September and an action plan is in development in response to the feedback.

### **Cultural Diversity**

- We are reviewing our Operational policy for the BAME community in relation to COVID-19. This includes updating the communications sheet (used when a woman phones in to service) and relevant action cards which support this.
- We are looking at how we communicate with culturally diverse women in relation to COVID-19. We are planning to work with women that use services through the Maternity Voices Partnership to develop this further. Further information can be found here



<https://www.glosmaternityvoices.nhs.uk>

- We are looking into options to translate different resources including postnatal information that takes the form of an animation film
- We continue to engage with different culturally diverse communities to understand their needs, adapt services to meet these needs, ensure communications reach them, and encourage engagement with various co-production projects.

### Other system successes

**Urgent Care** – successful implementation of NHS 111 booking into GRH Emergency Department. This allows the 111 team to book patients directly into the most appropriate hospital service if it is required. Work continues in terms of delivering the full Think 111 plan but it was a great achievement to get the direct bookings live.

**Activity, Flow and Bed Planning**– after a lot of work from the Digital work stream, including contributions from various partners in the system, we have achieved a successful link for staff to the Sunrise Electronic Patient Record (EPR) summary information in health care records. This has required a huge commitment from a number of colleagues and is another fantastic example of partnership working. There is still more work required to maximise the benefits but is a very positive development and step forward.

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

Public consultations for our hospital services transformation programmes, Fit for the Future and the Forest of Dean Community Hospital Programme closed on 17 December 2020.

Views were sought from 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 followed an extensive period of public and staff engagement. Residents were able to find information on how options for services were arrived at and the public engagement that supported it in a consultation booklet. Because of the current COVID-19 situation, the NHS reached out to people in a number of ways and offered a wider range of consultation activities, including on-line options. An information flyer was also delivered to every household in the county.

The consultation reached;

- Over 1700 members of the public and staff through virtual and socially distanced events, meetings, and telephone calls.
- Over 900 people have requested more in-depth information
- Just under 700 completed surveys were returned.

Feedback from the consultation will be published in early January 2021 and will be included in the next stage of our business case. An independently run online Citizens' Jury will be held in late January 2021 which will also consider the feedback and make recommendations. 18 people from across Gloucestershire will be selected and paid to take part. Over 300 people have applied to be a member of the jury. A consultation review period will follow before decisions are made by the NHS in March 2021.

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> Over 200 people have registered an interest in contributing to ongoing and future development of health and care services in Gloucestershire.

### **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 closed on 17 December 2020. Planning for the new hospital in Cinderford and proposals for the inpatient unit, outpatient services, urgent care, diagnostic services, and other facilities on site have been discussed with the local community.

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.

Feedback from the consultation is currently being collated and analysed.

## 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 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 work through 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.

At the end of November NHS England/Improvement launched an engagement on the future of Integrated Care Systems and their ongoing development. We are working as a system to review what this means for Gloucestershire as a well-developed ICS with strong system working. We will respond to the engagement which closes in early January and begin to refine our Integration Implementation plan in early 2021.

### **Congratulations**

We would like to congratulate Sonia Pearcey, Freedom to Speak Up Guardian at GHC, who has been awarded the MBE in the Queen's Birthday Honours List. Sonia has been a nurse for 32 years and her MBE 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. We are delighted that one of our colleagues has received such recognition and thank Sonia for her ongoing contribution to the Trust and our system.

Congratulations also to GHFT whose staff have received several awards including;

- National awards for the Electronic Patient Record (EPR) and COVID dashboard.
- Patient Experience Network National Awards 2020 for using insight to improve patient experience and for the Patient Experience Manager of the Year
- The Florence Nightingale Award for Outstanding Contribution by a Nurse or Midwife in this year's Health Quality Improvement Partnership (HQIP) was awarded to 2 Advanced Nurse practitioners.

## **6. Recommendations**

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

**Mary Hutton**

ICS Lead, One Gloucestershire ICS