

NHS Gloucestershire Integrated Care Board Update

Gloucestershire Health Overview and Scrutiny Committee
6 December 2022



NHS Gloucestershire Integrated Care Board (ICB) Update

Report contents

This is the second report of NHS Gloucestershire Integrated Care Board (ICB) since establishment on 1 July 2022.

Section 1 provides a general NHS Gloucestershire commissioner update, incorporating national consultations.

Section 2 provides a commissioner update focussing on primary medical care.

Section 3 provides Trusts' updates from: Gloucestershire Health and Care NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHT) and South Western Ambulance Service NHS Foundation Trust (SWAST)

1. Section 1: Local NHS Commissioner Update, NHS Gloucestershire ICB

These are items are for information and noting. Detailed information can be found on the ICB website at: <https://www.nhsglos.nhs.uk/category/board-meetings/>

1.1 FOCUS on Health and Housing

Gloucestershire has a defined structure for bringing together housing, health and care services. Senior officers from the six District Councils, Public Health, NHS Gloucestershire, Gloucestershire Health & Care Foundation Trust, Adult Social Care commissioning and social housing providers are all represented on the Gloucestershire Strategic Housing Partnership (SHP). Other associated parties are co-opted in as required. Supporting the SHP are a range of operational delivery groups: the Disabled Facilities Grant (DFG) Forum, the Housing, Health, and Care in Partnership (HHCiP) and a Disability Housing Group. These interlinking groups continue to evolve and develop as they learn from cross sector integration and collaboration. The SHP and delivery groups contribute to the priorities of Gloucestershire Health and Wellbeing Board and the ICB core purposes.

SHP Investment and schemes

The SHP continues to benefit from the pooled capital funds that facilitate large scale adaptations and funds the minor adaptations contract. The partnership has committed to increasing flexibility, and this is reflected in positive outcomes achieved in 2021/2022 and delivery plans and priorities for 2022/2023. The following are initiatives that have been put in place through the SHP:

- Agreement for the countywide DFG Forum to sign off adaptations up to £70k with flexibilities regarding client contribution, thus reducing delays in the process for some of the most complex DFG requests.
- A DFG dashboard of information has been collated to provide reporting on activity and support ambitions to widen access and roll out good practice. A successful example involves meeting a gap in provision for the servicing and maintenance of stair lifts, a burden that previously fell to the recipient of the lift.
- Recruitment of a Specialist Housing Occupational Therapist to support with DFG streamlining and efficiencies and further develop effective interface and working practices between districts councils, local housing providers/landlords and Occupational therapists (OTs) to increase awareness of inclusive design required in adaptations, the design of new housing development and developing an adaptable housing register with local social housing landlords.
- Capital funding of larger scale works to enhance access for older people and those living with disability in community settings, including a shelter and Changing Place at Blackbridge Athletics in Gloucester. A Changing Place facility planned for Cheltenham and a similar scheme is being undertaken at Belmont School, enabling the local and wider community to access the excellent facilities.
- Specific project working with Foundations to increase access to DFGs in BAME communities.

Additionally there has been investment in:

- The specialist Emergency Department nurse continues to work with colleagues in the acute sector to improve outcomes for homeless people attending the Emergency Departments. This has been described as an example of best practice and the nurse is now a member of the NICE panel devising the 'integrated health and social care for people experiencing homelessness' guidelines.
- The housing roles funded by the partnership have proved very successful. These roles support individuals and their families to have the right information to make choices that can prevent and/or reduce their chance of experiencing a crisis at home and the unintentional adverse outcomes associated. The roles are predicated on admission avoidance but also support people on

discharge from hospital and have reduced the need for residential placements.

- Project management of the development of NHS England grant funded developments, providing bespoke housing for people with a disability, including the HOLD scheme.
- Set up and management of two hospital step down flats. The Lead Housing Officer supports ASC colleagues to make best use of two housing association flats secured and funded to support hospital discharge in Gloucester City for people unable to return home due to housing related issues. The Lead housing officers works to resolve any housing related issues to ensure that people can return home within 12 weeks.
- Falls prevention – further developing the Gloucestershire Fire & Rescue Telecare Responder Service to include a ‘falls pick up’ service. Capital funding has been agreed by the SHP to fund safe lifting equipment to be used in the telecare responder service and in the seven commissioned Extra Care housing schemes in the county. The impact of falls, the need to reduce associated long waits and hospital admissions is a key focus for the ICB.
- Population health data continues to be influential in setting strategic plans across localities. The ICB contributed to the housing stock condition assessment in Gloucestershire which will enhance the available data set, enabling more opportunities to target those most likely to benefit from preventative health and social care interventions through the home.
- The Housing with Care Strategy and District Profiles have provided a platform for further work to improve uses of Extra Care Housing to reduce pressure on health and social care. Sharing of data has benefitted all parties and increasingly upholds the value of working across sectors, sharing experience and ideas.
- Work with system partners regarding the disposal of land to ensure that there is a weighting around Social Value specific to meeting the housing needs of older and disabled people included in development tenders, resulting in more sustainable housing models to meet the needs of vulnerable people.
- Provide collective response to the six planning authorities from Adult Social Care and Health regarding new developments of housing with care, to support provision of high quality and sufficient quantity of housing required to meet the housing needs of older and disabled people.
- Warm and Well is a longstanding partnership between the six district councils in Gloucestershire, South Gloucestershire council, Gloucestershire County Council and NHS Gloucestershire. The aim of Warm and Well is to improve

energy efficiency in the home and reduce the risk of fuel poverty and associated health problems through raising public awareness of energy efficiency and fuel poverty, providing advice and guidance and undertaking home visits to vulnerable customers that include an energy survey and bespoke advice report. The service makes referrals to grant and discount schemes for the fitting of energy saving equipment such as insulation or a new boiler/heating system.

- The main Warm and Well projects are augmented by specific schemes where targeted funding is applied for. Through working in partnership, it has been possible to successfully bid for several substantial grants to support fuel poverty work across the county. The latest Warm and Well report shows that over 2021-22, for every £1 of Warm and Well funding, £11.43 more in capital investment is brought into the region.
- Park Homes Project expanded following the award of two grants in the region of £1m from the Green Homes Grant Local Authority Delivery 1A and 1B schemes meaning an additional 200 park homes will be improved across the county. This also funds provision of alternative sources of energy, air source heat pumps, for homes in rural areas without access to gas. As well as keeping Park Homes warm the insulation also supports reducing the impact of excessive heat. Older people are less likely to take action to reduce their temperature in hot weather and multiple medications can also lead to adverse outcomes.
- Warmth on Prescription Pilot, the trial reported successful outcomes and future roll out of fuel vouchers to those in both clinical and financial need via the Department of Work and Pensions Housing Support Fund, held at Gloucestershire County Council and available until March 2023. This Pilot was reported in the national news media at the end of November 2022, further detail is provided below.
- The Fuel Poverty Co-ordinator working across Citizens Advice Bureau has been expanded into the local oncology department due to further work highlighting the fuel poverty issues experienced by people undergoing cancer treatment.

Supporting hospital discharge and system flow

Over time the housing team has increasingly focused supporting hospital discharge and system flow. Currently, the Housing Frailty Officer is working closely with frailty and discharge teams to use her extensive housing experience to support people to remain at home, move to more suitable accommodation and to return home after a hospital stay.

The Housing Officer is receiving an average of 40 referrals per month and provides advice and guidance, offering practical hands-on support to troubleshoot issues and

act as a link to the Districts and registered housing providers. The SHP has created a small fund for use by the Housing Officer to facilitate rapid support for people who need a relatively minor intervention that will prevent them being discharged earlier. One example is lack of suitable flooring, that in one case was preventing the provision of safe equipment and, with no obvious or available solutions, the fund was used to shorten an otherwise protracted hospital stay. There are a range of partners supporting hospital discharge, to include the third sector with links to the fuel poverty programmes via the Warm Homes Fund. During the summer period two flats have been made available through Gloucester City Homes for use by people with significant housing issues preventing them returning home from hospital.

Within the acute sector, the appointment of the specialist homelessness nurse role through the SHP has demonstrated the improved pathways and outcomes for homeless people attending A&E. The subsequent reductions in length of stay and frequent attendance has resulted in this initiative reaching the finals of the Health Service Journal Patient Safety Awards to be held later this month.

Building a Strong Partnership Foundation

There is a strong foundation in place for the partnership to build on and, as we move forward as an ICB, there will be greater priority given to co-production, working more closely with the people of Gloucestershire, now the safety measures of the pandemic are eased. The partnership continued to thrive and adapt during the pandemic, learning together and gaining greater understanding of each other's challenges. This learning and the successes the partnership has achieved mean it is well placed to continue to contribute to better health and care outcomes.

The coming year will bring challenges for many people and the potential impact of the rise in cost of living has prompted SHP to re-focus on key areas where integration can mitigate negative outcomes, such as in the prevention of homelessness and in tackling fuel poverty and the impact of climate change.

Warm home scheme supports vulnerable people to pay their energy bills

Up to 150 people across the county with cold-sensitive health conditions who struggle with the costs of heating their home will have their energy bills paid between November 2022 and March 2023. The initiative is being funded through innovative use of the Government's Housing Support fund, together with support from sustainability charity Severn Wye and non-profit innovation hub Energy Systems Catapult.

The Warm Home Prescription is a pioneering new way to target support at the most vulnerable people who are affected by the rise in the cost-of-living, helping to keep them well at home. To be eligible people must be diagnosed with chronic lung conditions such as emphysema, chronic bronchitis and bronchiectasis. They also must be either under 60 and in receipt of free NHS prescriptions, or over 60 and struggling to pay their heating bill.

Health and care teams, including GPs and local social prescribers, are working together to identify eligible patients and prescribe them a warm home, with charity Severn Wye following up the referral to credit peoples' energy accounts and arranging home energy upgrades where possible.

The service will prescribe a heating plan to keep homes at temperatures recommended by public health guidance, support people with further energy efficiency information and signpost to other services that could help.

The team behind the service estimate that it could pay for itself by keeping patients out of hospital, thereby reducing pressure on busy health and care staff and saving significant sums in avoided care costs.

During a local trial of the scheme last winter in Gloucestershire, thought to be the first scheme of its kind in the UK, people in receipt of support said they felt warmer and healthier, less stressed about bills and less likely to visit their GP or hospital. Health workers said it was a quick to prescribe, practical solution which had an immediate positive impact.

1.2 Integrated Care Strategy and NHS Planning Returns (operational plans)

Integrated Care Systems are required to produce an Integrated Care Strategy, a joint forward plan (Health 5-year plan) and NHS Planning Returns (operational plans) in 2022/23.

The Strategy will describe how we will meet the assessed health, care, and wellbeing needs of the Gloucestershire population. The Joint Forward Plan (JFP) is a 5-year plan describing the local NHS contribution to delivery of the Integrated Care Strategy and universal NHS commitments. There is an interdependency between the ICP Strategy and the JFP, resulting in a short timeframe for the delivery of an interim ICP strategy (December 2022). Department of Health and Social Care guidance on the development of the Strategy suggests an approach that builds on the considerable work on integration which has already taken place.

Content: This interim Strategy will outline the vision for the next 5 years and the work across the system that is moving Gloucestershire towards this vision, structured under three overarching pillars. It will be a relatively contained document that recognises and builds upon work already in place by signposting to existing strategies throughout. If gaps in existing strategies are identified, it will commit to tackling these in a meaningful way in future iterations of the Integrated Care Strategy.

Evidence Base: The Joint Strategic Needs Analysis (JSNA) is the underpinning evidence base for this Strategy. This interim Strategy will bring together existing data including the current JSNA, local knowledge, national data and emerging themes as

it's evidence base. A refresh of the JSNA is underway with publication expected within 2023/2024, it is anticipated that this Strategy will be refreshed by March 2024.

Engagement: Whilst there is a limited timeframe for the production of this interim Strategy, engagement of partners is a core principle. Many existing strategies that will inform the ICP strategy have been co-created; co-creation will remain the ambition for future iterations of the Strategy. The intention is to build on the feedback received during the ICS Engagement undertaken earlier this year (January-March 2022) on developing our ICS priorities. Further engagement on the draft Strategy has taken place throughout October and November ahead of the publication of the Strategy in December 2022. Further details can be found at <https://getinvolved.glos.nhs.uk/ics-gloucestershire>

1.3 VCSE (Voluntary, Community Social Enterprise and Faith) Sector partnership working

Working with the VCSE is essential to achieving our core ICS goals, and we are fortunate to have a large and growing portfolio of partnership activity with the VCSE. The sector itself is extremely diverse, so it is worth noting that this partnership spans a continuum ranging from targeted activities with individuals, through to influence and decision-making at system level. The service user story at the September Integrated Care Board Board meeting was one of countless examples of how collaboration with innovative voluntary sector organisations like the MusicWorks can bring about profound change in people's mental and physical wellbeing. We also collaborate with the VCSE to support community capacity-building activities. For example, in our health behaviours portfolio we focus on the empowering 'ripple effect' of social movement to grow access to and enjoyment of health and wellbeing activities. By working with our partners Active Gloucestershire – hosts of the physical activity programme we can move – and a consortium of Creative Health partners co-ordinated by Artlift, Gloucestershire has become a national exemplar for offering personalised and community-powered programmes. The ICB is currently building links with the Gloucestershire Local Nature Partnership so that this encompasses accessibility of green spaces and active environments.

At a strategic level the ICB has built on strong foundations to develop the mechanisms for VCSE participation and influence as shapers and decision-makers in the ICS. The Enabling Active Communities and Individuals board is a unique and valued space for collaboration and relationship-building. Over 40% of its membership is drawn from the VCSE, who in turn represent the extensive capabilities of the VCSE from service delivery to advocacy, grassroots community organising, infrastructure support and funders. Other members include ICS partners from health, public health, district councils, police and fire. Achievements so far this year include work with the Gloucestershire Voluntary Sector Alliance to co-create a Memorandum of Understanding setting out the nature of partnership between the ICS and the

VCSE. Also established is a new countywide Volunteering Collaborative, which has redesigned and launched a new online volunteering hub, Go Volunteer Glos (GVG). The Collaborative is hosted by Gloucestershire Rural Community Building Collective, and GVG is managed and run by the Gloucestershire VCS Alliance. Having a locally designed and hosted volunteering portal is already having an impact on ability to attract volunteers, and on people's ability to volunteer their time, passion and energy which will stand Gloucestershire in good stead not only for the challenges of this winter, but for years to come.

1.4 Caring Jobs in Gloucestershire On Offer At A Major Recruitment Event

A major recruitment event in September 2022 gave people interested in a caring role in Gloucestershire the chance to embark on a new career. Prospective candidates were fast-tracked into job opportunities within health and social care in Gloucestershire at a 'one stop shop' recruitment fair at Cheltenham Racecourse on Wednesday September 28.

The event, which follows a dynamic new format, gave people the chance to walk in and get screened, registered and interviewed on the day. Candidates were told immediately if they are successful. Gloucestershire Health and Care NHS Foundation Trust (GHC) Gloucestershire Hospitals NHS Foundation Trust (GHT), NHS Gloucestershire, Gloucestershire County Council (GCC) and the independent care sector are joining forces for the initiative which aimed to fill a large number of vacancies across the health and care sector locally.

The recruitment fair included a demo zone and a learning zone where candidates could meet health and social care employees, get information about roles and organisations and find out about career progression.

Candidates were routed through to an interview zone where health and care partners worked from one set of questions designed to find out about prospective employees' values, capabilities and skills. Posts on offer included mental health, community, care homes, GP practice and hospital roles.

Checks were carried out on successful candidates on the day. Anyone who was not successful will be given follow up support from the Department for Work and Pensions (DWP) and national careers service as well as local help. Candidates were able to register their preferred organisation and working patterns to help organisers match people to posts.

1.5 Update on Safeguarding in the ICB

The ICB Safeguarding Team was pleased to welcome a new Assistant Director for Safeguarding, who will also cover the role of Designated Nurse for Safeguarding Children. Mel Munday joins the team with considerable safeguarding experience having worked at Region level and at Somerset Clinical Commissioning Group. The team consists of a Designated Doctor, a Named GP and a Specialist Nurse. It was

identified that the team needed to be enhanced due to the volume of work. Therefore, the ICB has recently appointed to the new post of Adult Safeguarding Manager who commenced in post at the start of November 2022. The Safeguarding Team and Executive Chief Nurse work closely with partners to protect the children and vulnerable adults in our community and are actively involved in many joint initiatives. The Executive Chief Nurse is the current chair of the Gloucestershire Safeguarding Children Partnership Executive

1.6 Delivery through Deep Dives - a focus on Diabetes

The ICB Strategic Executive held it's first Deep Dive during September 2022 with the Diabetes Clinical Programme Group. The Deep Dives give a chance to focus on the benefits being created through the transformation programmes. Gloucestershire's work on diabetes is now in it's third year of delivery against a 10-year diabetes strategy where the aim is to slow the growth of the incidence of Type 2 diabetes in Gloucestershire and improve health outcomes for people with Type 1 and Type 2 Diabetes. Good progress is being made in a number of key areas including

- Appointment of a Diabetes Community Consultant –greater integration of hospital and community teams meaning more people can be seen closer to home and improved equity of care is offered to those in care homes and requiring care at home.
- Significantly increased number of people attending National Diabetes Prevention Programme – this is a locally delivered programme that supports people at risk of diabetes.
- Good clinical results from Gloucestershire's participation in a national low calorie diet pilot programme
- Good results from the 16+ transition service pilot which supports young adults with type 1 diabetes moving between children's and adults' services.
- Continued emphasis on reducing inequality in access to care and outcomes across the programme including targeted work with Gloucester City and Forest of Dean utilising the community builder approach.
- Development of improved information available to healthcare workers across the patient's pathway to make joined up care easier and quicker.

1.7 Department of Health and Social Care and NHS England Consultations

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

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.

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, communications, statistics and consultations. Find out how government services are performing and how satisfied users are

<https://www.gov.uk/>

2. Section 2: NHS Gloucestershire ICB primary medical care commissioning update

These items are for information and noting.

2.1 Focus on the Primary Care Infrastructure Plan (PCIP) overview & annual programme review

Background

The ICB's responsibilities with regards to primary care premises are set out in The National Health Service (General Medical Services - Premises Costs) Directions 2013 (PCDs) and include:

- Managing the rents reimbursed to practices for the provision of general medical services in buildings owned by practices or another body, where the practice is a tenant;
- Managing the reimbursement of business rates and other recurring expenses defined in the PCDs for the provision of general medical services in buildings owned by practices or another body, where the practice is a tenant;
- Determining improvement grant priorities: the NHS can provide some funding to help surgeries improve or extend their building
- Determining new primary care premises priorities; and

- Funding the annual revenue requirements of new premises as a result of additional/new rent reimbursement requirements.

Context

The current primary care strategy supports the vision for a safe, sustainable and high-quality primary care service, provided in modern premises that are fit for purpose. Within the strategy, there is a prioritised Primary Care Infrastructure Plan (PCIP), which covers targeted proposals for consideration up to 2026. The plan sets out where investment is anticipated to be made in either new, or extended buildings, subject to business case approval and available funding. The focus of the PCIP is on the following:

- A long-term horizon looking to needs up to 2031;
- To ensure facilities can support service strategies in primary care including a greater range of services, supporting practice sustainability, facilitating transformation of operational delivery and new models of care;
- Ensuring facilities are safe with focus on constraints caused by significant under sizing and the condition of the building;
- Ensuring there is enough future capacity for service provision, through an understanding of evidenced housing and population growth;
- Streamlined, timely and clear governance and decision-making processes;
- Recognition that significant revenue investment required within a pipelined financial framework to meet strategic objective;
- Seek national (ETTF), other funding sources (e.g. Section 106) and use of larger improvement grants wherever possible, to reduce revenue requirements.

Around the equivalent of £63m capital investment has been approved across 20 schemes. Nearly all completed and delivered. Four schemes will finish around the Autumn/Winter of this year and two approved schemes approved have yet to commence.

Current active Strategic priorities

9 strategic priorities are currently preparing detailed Business Cases that will now be considered by the Integrated Care Board. Details of the 9 schemes can be found in the meeting papers for the Primary Care and Direct Commissioning Committee, September 2022: <https://www.nhsglos.nhs.uk/wp-content/uploads/2022/10/PCDC-PT1-Public-Papers-6th-October-2022-v3.pdf>

Current challenges

A report was provided earlier in the year regarding the impact post Brexit and COVID -19/ post pandemic issues, which have now been further impacted by the Russian invasion of Ukraine on the construction industry. There continues to be uncertainty in the market with potential for delays in procuring key materials for projects. It is

difficult to predict how/ when the market will recover and whether there will be further price increases to materials. Specifically, across Gloucestershire, there are several schemes and projects currently being impacted, or at risk of delivery now, or in the future, across the following broad themes:-

- Delays in completing construction work caused by lack of and delays in receiving materials and supplies plus labour shortages;
- Delays in completing detailed work prior to construction due to impact of pandemic working over the last two years;
- The ability to complete successful tenders based on previously agreed financial appraisals, due to a volatile and significant inflationary constructive market since NHS approval granted;
- The level of funding required for future schemes considering the volatile construction market over the next two to three years against NHS value for money and affordability.

Since the HOSC meeting in October 2022, two GP premises developments have been in the news...

Stroud patients set to benefit from superb new medical centre in time for Christmas

The redevelopment of Number 1 King Street in Stroud is nearing the completion of its extensive programme of construction works, dramatically changing the landscape of this area of the town.

Central to the work is the brand new £6.5m medical centre which will become the new home of two of the town's established GP practices, Locking Hill Surgery and Stroud Valleys Family Practice which have now merged to become Five Valleys Medical Practice.

The fully refurbished building will house the medical practice, a new first floor physiotherapy and podiatry suite operated by Gloucestershire Health and Care NHS Foundation Trust as well as well as a new library, a coffee shop and office facilities.

The development is a key part of Dransfield Properties' work in the centre of Stroud and the redevelopment of the Five Valleys Shopping Centre, which to date has seen in excess of £25m of investment.

The two GP practices have outgrown their current buildings and the new, modern facility will give them room to grow as well as allow them to extend the range of services they provide, expand training opportunities and support patients with complex needs who require more specialist treatment.

The relocated physiotherapy and podiatry services will also be merged into one comprehensive clinic, as part of work to ensure best use of their estate and provide high quality premises.

The new facilities will offer much improved accessibility for patients, being in a central part of the town within a short two-minute walk of the train and bus stations, a taxi rank and other amenities, including pharmacies. Medical centre visitors will benefit from 90 minutes free parking at the multi-storey car park at Five Valleys shopping centre with access directly from the top floor of the car park.

The developers have made significant efforts to ensure the building is as green as possible, installing a 50KW solar farm to the roof and fitting a ground-breaking hybrid air source heat pump system, which converts air moisture into heating and cooling for the building.

Work on Stroud's new medical centre is scheduled to complete at the end of November, with the opening of the library to follow in the New Year.

Mayor of Cheltenham celebrates official opening of The Wilson Health Centre

Cheltenham's fabulous new healthcare facilities at The Wilson Health Centre were officially opened by the Mayor of Cheltenham at a ceremony on Thursday 29 September 2022.

The Wilson Health Centre is home to three of the town's GP surgeries, Berkeley Place Surgery, Prestbury Park Medical and Royal Crescent Surgery, and patients are already benefitting from the fantastic new premises which opened in June 2022. The Mayor met staff, patients and community partners who have worked with commitment and inspiration to create the health centre before cutting a ribbon and taking a short tour of the premises.

Located on Prestbury Road, the centre has been created and constructed to be accessible, attractive and environmentally friendly, making positive impacts on the surrounding natural environment. Resources such as water and energy are being used efficiently, and ethical, sustainable materials have been used as much as possible.

The practices are now providing care to around 25,000 local people, offering both GP surgery services alongside a range of other healthcare services such as an onsite pharmacy, dental services, physiotherapy, social prescribing and rooms to rent. The centre also includes additional consulting and treatment rooms to accommodate the growing demand for primary care services. This is enabling the practices to share resources, work more flexibly and offer extended opening times to patients. It also means that significantly more doctors, nurses and other healthcare professionals can receive training.

2.2 Primary Care & Primary Care Network (PCN) Highlights

2.2.1 Primary Care Strategy

The Primary Care Strategy supports the vision for a safe, sustainable and high - quality primary care service, provided in modern premises that are fit for purpose. The ambition is to support patients to stay well for longer, connect people to sources of community support and ensure people receive joined up out of hospital care. The six strategic components of the strategy, which we plan to update on within the report, are: access, primary care at scale, integration, greater use of technology, estates, and developing the workforce.

2.2.2 PCN DES Contract

The Network Contract Directed Enhanced Service (DES) was introduced during 2019 and will remain in place until at least 31st March 2024. For 2022/23, an updated Network Contract DES <https://www.england.nhs.uk/gp/investment/gp-contract/network-contract-directed-enhanced-service-des/> was released on 31st March 2022 and commenced on 1st April 2022. Due to Covid -19 placing pressures on primary care, certain aspects of the DES have previously been delayed and are now being introduced in a phased approach. The PCN DES involves significant investment in new workforce through the 'Additional Roles Reimbursement' (ARR) Scheme, which requires an overarching ICS approach/offer to achieve delivery of this in a sustainable and equitable way without impacting the wider system.

2.2.3 Autumn Covid-19 Booster:

The Autumn Booster Programme is running from September 2022 to the end of December 2022 and will offer Boosters to everyone in Cohorts 1– 9 plus all 'at risk' groups for over 5-year-olds (Cohort 13, 14 and 17).

For Gloucestershire ICB approximately 310.5k people are eligible for a Booster this autumn and with predicted uptake rates it is expected around 253k doses to be delivered over the 12 weeks.

Sufficient capacity is available across the county's PCN, Hospital Hub (HH) and Community Pharmacy (CP) delivery network. Key challenge will be aligning both Covid-19 and Flu vaccination delivery during a busy Autumn and early Winter period for Primary Care

The initial vaccine for over 18s is a modified version of the Moderna vaccine. This Bivalent Moderna vaccine was delivered to sites w/c 5th September 2022 and first vaccinations were given to Care Home residents and some GHC inpatients on 6th September 2022.

Priority cohorts for the first few weeks of the Autumn programme were Care Home Residents and the Housebound, PCNs and practices developed plans to complete most Care Home Residents before 23rd October 2022.

A second Bivalent vaccine became available in late September 2022. The Pfizer Bivalent vaccine is approved for use by over 12s so can be used for Cohorts 13 and 14.

2.2.4 Severe Mental Illness physical health checks

The national aim for SMI physical health checks for 2022/23 remains at 60%, and local plans are being put in place to help achieve this. The local PCN DES & IIF dashboard captures performance updates at practice and PCN level monthly. As of 31 August, the ICB average for SMI physical health checks was 16.3% for 22/23; this is an increase of nearly 2% in the last month which is similar to last month.

2.2.5 Learning Disability annual health checks

The national aim for LD AHC for 2022/23 remains at 75%, and locally the aim is to have:

- 75% of people on the GP Learning disability register have received an annual health check during the year
- 100% of people having a LD Annual Health Check receive a Health Check Action Plan (HAP)
- Increase the number of people on the GP LD Register from 0.63% of the general population to 0.65%
- Increase the number of CYP onto the register to 1200; increasing the number of 14-17 year olds having LD AHC 75%

As at 31 August 2022 (latest reported figures), the ICB average for LD patients with an Annual Health Check (AHC) and a Health Action Plan (HAP) 16.7%; an increase of 4.2% in the last month. Please note that historically most LD AHC take place in Q3 and Q4 in general practice. However, the Primary Care Team are planning how to further support practices during this time including regular progress reports and offers of support with an LD Nurse, where appropriate, who can:

- support with completing Annual Health Checks with an HCA from the practice
- support contacting those that have not received an Annual Health Check
- support with considering reasonable adjustments

2.2.6 Proposals for Mitcheldean Surgery expanding to include Drybrook Surgery

At the time of preparing this Report, patients registered with Drybrook Surgery in the Forest of Dean have received letters informing them about some potential changes at Drybrook Surgery, a proposal to become a branch surgery of Mitcheldean Surgery.

Despite the excellent work of the dedicated practice team and their commitment to patient care, the surgery has experienced significant pressure and has been looking at the options moving forward. In recent weeks, the practice team has been working

closely with Mitcheldean Surgery and the local Integrated Care Board, NHS Gloucestershire.

Mitcheldean Surgery is a friendly and forward-thinking practice with an excellent reputation for its high achieving and innovative approach. It has high patient satisfaction rates, a CQC 'Good' rating and fully committed to continuing to provide a full range of primary care services from Drybrook Surgery should the proposals be agreed. Both surgeries have had very similar approach to patient care, and if agreed, this proposal would not only make services at Drybrook stronger, but would also bring many other benefits including a wider range of skills and expertise, an increased number of services and a greater choice of appointments and clinics. This development would also offer a great opportunity for members of the practice teams to share, learn and develop their skills together meaning patients would benefit from the additional support and experience of the combined team.

Should the proposals be agreed, patients have been reassured that a full range of primary care services would continue to be provided from the current surgery building in Drybrook and that they would be able to access services in the same way as they do now. They would also remain on the practice's patient list so would not need to take any action.

This is a very exciting development; should the proposals be approved, this would not only secure the future of Drybrook Surgery but would also bring real benefits to patients at both surgeries.

3. Section 3: Local Providers' updates

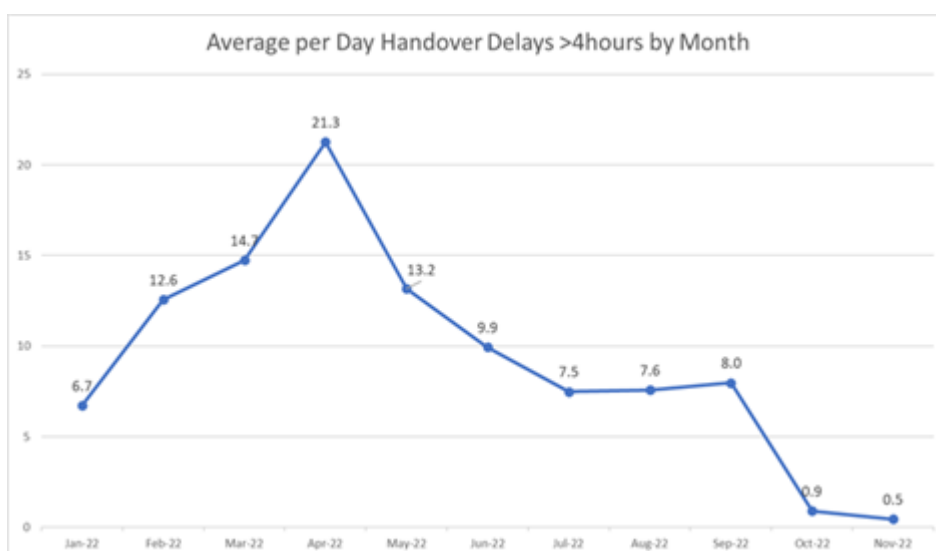
This Section includes updates from Gloucestershire Health and Care Services NHS Foundation Trust (GHC), Gloucestershire Hospitals NHS Foundation Trust (GHT) and South Western Ambulance Service NHS Foundation Trust (SWAST).

These items are for information and noting.

3.1 Gloucestershire Hospitals NHS Foundation Trust (GHT)

3.1.1 Operational Context

The Trust remains operationally very busy but with recent improvements in urgent and emergency care (UEC) having been maintained. The renewed focus and efforts within the Trust continue to pay dividends with just three patients waiting more than 4 hours to be offloaded from an ambulance (between 1-22 Nov) from a peak of 21 per day and 70% of ambulances being handed over within 60 minutes on average in the last seven days.



The Category 2 response times continue to improve from the peak of 160 minutes and fall in a range of 27– 80 minutes with a mean of 44 minutes. Positively, the Trust is expected to exit Tier 1 of the NHSE/I performance framework by the end of the month, assuming current performance is sustained.

The reasons for these improvements are multifactorial but the key contributor has been the decision to share risk more evenly across the UEC pathway by pre-empting more patients to our wards. This model is being advocated nationally, particularly to those in Tier 1. The early evidence indicates that this has reduced the risk in the community, at our front door and in our Emergency Department.

This in itself is not without consequence, notably in respect of quality of care for patients who are pre-empted, which it is being very carefully monitored. Assurance in this regard was presented to the Trust Quality and Performance Committee in October 2022 and again in November. An average of 21 patients were pre-empted across 21 wards at CGH and GRH, during the first week in November, which was a reduction of eight from the prior week. A total of 146 patients were pre-empted in the first week of November, compared to 235 in the peak week of 10th October 2022 and this has now reduced further to 115 at GRH and 15 at CGH. Patient selection of those patients considered suitable for pre-empting continues to be key with significant focus on ensuring those patients who are most suitable are cared for in pre-empting spaces.

Finally, across the county we have begun to see the first wave of winter pressures, with seasonal illnesses such as influenza and norovirus begin to appear and the continued circulation of COVID-19. Surveillance from Australia highlights that their winter illnesses, particularly influenza, came early and there was a short, sharp

impact that was relatively short lived and the optimistic view is the same will occur for the UK.

3.1.2 Elective Care

Elective recovery remains very strong with the Trust holding its position regionally as the top performing Trust. Cancer performance continues to receive the Trust's full attention with strong performance in many areas, including being the only Trust in the Region to be achieving the 28 Day Faster Diagnosis Standard (FDS). This is a particularly important standard as it is the point when patients have a diagnosis of cancer confirmed or ruled out – for the majority of patients this will result in good news and therefore with respect to patient experience is an important measure. 62 day cancer performance remains the area of greatest concern with just 68.5% of patients treated with 62 days against a national standard of 85%; by way of context, this is the strongest performance in the South West. The specialties most affected are urology and colorectal and recovery plans are in place and being closely monitored by the Trusts Quality and Performance Committee.

3.1.3 Industrial Action

At the time of preparing this report, the Royal College of Nursing (RCN) had announced that industrial action will go ahead between the end of November and May 2023. Other unions, including Unison, Unite, the Chartered Society of Physiotherapy (CSP) and the British Medical Association and are also balloting members over industrial action.

Ultimately this is a national issue and is a matter for the Government and the trade unions to resolve, however, the Trust continues to work closely with local Staff Side and Union representatives as well as system partners who will all be impacted.

We value our colleagues and understand that fair pay and conditions are important, not only for our teams and our families but for wider reasons such as retention and recruitment.

3.1.4 Care Quality Commission – Progress

Considerable work has gone into developing the action plans required by the Care Quality Commission in relation to statutory breaches identified in their report. These were submitted on the 1st November 2022 and oversight of these plans will be held at Committee level, with assurance back to the Board in the usual way.

The Trust recently welcomed the CQC back on-site to undertake an announced inspection of radiotherapy and brachytherapy services. The final report is awaited but feedback on the day was positive. Unlike the Core Service inspections, this

isn't rated in the usual way but is reflected as "a pass or fail" judgment however written reports are still provided.

3.1.5 Electronic Prescribing System

November 2022 saw the first phase of roll-out of the Trust's electronic prescribing system with the early adopter wards at Cheltenham General ahead of full roll-out to CGH on 9 November and GRH on the 23 November. Early signs are very positive with prescribers describing the systems as very easy to use and "a massive step forward"; nursing colleagues have been proactive in reporting their ward drug rounds have been "quicker and easier to undertake" this is especially good news as these rounds often consume many hours of a qualified nurses' hours on duty.

3.1.6 Planned General Surgery

In 2019, the Trust set out its vision for two *Centres of Excellence*, through its Fit for the Future Programme which went on to be approved in 2021, following two years of extensive public and staff consultation, including input from an independent 'Citizens' Jury'. This vision, which is central to our Clinical Strategy, delivers greater separation of emergency and elective care reflecting the evidence that this has the potential to deliver better clinical outcomes, a more positive patient experience including reduced delays and cancellations.

The Fit for the Future proposals, which involved a number of services including general surgery, were fully supported by system partners, the South West Clinical Senate, NHS England and the Trust Board. Whilst the model for emergency general surgery was agreed through this process, further work was requested on the model for planned surgery with the challenge to develop a model which increased the volume of operations undertaken at the planned care Centre of Excellence at Cheltenham General Hospital (CGH). This change did not require further public consultation.

The Planned General Surgery Service comprises two core specialties: Upper Gastrointestinal (UGI) and Colorectal surgery (CR). Historically, planned UGI surgery has been performed on the Gloucestershire (GRH) site and planned CR surgery has been performed at both Cheltenham and Gloucestershire hospitals.

The benefits for patients treated in a planned care Centre of Excellence include patients being less likely to have their treatment or operation delayed or cancelled as diagnostic equipment, beds, theatres and critical care can be dedicated to planned care activity and not be impacted by the pressures of emergency care.

Since February 2021, the Surgical Division has been reviewing the evidence and options to develop a model of service that would deliver the greatest benefits, for the

greatest number of patients whilst working with the constraints, resources and infrastructure available to us across our two hospital sites.

On 15th November the Trust Leadership Team (TLT) approved the proposal to support the vision of creating a centre of excellence for planned UGI and CR surgery. The model presented enables an additional 1,500 patients to receive their care in the planned care Centres of Excellence at Cheltenham General Hospital. To enable these benefits to be realised through a rebalancing of beds and theatres, the model proposes that 140 resectional colorectal surgery patients transfer from Cheltenham General to Gloucestershire Royal bringing together two separate services, into a single service with the associated benefits of centralised services.

Following the decision by TLT, a full Decision-Making Business Case (DMBC) will be developed setting out the costs, workforce plan and operational delivery model. This will be subject to external scrutiny and due diligence before being presented to the Trust Board in January 2023. If supported by the Trust Board, NHS Gloucestershire Integrated Care Board would review prior to commencement of planning for implementation, which would commence with the aim of establishing the new model during summer 2023.

3.1.7 Transformation of Tower Block

The Trust has secured £10.9m funding to transform the 1970s Tower Block, which holds many of our inpatient wards, into a more modern, contemporary and elegant building which will enhance energy efficiency, significantly reduce carbon emissions and improve the architectural aesthetics of the city.

To ensure the scheme achieves its full potential the Hospitals Trust will invest an additional £1.2m capital funding meaning a total funding package of £12.1m. Subject to planning approval it is hoped work will start in the spring to be completed by winter 2024.

The 11-storey Tower Block will be wrapped in two-toned façade panelling. The projecting balconies will be overlaid in matt silver panels which will angle back to the main face of the tower. The main façade will be a darker grey than the silver to the walkways to give a contrast, reflecting the original projecting walkway. The existing windows will also be replaced with modern, contemporary triple glazed windows throughout creating a general aesthetic of elegant simplicity.

Other features of the work programme include the installation of a 200kW air source heat pump which will provide low carbon heat to the hospital, as well as upgrades to the heating hot water controls systems which will further reduce energy usage and carbon emissions. Works also include the installation of roof insulation to the kitchen and restaurant area and improvements to the steam distribution system which will also generate carbon and financial savings. Once complete, the Trust's carbon

footprint will be reduced by 1,389 tonnes a year while achieving energy efficiency savings in excess of £82,000 per year. This investment comes on top of an existing capital programme of more than £100m which is enabling us to realise our vision for centres of excellence at our Cheltenham and Gloucester acute hospital sites.

3.1.8 Tobacco Treatment team

The Trust has introduced a new in-house Tobacco Dependency Service providing support to inpatients who are smokers. The team started on 1 November 2022 with a pilot interventions programme.

A hospital admission is likely to give any smoker new reasons to quit. Many smokers find quitting difficult due to addiction, previous failed quits and living or working around other smokers. Being admitted to the NHS can present a compelling opportunity to stop smoking, or at least stop while in hospital to improve the chances of a quick and successful recovery. The new Tackling Tobacco Treatment Service for patients who smoke will ensure that every smoker admitted to hospital or engaged with maternity services will be asked if they smoke and given the support to remain tobacco free.

The Tobacco Dependency Service aims to support smokers by treating their addiction during their stay in hospital.

3.1.9 New Specialist Gynaecology Unit opens at Gloucestershire Royal Hospital

A dedicated Gynaecology ward, together with a new Emergency Gynaecology Admissions Unit (GAU) has opened on Ward 9a at Gloucestershire Royal Hospital (GRH). The new specialist gynaecology unit represents a move back to pre-pandemic status at GRH and is great news for women in the county suffering from a wide range of conditions related to women's reproductive health.

Although women had continued to benefit from care and treatment from specialist teams at GRH during the pandemic, previous COVID-related ward changes meant that their post-operative care was often delivered on general surgical wards. The emergency GAU will operate from 8am to 8.30pm seven days a week and will ensure that women presenting to the Emergency Department (ED) can access specialist care in an appropriate setting as quickly as possible, as well as accepting direct referrals from GPs.

3.1.10 T-level placements at county's hospitals

Gloucestershire Hospitals is working closely with Gloucestershire Health and Care NHS Foundation Trust (GHC) to offer industry placements to students studying for new T-Level courses at Gloucestershire College.

Launched by the government in 2020, T-Levels are regarded as one of the biggest reforms to technical education; students can opt to take these courses instead of A-

Levels following their GCSE exams. They were developed in collaboration with employers and businesses to ensure that the content of the courses meets the needs of employers while preparing students for work, further training or study.

As a 2-year technical programme for young people aged 16 – 19, industry placements are a mandatory and critical part of a T-Level and demonstrate a shift from traditional work experience to a longer, more substantial period in the workplace. Gloucestershire College began offering the Health & Science – Adult Nursing T-Level from this September and both NHS Trusts will be hosting placements for these students from spring next year.

3.1.11 Welcome and Farewells

In comings and goings, this month we said goodbye to Vivien Mortimer, Chief Midwife and Divisional Director of Quality & Nursing Women’s and Children’s Services. A huge number of colleagues, past and present, attended a surprise tea party to thank and acknowledge the huge contribution that Viv has made over more than two decades to women and children during her time in the Trust.

Following a competitive process, Kate Hellier has been appointed as Deputy Medical Director following the decision by Alex D’Agapeyeff to step down after five years in the role. Kate brings a wealth of clinical and management experience as clinical lead for stroke, specialty director, Chief of Service for Diagnostic and Specialties Division and one of the Trust’s first Gloucestershire Safety and Quality Improvement Academy (GSQIA) Gold Coach. More recently, Kate has played a pivotal role in the Trust’s digital programme.

3.1.12 Awards

We are delighted that One Gloucestershire was a winner in the Health Service Journal (HSJ) Patient Safety Awards in the Safeguarding Category for the work led by Shona Duffy, Homeless Specialist Nurse. This is another in an increasingly long line of national recognitions for this pioneering work.

3.2 Gloucestershire Health and Care NHS Foundation Trust

3.2.1 New Chief Executive Appointed

A new Chief Executive Officer has been appointed to Gloucestershire Health and Care NHS Foundation Trust. Douglas Blair will take up the role in 2023, following the planned retirement in March 2023 of our current Chief Executive, Paul Roberts. Douglas is currently Managing Director of Wiltshire Health and Care, which delivers adult community health and learning disability services in Wiltshire, a role he has held since its establishment in July 2016.

3.2.2 Oliver McGowan Training

The long-awaited rollout of the Oliver McGowan Mandatory Training in Learning Disability and Autism was officially launched in England on 1 November 2022. The training, which passed into law in May this year as part of the Health and Care Act 2022, will educate and train health and social care staff, at the right level for their role, to provide better health and social care outcomes for people with a learning disability and autistic people.

The launch follows years of tireless campaigning by Oliver's parents Tom and Paula McGowan, who have been at the forefront of calls for better understanding and training for health and care professionals since 18-year-old Oliver's tragic death in 2016, as a result of being given anti-psychotic medication.

Gloucestershire Health and Care formed one of four national partners appointed in 2021 to co-design and co-deliver the training as part of a national trial to develop a standardised training package. It will make a huge difference to people with a learning disability and autistic people with or without a learning disability, in accessing the help they need from the NHS and social care in a way that meets their needs effectively.

3.2.3 Public Sector Excellence Award

GHC was declared the winner of the Public Sector Excellence category at the SoGlos Gloucestershire Business Awards 2022. More than 300 guests gathered for the evening at the University of Gloucestershire's Business School at its Oxstalls campus in Gloucester for the awards ceremony and networking. Director of Nursing, John Trevains, collected the award on the Trust's behalf saying it was for the "5,500 staff who worked tirelessly and continue to do so, to deliver so much care for our community and those we love."

3.2.4 CQC Annual Patient Survey

Every year the Care Quality Commission undertakes a survey of mental health patients to better understand their experiences of community-based specialist mental health services. The results were published in October 2022.

- Feedback from patients has held up well which is encouraging given the significant pressures that mental health services are encountering.
- In summary, GHC performance compared with other Trusts was as follows against the 30 measures:
 - the Trust is **better than expected** in 10 and,
 - the **same as expected** in 20, and,
 - It is **worse than expected** in none of the measures.
- The CQC groups its responses into 10 themes – **GHC was one of the top 5 Trusts nationally for 7 of these themes** and was **5th for "overall views of care and services"**.

- Two areas in which feedback has worsened are experience of **talking therapies** and of **crisis services**. We will explore these issues further.

3.2.5 Launch of Sustainability Strategy

A Sustainability Strategy has been published, laying out GHC's approach for the next three years. The Trust has been working hard to be a more sustainable Trust for many years. We have embedded sustainability as one of our four strategic aims, reduced our energy consumption through switching lights to LED, generated electricity through the installation of solar panels, created two NHS forests to protect biodiversity and enable nature-based solutions to care and supported wider work in the NHS long-term plan, such as care closer to home. The three-year Green Plan sets out goals and targets to help us reduce our impact on the environment, as well as saving money and improving the local communities we serve.

3.3 South Western Ambulance Service NHS Foundation Trust - Update

3.3.1 SWASFT'S Staying Well Service shortlisted for Team of the Year at national awards

The Trust is excited to announce that the Staying Well Service has been named a finalist for the 2023 Great British Workplace Wellbeing Awards ahead of the national final in March 2023. The awards recognise the people and organisations who are helping to make a true difference to the lives of our nation's working population.

Lauren Dunn, Head of Wellbeing & Occupational Health for the Staying Well Service said: "We feel incredibly privileged to be shortlisted for this Team of the Year award. I am beyond proud of the Staying Well Service team and their continued dedication and passion they all hold, and their pure desire to support their colleagues."

3.3.2 South Western Ambulance Charity wins at NHS Communicate Awards

SWASFT's Outrun an Ambulance charity fundraising campaign has won the 2022 NHS Communicate Award for 'Working in Partnership'. Outrun an Ambulance was originally inspired by an idea from paramedic Shannon Witts and developed by Zoe Larter in our charity. Launched during the pandemic as a virtual event that challenged competitors to conquer the mileage an ambulance covers in one shift. In 2022, it was run as a collaboration between ambulance charities across the country and has raised over £20,000 already this year to support ambulance staff and volunteers.

3.3.3 New SWASFT Chair

The South Western Ambulance Service NHS Foundation Trust is delighted to announce that the Council of Governors has appointed Stephen Otter as the new Chair of the Trust.

Stephen brings with him a wealth of experience, including as a previous chief constable of Devon and Cornwall and a non-executive director at Taunton and Somerset NHS Foundation Trust. He has significant experience in driving cultural change and delivering transformational benefits for organisations.

The Trust would like to thank Gail Bragg formally for stepping in as Interim Chair for the past six months following former chair Tony Fox's departure. Gail has done an excellent job moving both the Board and the Trust forward significantly in this time. She will continue to hold the post until a full handover has been completed with Stephen. Stephen will start in early January 2023.

4. Recommendations

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

Dame Gill Morgan
Chair
NHS Gloucestershire ICB

Mary Hutton
Chief Executive
NHS Gloucestershire ICB