

Gloucestershire Health Overview and Scrutiny Committee (HOSC)

July 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 inevitably changed during the pandemic and certain activities were accelerated or prioritised because of the COVID-19 response. As the number of cases continues to fall in the county our focus continues to be on ongoing recovery. 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.

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 continued to see new examples of excellent system working and delivery of best practice during the past 14 months, which the ICS have captured and continue to build on as we move forward.

COVID-19 Response

COVID-19 cases remain low in our hospitals and infection rates are being closely monitored in our community; our focus continuing to move to recovery. The incident response has now been refined to reflect this with the silver and gold command structure being stood down. Some of the bronze cell work continues with the focus remaining on recovery.

COVID-19 Recovery

In the week up to the 17th June 21 the number of COVID-19 cases has risen to 100.9 per 100,00 population. The number of patients with COVID-19 requiring admission remains low, the Health

Protection Board are monitoring the early warning indicators carefully and communicating across the system to adapt our response as necessary. As emphasised nationally everyone should continue to access planned and emergency health and care services as planned/required.

To help improve the experience of in patients our acute providers have reviewed arrangements for visiting in the county's hospitals. From Monday 26 April, one visitor per patient was allowed to visit for one hour each day. Visitors must be a close contact (from the same household or family bubble) and must book visits beforehand, at a prearranged time between 12noon and 6pm. Also from Monday 24 May, birth supporters were able to attend all antenatal appointments, including ultrasound scans, and continue to support pregnant women during labour and birth. An additional supporter may also be present during labour, and visiting was extended on our postnatal ward.

We will continue to provide as much routine activity as possible during this recovery phase and this will continue to increase as capacity allows.

COVID-19 Mobile testing unit

The mobile testing unit continues to be available at various locations across the county. Anyone with symptoms of COVID-19 can have a test, but must book in advance by visiting the NHS website or calling 119. Locations are detailed on the Gloucestershire County Council website- <https://www.gloucestershire.gov.uk/covid-19-information-and-advice/covid-19-testing-in-gloucestershire/testing-unit-locations/>

Post COVID-19 self-care and management

Since February 2021 a series of self-care information leaflets have been shared with ICS staff and patients. The information focuses on self-care and prevention during and after the COVID-19 lockdown and how health care professionals can education patients about self-management and encourage and empower them to take responsibility for their own health and wellbeing through behavioural change to help improve their quality of life.

The leaflets focus on preventing deconditioning of our bodies due to inactivity, helping prevent Musculoskeletal conditions and improving strength and balance.

More Information can be found at Gloucestershire Healthy Lifestyle Service <https://hlsghos.org/>

COVID-19 Vaccination Programme

By the beginning of June over 700,000 doses of the COVID-19 vaccine have been given to residents in Gloucestershire, including over 200,000 second doses since the rollout began in December 2020, which is a phenomenal achievement. All priority groups have now been invited for their first vaccination and many who are at greater risk from the virus have received their second doses. We are making excellent progress with the second phase of the programme and younger cohorts including people in the 25-29 year age groups being invited for their first vaccination.

During May Steve Hams, Director of Quality and Chief Nurse at Gloucestershire Hospitals NHS Foundation Trust, handed over the Senior Responsible Officer (SRO) role for the COVID-19 vaccination programme to the joint leadership of Marion Andrews-Evans, CCG Executive nurse and Helen Goodey, Joint Director CCG and GHC..

Up to date information about the community vaccination programme in Gloucestershire can be found via the NHS COVID-19 portal: <https://covid19.glos.nhs.uk/vaccinations>

Skills sharing session for COVID-19 vaccinators

During May The Gloucestershire COVID-19 Vaccine Equity Group, in partnership with Inclusion Gloucestershire and Gloucestershire Deaf Association ran a virtual skills sharing session for COVID-19 vaccinators. This was an opportunity for staff from PCNs to build confidence and knowledge in making reasonable adjustments and providing an inclusive and safe vaccination experience to people with additional needs who may not otherwise receive the vaccine. The sessions were delivered by trainers with lived experience of learning disability, autism, or sensory impairment.

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, aims to improve health and wellbeing. It recognises that a more efficient approach to prevent ill health is very important. This plan will improve the health of the population and make an important contribution to the maintenance of sustainability in our ICS.



Focus on Social Prescribing

Social prescribing - sometimes referred to as community referral - is a means of enabling GPs, nurses and other health and care professionals to refer people to a range of local, non-clinical services. Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

Gloucestershire has been chosen as a pilot Hub to work with the National Centre for Creative Health to share good practice and move forward with our strategic direction for the Social Prescribing programme.

This year, our creative health programme includes projects for children and young people and adults, including arts on prescription, physical activity, and nature on prescription. These projects are working with people with various health conditions, including mental health needs, diabetes, epilepsy, fibromyalgia, chronic pain, respiratory conditions, and long COVID.

A co-production approach remains at the heart of this work and we also now have a children and young people focus group for those who have taken part in our projects to support this.

Our Social Prescribing Network remains strong, bringing together all social prescribers in the county to learn and share together. There are currently over 50 social prescribers across Gloucestershire, working with children, young people, and adults.

Two videos were developed to showcase social prescribing in Gloucestershire for International Social Prescribing Day:

Community wellbeing service <https://youtu.be/6LAXCOF9wJ0>

Artlift: <https://youtu.be/QHnZQoQ5YqQ>



Focus on The Gloucestershire Workplace Corporate Challenge

The Corporate Challenge encourages employees to improve their health across the Healthy Lifestyles Service. Many organisations are taking part in this across the county and there are no cost implications.

The four core pathways are:

- Smoking
- Weight
- Activity
- Alcohol

Employees can be on one or more of these pathways at any one time. Each workplace will be assigned their very own healthy lifestyles coach to provide free one-to-one or group Health Coaching, which will be tailored to the individuals taking part. Those not eligible or who are in need of free coaching can take part on the 'activity' pathway and logging their physical activity to earn points.

Over 16 weeks the organisations will compete for:

- Best participation
- Biggest collective weight lost
- Greatest number of smoking quits
- Most active organisation
- Overall Winner of The Corporate Challenge 2021

More information can be found here ; <https://hlsglos.org/about-us/healthy-workplaces/>

Survey to inform the future of the NHS Volunteer Responders scheme

The NHS Volunteer Responders Scheme is a national, App-based, volunteering scheme that was set up in response to the COVID-19 pandemic in 2020. The Gloucestershire NHS Volunteer Responder Embed and Evaluate Project Team are taking part in a national, independent evaluation of the scheme. The survey is about the volunteering response to the COVID-19 pandemic and the changes that would make the NHS Volunteer Responders Scheme most useful in our area in the future. Feedback and findings from the survey will be shared in a future report.

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 recovery phase. Projects were able to continue to run and adapt in line with COVID-19 restrictions. Where projects were unable to continue contingency plans were drawn up and new methods of delivery put into place. There has also been opportunity to fast track some work programme content (i.e. non face to face appointments). The approach is under review now restrictions are slowly being lifted.

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. During the second week in June Gloucestershire was celebrating as we became the best performing area in the country with 88.9% of patients starting Lung Cancer treatment within 62 days of referral by a GP.

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.

Developing a frailty strategy for Gloucestershire

With a view to ensuring that individuals with frailty receive the right support to manage their independence and wellbeing, reduce variation in the care and support offered across the county and connect services to improve the quality of life for all adults living with frailty in Gloucestershire, the CCG is holding four workshops. The workshops will bring together health, social care, the third sector and patient/carer representatives to create a frailty strategy that will improve the quality of life for anyone who is frail or vulnerable. The first workshop took place in June and the virtual series will run through to September 21.

Awareness raising across our system

Several national action weeks have taken place since the last report. These include;

Mental Health Awareness Week, 10th – 16th May 2021

The theme of this year's awareness week is nature, chosen because nature is known to be an effective way of tackling mental health problems and protecting our wellbeing. A number of initiatives to raise awareness of mental health were planned throughout the week.

Be Well Gloucestershire, our local campaign, actively promoted advice, information, videos, and ways to access support on social media.

Dying Matters Awareness Week: 10th -16th May 2021

During Dying Matters Awareness Week One Gloucestershire organisations held workshops and events to open up the discussion around death, dying and bereavement. More than a year on from the start of the pandemic, so many of us have been affected by the loss of a friend or loved one, the impact has been devastating. Research from Dying Matters suggests that nearly three quarters of people in the UK haven't written down their wishes or told the people closest to them what their preferences would be at the end of their life. The events held during the week were aimed at patients, the public, carers, volunteers, and staff.

The Palliative and End of Life programme team has also released a short survey to understand people's thoughts, ideas, and experiences about death and dying; feedback will help to shape and improve palliative and end of life care services across our system.

Link to survey; <https://www.smartsurvey.co.uk/s/EndofLifeGlos/>

Dementia Action Week 2021: 17th – 23rd May

People with dementia have been some of the worst hit by the pandemic, accounting for a quarter of all coronavirus deaths in the UK between March and June 2020 (Alzheimer's Society). This year, the focus of Dementia Action Week in Gloucestershire was to raise awareness of dementia and delirium, in particular the importance of prompt diagnosis.

For this purpose, One Gloucestershire has published the 10 Good Reasons for Prompt Diagnosis of Dementia. This document highlights how achieving a timely and accurate diagnosis helps to ensure that the right care and support is provided to an individual (and their family/carers) at the right time. This is fundamental to the provision of proactive, personalised care which, in turn, helps the avoidance of crisis situations wherever possible.

Diabetes: Insulin Safety Week, 17th – 21st May

During the week the Community Diabetes Team visited local community and mental health hospitals to carry out ward rounds to review any patients with diabetes on insulin and to launch the district nurse insulin discharge packs to aid safer discharge from hospital. The DN discharge packs have a supply of safety needles, safety lancets, reason for insulin and target range.

Gloucestershire Hospitals NHS Foundation Trust have supplied the packs and have ensured there is a ready supply during out of hours to aid a smoother discharge process and reduce the readmission rate. Patients are able to attend a structured education session teaching them about insulin, diabetes and how to self-manage their condition.

4. Urgent and Emergency Care

Clinicians welcome public back to Cheltenham A&E

Clinicians welcomed the public back to Cheltenham General Hospital's A&E department as part of a two-step plan to restore services as we emerge from the pandemic. On Wednesday 9 June the consultant-led Emergency Department reopened seven days a week between the hours of 8am – 8pm. The service remained closed overnight until the overnight nurse-led service re-opened at 8pm Wednesday 30 June. From 1st July 2021, Cheltenham A&E returned to its pre-pandemic state, in line with commitments we have made publically and as agreed with our local Health Overview and

Scrutiny Committee. To support the re-opening of Cheltenham A&E a number of other services were also restored including medical admissions to Cheltenham from mid-June.



Focus on System Delivery Flow for Urgent and Emergency Care

During March and April 2021, we set ourselves six 30 Day Challenges within urgent and emergency care to:

- Reduce number of patients in hospital beds awaiting discharge
- Reduce Ambulance handover delays
- Improve Emergency Department 4 hour standard performance
- Maximise home based pathways

The six 30 Day Challenges included:

1. Optimising Alternatives to the Emergency Department
2. Reducing admissions related to frailty
3. Implementation of 'Pit Stop' and streaming patients within the Emergency Department
4. Reducing the number of patients who are medically fit for discharge from hospital, and support them to return home wherever possible
5. Introduction of Simple Discharges, by identifying patients who could be discharged from hospital before midday the evening beforehand
6. Medical review of patients who had stayed in hospital 2 weeks or more against the national 'Criteria to Reside'

Some of the successful outcomes delivered from our 30 Day Challenge for March and April included:

- A reduction in the number of patients medically fit for hospital discharge from 150 to 100 patients
- Increase in the percentage of patients discharged earlier in the day and before 12pm from 12% to 22%
- Detailed review of 90 patients with a hospital stay of over 14 days and assurance given that nearly all patients were having ongoing medical investigations

We are now in the process of resetting our priorities for June 2021 with a number of our previous 30 Day Challenge projects now embedded. These include:

- 'Pit Stop' to improve flow within the Emergency Department and reduce waiting times for ambulance crews to hand over a patient
- Criteria to Reside (a set of national criteria developed with the Academy of Medical Royal Colleges whereby acute hospitals plan to discharge patients who no longer meet these criteria as soon as they are clinically safe to do so)

5. One Place, One Budget, One System

Updates regarding COVID-19 Temporary changes and Fit for The Future will be provided in a separate paper.

6. Primary Care

GP Patient Survey

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over two million people across England.

Fieldwork for this year's survey ran from January to March 2021 and results are scheduled to be reported in July 2021, with for the first time results available at a PCN level. This year's survey includes questions about patients' experience of the changes to access to GP practices' services during the pandemic. Feedback will be shared once available.

Advising Gloucestershire's GPs how to improve access for their patients

Over 600 Gloucestershire residents have told Health Watch Gloucestershire (HWG) what they like and don't like about the way their GP Practice communicates and interacts with them. HWG found that while new ways of communicating and delivering care work well for some people, for many others they present new challenges and barriers.

In the Report, Accessing GP Practices in Gloucestershire, HWG presents its findings around access to appointments, use of technology, staff attitude, and access to quality information. Read the full report: Accessing GP Practices in Gloucestershire

<https://www.healthwatchgloucestershire.co.uk/wp-content/uploads/GP-Feedback-Report-FINALr-Feb21.pdf>

Congratulations

Congratulations to Annette Blackstock, Designated Nurse Safeguarding Children, and Safeguarding Adult Manager for Gloucestershire CCG, who was recently presented with the Safeguarding Ambassador Award. The award recognises her outstanding work around safeguarding leadership and sharing Gloucestershire's experiences around the Integrated Care System with other regions.

7. 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.

Guidance relating to the white paper *Integration and Innovation: working together to improve health and social care* is beginning to emerge with the second reading of the bill anticipated in July. Proposals outline statutory changes to increase integration and introduce a duty of collaboration between NHS organisations and between the NHS, Local Government and wider delivery partners. As a system we are working through the implications and how we maximise the benefits of the proposal for Gloucestershire. We will continue to involve staff and our population as any changes become clearer.

7. Recommendations

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

Mary Hutton ICS Lead, One Gloucestershire ICS