2gether NHS Foundation Trust

Gloucestershire Care Services NHS Trust

Trust Board

Date of Meeting: 06th June 2019

Report Title: Integrated Care System (ICS) Lead's Update

Agenda reference Number	10/0619P
Accountable Executive Director (AED)	Joint Chief Executive Officer
Reason in Private Session	N/A
Presenter (if not AED)	Sandra Betney, Director of Finance
Author(s)	Emily Beardshall: Deputy ICS Programme Director
Sponsoring Director (if not author)	Director of Transformation & Service Redesign
Board action required	Agree
Previously considered by	Trust Board
Appendices	Part 1 ICS Lead Report annex Long Term Plan annex 1 Part 1 Final ICS Lead Report May 19

Executive Summary

This report provides an update on Gloucestershire Integrated Care System. The report provides an insight into the progress being made in the ICS transformation programmes against the system vision and priorities.

Key Issues

This report provides focus in the main programme areas;

- Enabling Active Communities;

Joining up physical and mental health care

- Reducing Clinical Variation;
- One Place, One Budget, One System
- Clinical Programme Groups.

The report provides a focus on the 2019/20 System Operational Plan.

This report also includes an annex paper showing the approach to the public engagement in the NHS Long Term plan where we are asking our population “what matters to you”. The engagement has been running from mid March and a wide range of activities have taken place including

- Discussions with community and local groups including harder to reach groups
- Drop in sessions
- Use of the Healthwatch campervan in locations around the county
- Use of the Information bus in key locations around the county
- Items on existing meetings and forums across the system partners and wider stakeholders

An outcome of engagement report will be available after the end of the engagement period.

Risk Issues:
Original Risk (CxL) & Residual Risk (CxL)

ICS programme risks are regularly reported to ICS Executive as a standing item. Further consideration is being given to the development of a view of system-wide risk.

Impact on Health Inequalities

The report supports the effort to reduce health inequalities

Impact on Equality and Diversity

The report positively impacts on improving equality and diversity

Patient and Public Involvement

The report considers the matters of public engagement and is also submitted to the Health and Care Overview and Scrutiny Committee.

Recommendations

Governing Body are asked to note the content of the report.

One Gloucestershire
Transforming Care, Transforming Communities

NHS

Developing our local NHS Long Term Plan

What matters to you?

www.onegloucestershire.net
@One_Glos

The National NHS Long Term Plan

- Published in January 2019
- Ambitions for how the NHS can improve over the next decade
- Covering all three Life stages:
  - Making sure everyone gets the best start in life
  - Delivering world class care for major health problems
  - Supporting people to age well
- Consistent with how support and services are developing locally

Gloucestershire features in the NHS Long Term Plan

CASE STUDY:

Gloucestershire Hospital

Gloucestershire Hospitals NHS Foundation Trust faced significant challenges, with poor A&E performance and high numbers of cancellations and delays to planned operations. The Getting it Right First Time (GIRFT) programme supported the trust to split its 'hot' emergency work and 'cold' planned trauma and orthopaedics work onto two separate sites. Senior clinical decision makers were introduced at the A&E 'front door' to help ensure patients were managed more effectively. During the first six months the trust was able to achieve its 4-hour A&E target for the first time since 2010 and had halved the number of cancelled operations. There was a reduction in waiting times for surgeries, including for hip or knee replacements, and an 8% increase in the amount of elective surgery performed.

What we are doing in Gloucestershire

Developing our Long Term Plan for Gloucestershire, asking ***What matters to you*** about?

The Place - how you and your family get health advice, support and services when you need them, in your home, neighbourhood, community and county

The Life Course – your health priorities at every stage in life

Supporting better care – supporting staff, making best use of technology, reducing waste and making best use of resources

Our challenges

- A growing population with more complex needs, in all age groups
- Increasing demand for services and people unsure about what services to use
- Recruiting and keeping enough staff with the right skills and expertise
- Pressure on money

What we want to achieve in Gloucestershire

- People taking greater control of their own health, and that of their family
- Healthy, active communities with strong networks of support
- A simpler way to get advice, support and services, 7 days a week
- The vast majority of care available in, or near, home
- High quality, joined up services with the right care, staff skills and equipment in the right place
- Best use of the 'Gloucestershire £' for health and wellbeing priorities

The ‘One Gloucestershire Way’

Everyone’s responsibility

- Taking greater control of your own health, and that of your family
- Prevention is better than cure, emphasis on reducing the likelihood of ill health, physical and mental
- Wide Gloucestershire partnership to tackle other things that can have a big impact on health and wellbeing e.g. housing, education, crime and social isolation

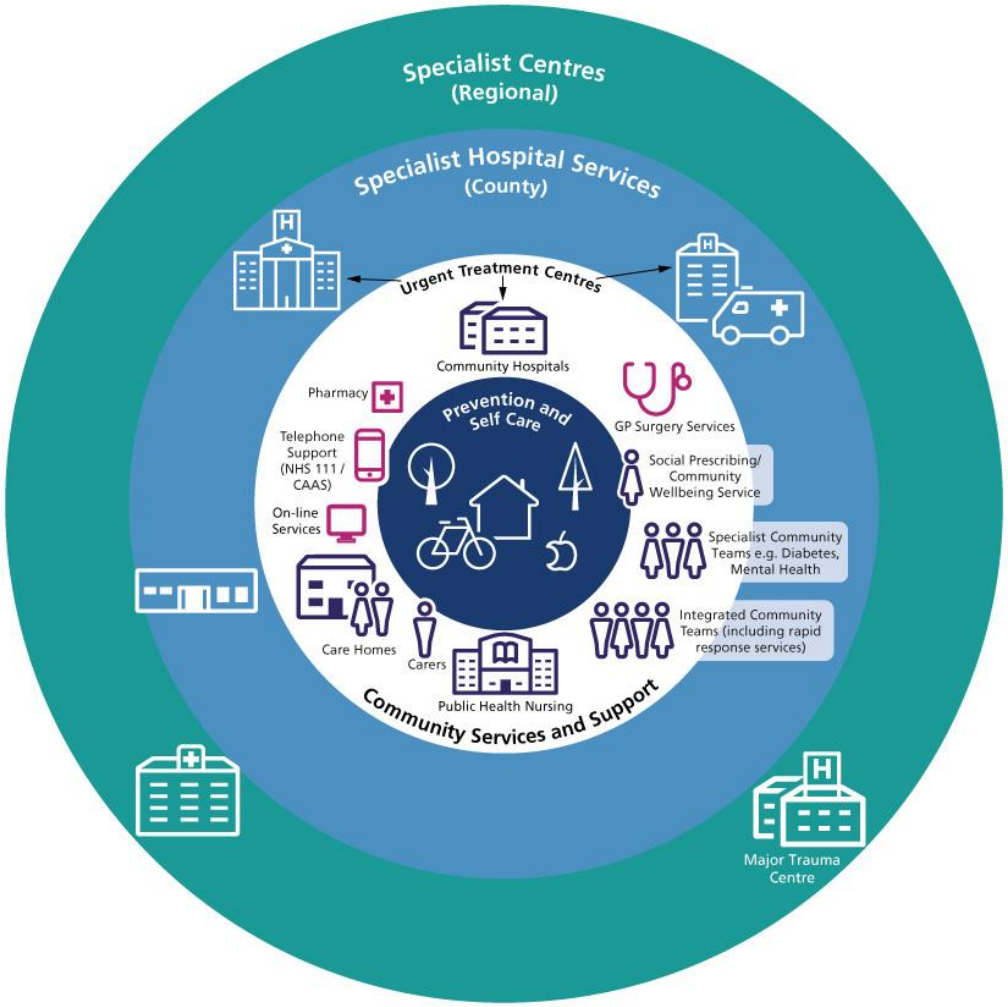
The ‘One Gloucestershire Way’

- More support and care in people’s own homes, GP surgeries and local neighbourhoods
- Supporting people to stay active and healthy maintaining independence for longer
- When people are really unwell, providing specialist hospital and mental health services comparable to the best in England

The ‘One Gloucestershire Way’

More health priorities can be met in local communities **(PLACE),** using local knowledge, networks and skills

Place based approach



GP surgeries in local areas (*in **Integrated Locality Partnerships***) coming together to work with a wide range of community partners, carers and local people (*in **Primary Care Networks***) to meet local needs

Reducing the need to travel further afield for support and care

Place based approach

- Improving well-being through social prescribing – 3, 500 people supported in a year and Access to health coaching
- Additional 100,000 GP surgery appointments in the daytime, evening and weekends
- More health experts working in GP surgeries e.g. clinical pharmacists, physiotherapists, paramedics, mental health
- Care support to older people at home e.g. frailty, dementia, end of life

Place based approach

- Expanding community health and joined up working with social care teams
- Mental health support alongside community services e.g. easier to get help in a mental health crisis, at home or in your local area
- Looking at how we provide a range of injury and illness services in hospital (e.g. Urgent Treatment Centres) and in the community

Specialist Centres of Excellence at Cheltenham General and Gloucestershire Royal Hospitals

- Outstanding care comparable to the best in England
- Prioritising health outcomes, safety and patient experience
- Two thriving hospital sites – both specialist centres increasing the likelihood of local residents treated here
- Supporting local access where it does not compromise quality of care, outcomes and safety

Specialist Centres of Excellence at Cheltenham General and Gloucestershire Royal Hospitals

- Developing options to bring some services (and expertise) onto either hospital site to make both stronger and better able to meet patient needs in the future
- Considering greater separation between urgent care and planned care to reduce unwarranted variation, improve availability of beds, ensure fewer cancelled operations, improve waiting times and overall patient experience.

The Life Course: Starting Well

- Support for pregnant women and their families
- Support more young people to get healthy and active
- Early advice and support on mental health

The Life Course: Living Well

- Looking after your health and wellbeing
- Living with a health condition
- Living with a learning disability

The Life Course: Ageing Well

- Staying physically active
- Living well with frailty
- Living well with dementia
- End of Life Care

Local Engagement – Spring 2019

What matters to you?

- Staff and public engagement on developing the NHS Long Term Plan locally
- Booklet and survey – hardcopy and on-line
- Community Events/Awareness Raising (aligned with Health and Wellbeing Strategy engagement events)
- Working with Healthwatch Gloucestershire
- Further engagement and consultation planned in 2019/20

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One Gloucestershire
Transforming Care, Transforming Communities

Developing our local NHS Long Term Plan

One Gloucestershire
Transforming Care, Transforming Communities

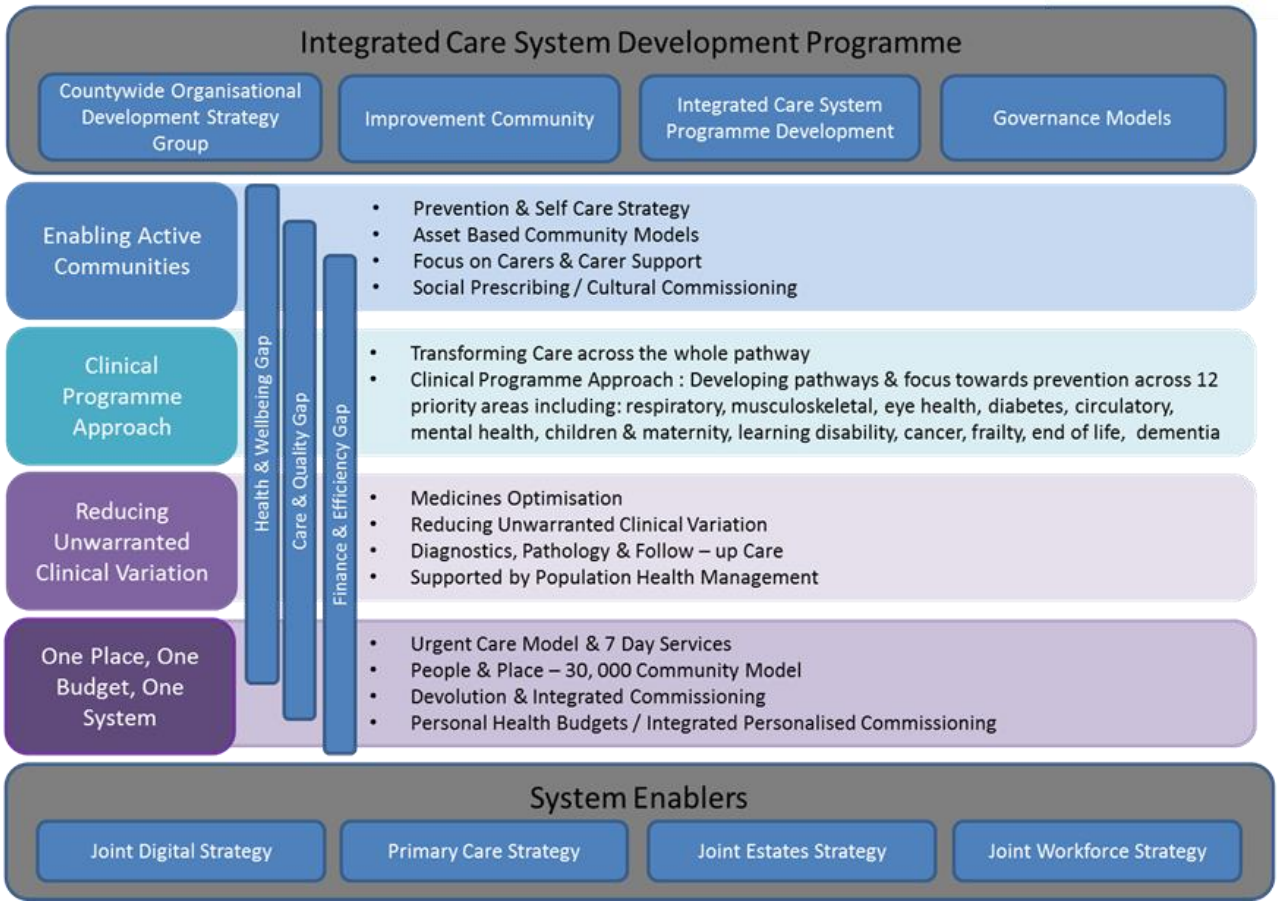
May 2019

One Gloucestershire ICS Lead Report

1. Introduction

The following report provides an update to HCOSC members on the progress of key programme and projects across Gloucestershire's Integrated Care System (ICS) to date.

Gloucestershire's Sustainability & Transformation Plan commenced year three of four in April 2019 continuing priorities against the central transformation programmes with refreshed delivery plans in place that will transition the system into delivering against the Long Term Plan. In this report we provide an update on 2019/20 plans and the progress made against the priority delivery programmes and supporting enabling programmes included within the One Gloucestershire Integrated Care System.



Gloucestershire's ICS Plan on a page

2. Enabling Active Communities

The Enabling Active Communities 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 reduce the health and wellbeing gap and recognises that more systematic prevention is critical in order to reduce the overall burden of disease in the population and maintain financial sustainability in our system.

Key priorities for 2019/20 will align to the refreshed Health & Wellbeing Strategy and are split across the 4 main workstreams: supporting pathways, supporting people, supporting places and communities and supporting our workforce.

Supporting Pathways

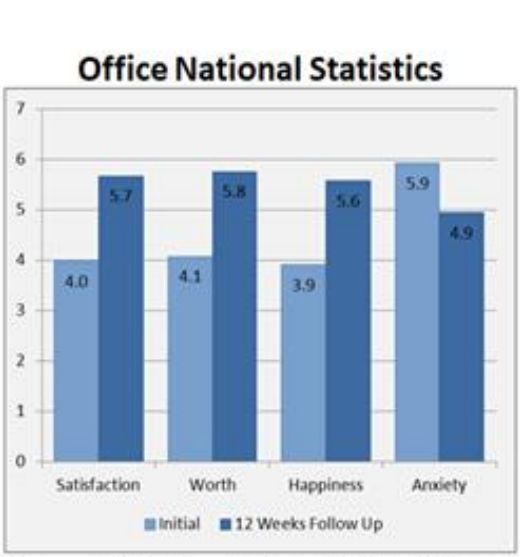
- As of April 2019, there have been a total of 3074 referrals onto the NDPP in Gloucestershire. A total of 1,855 initial assessments (IA) have been attended in Gloucestershire which is an approximate service uptake of 57% with the mean weight change from IA to 6 month intervention is -4.0kg
- Work is underway with children and families to design services together for child weight management
- The Blue Light change resistant drinkers group is now actively working with 16 Blue Light clients.

Supporting People

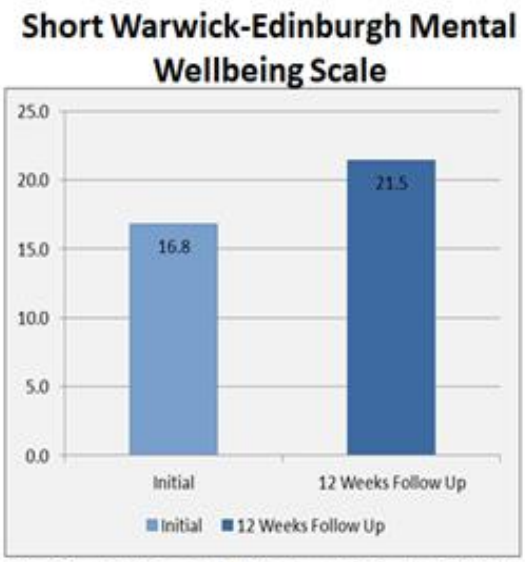
- The pilot for the early identification of domestic abuse has progressed well with evaluation currently being completed by the University of Gloucestershire. The pilot project is due to end on 30th June 2019 with future funding identified for the service to be commissioned by Gloucestershire County Council through the Gloucestershire Framework for Domestic Abuse.
- There have been a total of 3802 interactions with Patient Activation Measures (PAM).
- We have delivered 2 Physical Activity masterclasses to more than 130 GP's across Gloucestershire.

Supporting Places & Communities

- There have been over 5145 referrals into the Community Wellbeing Service (CWS) with a high level of complexity seen and approximately one third of individuals requiring the highest level of support that the service offers. Countywide data is showing a positive impact on individual's wellbeing (see below) with a reduction in primary care attendances.
- Working with the children's mental health trailblazer stakeholders to explore the feasibility of a test and learn social prescribing offer linked to four schools based Mental health Support Teams (MHSTs) later in 2019.
- As part of the Gloucestershire Moves programme, the Healthy Lifestyles Service & Public Health agreed to host bespoke champion training for Barton and Tredworth Steering Group members and to run a Healthy Lifestyle workshop for Listening to Ladies event. As part of the Active Travel workstream a £14,800 grant has been awarded to conduct market research, business and operational plan for the launch of a paid membership employer's travel group
- We have trained 70 healthcare professionals and voluntary sector workers across Stroud and Berkeley Vale in health coaching approaches, and 16 arts sector workers from the Voluntary, Community and Social Enterprise (VCSE) arts on prescription consortium.
- Approximately 3,000 people participated on the National Diabetes Prevention Programme (NDPP).



The Personal Wellbeing in the UK Office National Statistics (ONS) scores are recorded for all service users who are receiving a light touch to holistic level of support (i.e. any support which is more intensive than signposting).



The Short Warwick-Edinburgh Mental Wellbeing Scale (*SWEMWBS) scores are recorded for service users who have identified mental health issues as a reason for requiring support.*

Supporting Workforce

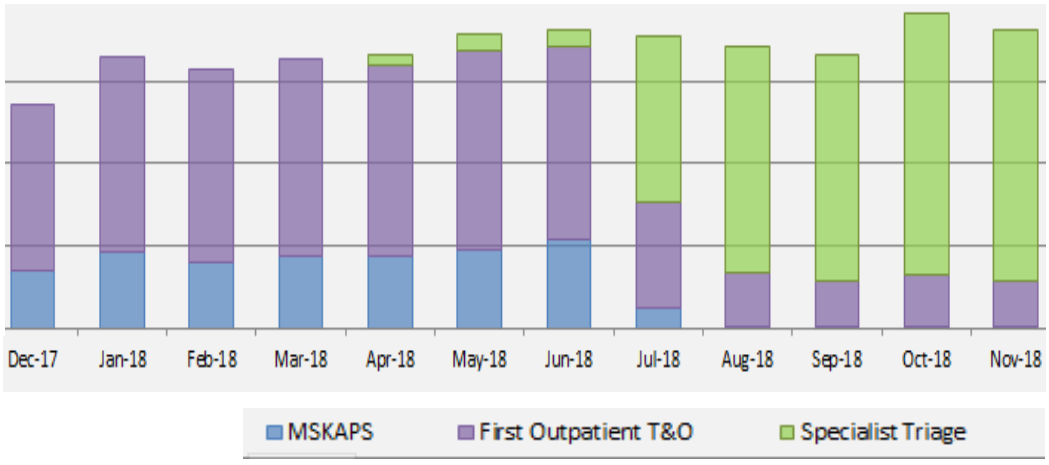
- There have been continued engagement activities with both previously accredited and new businesses across Gloucestershire. Resources are being shared and advice given to businesses. The workplace wellbeing newsletter is now being circulated to 90 businesses
- The training delivery for better conversations has now been completed with the evaluation currently be conducted. Key learning emerging from the pilot has been that a whole system approach to support a culture shift for staff towards enabling prevention and improved health is needed.

3. Clinical Programme Approach

The Clinical Programme Approach has been adopted across our local health care system to ensure a collaborative approach to systematically redesign the way care is delivered in our system, by reorganising care pathways and delivery systems to deliver right care, in the right place, at the right time. During 2019/20 increased system and place based focused will be directed towards 3 clinical programmes to ensure rapid progress towards outcomes.

	Priorities 2019/20	Progress So Far…
Respiratory	Focus on primary and secondary prevention underpinned by Patient Activation Measures. Further embed integrated specialist respiratory pathway including clinical education and training.	The respiratory teams are moving to the use of one system. Patients are now shared with the community colleagues post supported discharge to assess the need for ongoing care. In primary care Spirometry training and additional spirometry capacity within identified clusters has commenced. A patient self-management plan was developed in 2018 and tested within one practice. This plan is undergoing refinement prior to launch within the integrated pathway.
Musculoskeletal (MSK)	Continue to work in a collaborative way to embed and improve the integrated MSK pathway and to continue to strive for an integrated pathway with consistency of approach and messaging to patients between all providers and across the pathway. Expand ESCAPE Pain programme in Gloucestershire to at least two additional localities Plan and initiate implementation of National Lower Back Pain Pathway locally	Our monitoring is beginning to demonstrate that the MSK specialist triage project is delivering the anticipated outcomes with more patients being assessed quickly and being offered treatments in the community (see graph below). Discussions are now being co-ordinated between the prevention and self-care team at the CCG, Public health and CPGs to decide on how to progress with prevention and self-management messages across clinical specialities whilst ensuring that condition specific messaging also occur. Lower Back Pain patient-facing information leaflets are under development.

Graph shows referrals to MSK services with a reduction in direct referrals to hospital outpatient appointments (some patients seen at triage will go on to hospital services after assessment)



Circulatory	Commence community blood pressure testing as part of BHF Blood Pressure Award Programme. The development of pathways, initiatives to optimise anticoagulation for Atrial Fibrillation and cardiac rehabilitation approach.	An application to become a beacon site for delivery of the Rehabilitation Enablement in Chronic Heart Failure (REACH-HF) rehabilitation and self-care support programme for people with heart failure has been successful. The stroke rehabilitation unit opened on 4th February with a transition of patients over subsequent weeks. The unit now has all 14 of its beds occupied with people requiring stroke rehabilitation. Community blood pressure testing programme commenced in April 19
Eye Health	Expand Minor Eye Conditions Service provided by Primary Eyecare Gloucestershire (PEG). Transfer 1st eye cataract follow ups into the community. Scope feasibility of virtual clinics between PEG and Hospital Eye Service. Fully implement pathway service transformation associated with Wet Age-related Macular Degeneration (AMD)	Expansion of Minor Eye Conditions Service (MECS) in the community is underway to increase number of patients who can be seen in the community. Options are being explored to give greater support to homeless people and people in nursing/residential homes to support reducing health inequalities.
Diabetes	Reprocurement of the National Diabetes Prevention Programme (NDPP). Offer continuous glucose monitoring to diabetic pregnant women through GHFT Diabetes and Pregnancy Clinic by 2020. Development of an integrated model for Diabetic care along with targeted work with primary care to reduce variation through the introduction of virtual clinics.	There are now nearly 3,000 patients taking part in NDPP with a mean weight loss of 4.6kg six months after starting the programme. There has been significant improvement in National Diabetes Audit 2017/18 results with 61.5% of all patients with diabetes receiving all 8 care processes and uptake of structured education increased to 8.7% (England average). 200 patients signed up to Phase 2 of KiActiv programme which supports self-management.
Cancer	Closer collaboration with ICS on prevention and earlier diagnosis opportunities, including initiatives with highest risk areas and improvement of screening rates. Be ready for the new 28 day target due for introduction in 2020 by pathway review for all 12 major cancer sites. Collaborate on the development of Rapid Diagnostic Centre capacity for the county. Continue with full implementation of the National Timed Pathways for Lung, Colorectal and Prostate Cancer. Baseline audits have been completed and submitted to the Cancer Alliance with progress ongoing to reduce timeframes during 2019/20.	2018/19 GP Masterclass schedule now finished taking total number of masterclasses up to 21 events with over 1100 attended since the initiative began. Cancer Referral Improvement Project 2018 progressing well with positive changes being reported by Gloucestershire Hospitals booking teams. Waiting room animation completed and press release circulated by CCG communication team to promote patient awareness of the importance of 2 week wait appointments.

	The Cancer Alliance will work with providers during 2019/20 to ensure deadlines for recording of mandatory data items for 28-day faster diagnosis standard cohorts are implemented, and agree local standard times to diagnosis. Continued expansion and further embedding of the Gloucestershire Living With & Beyond Cancer Programme. Work with GHFT to meet the standard for at least 93% of patients who receive an urgent GP (GMP, GDP or Optometrist) referral for suspected cancer should have their first outpatient attendance within a maximum of two weeks; also engaging with NHSI and Cancer Alliance to make sure plans are robust	The teledermatology project is underway with aim to reduce pressures on the hospital dermatology team over seasonal high referral period. Dermatascope training day in March and 20 additional dermatoscopes purchased for GP practices currently without the equipment which will enable GPs to share images with specialists for advice ahead of referral where it is needed. Macmillan Cancer Next Steps Rehabilitation Project programmes progressing as planned with 486 referrals received for 2018/19 and continued successful Healthcare Professionals education events.
Children & Maternity	Review options for a 0-25 year old service as part of the Future in Mind Programme. Expansion of the Community Support service to Cheltenham and Forest of Dean and Joint Antenatal Clinics to be put in place as part of the Perinatal Mental Health Programme. Develop healthy lifestyles programme to support families in the first 1001 days of their baby's life.	Gloucestershire Local Maternity has been established which brings together clinicians and provider organisations, commissioners and women from across the Integrated Care System Network to plan and deliver maternity and early years care. The LMS is in the process of delivering Gloucestershire's Better Births Maternity Transformation Plan in response to the National Maternity Review. Some of the successes to date include • Working as a system to reduce stillbirths and neonatal deaths - we are on track to deliver the 50 percent reduction as set out by NHS England • Redesigning the antenatal education offer to ensure that it meets the needs of women, is based on evidence and includes an integrated approach with the Health Visiting Service so women and families receive continuity of care. • Piloting of a multi-professional integrated postnatal pathway to ensure that women and families receive a more joined up approach to care between health visiting and maternity services. • Developing services so that more women have access to the same team of midwives throughout the journey through pregnancy birth and the early years. This model has been shown to improve a number of outcomes. • Set up a Maternity Voices Partnership to ensure that the voice of women is embedded in continual service improvement • Keeping more Mums and babies together in the postnatal period, providing alternative safe options of care avoiding admissions of babies to the neonatal unit

		• Developed a system wide Safety Improvement plan to deliver high quality care to every woman and family every time. • Health Education England (HEE) funded workshops delivered by Kings College University, London to support continuity of carer completed and was well attended as part of the Transforming the Workforce Project. • Healthy Lifestyles Specialist Midwife now in post and seconded to Ice Creates with their Healthy Lifestyles Gloucestershire team.
Dementia	Build on learning from Stroud & Berkeley Vale Community Dementia pilot to describe a county-wide integrated model, and map to/align with MDT, Telehealth, Frailty and Complex Care at Home provision Improve support and access to dementia services for Black Asian Minority Ethnic (BAME) communities	The Dementia Diagnosis Rate continues to remain above the national target at 67.4% and is likely to continue as a key dementia indicator Health Education England funded Young Onset Dementia training has been delivered to Community Dementia Nurses and Dementia Advisors which was well received and outcomes included best practice examples and research with scope to deliver primary care training. The Community Dementia dog project has been extended to 12 months based on positive outcomes from the mid-point review.
Learning Disability & Autism	Co-produce a commissioning intentions plan in response to the Joint Strategic Needs Analysis by Quarter 4 2019-2020 to help reduce health inequalities. Work with NHS England to pilot the use of the Summary Care Record Reasonable Adjustment Flag within key settings including Community Learning Disability Team, Primary Care, Specialist dental service and Hospital liaison service by Quarter 2 Embed the STOMP (STopping Over-Medication of People with a learning disability and/or autism) campaign to reduce the prescriptions of anti-psychotic drugs where they are not clinically recommended and developing a programme of work to reduce medications by Quarter 4 2019-20.	A “Think Autism” public event has been held in the Council Chamber to launch the Gloucestershire Autism Strategy (2018-21). The event provided national context, an overview of the strategy, progress to date and next steps and included the work of the Learning Disability & Autism Clinical Programme Group. STOMP working group established a Primary Care Clinical Audit Group Audit. 643 people on anti-psychosis drugs with the mental health trust caseload being reviewed with initial estimates showing roughly 50% of the primary care list are known to the Trust and are being actively treated by Psychiatrist.

4. Reducing Clinical Variation

The Reducing Clinical Variation programme looks to elevate key issues of clinical variation to system level and have a new joined up conversation with the public around some of the harder priority decisions we will need to make. This includes building on the variation approach with primary care, promoting 'Choosing Wisely' and a Medicines Optimisation approach, undertaking a diagnostics review and working to optimise Outpatient services.

Key priorities for 2019/20 are

- We will make continued use of the successful Prescribing Improvement Plan (PIP) to ensure the early in-year savings, and subsequent in-year benefit for as much of the year as possible. Actions include working with GP practices via the prescribing support team to identify and record beneficial changes to prescribing activity.
- We will continue to work with secondary care colleagues to consider areas for mutual benefit within medication choice and supply routes.
- Continued inclusion of Medicines Optimisation topics within the annual Primary Care offer to support primary care colleagues to maximise efficiencies available from appropriate prescribing
- Continue the successful provision of the Clinical Pharmacist team working within many GP practices by recruiting to fill current vacancies.
- Implement a two year programme Medicines Optimisation in Care Homes (MOCH) scheme, specifically in residential homes.
- Develop and improve mechanisms to allow GPs to access specialist opinion/advice and guidance
- Develop appropriate alternatives to secondary care outpatient services where there are opportunities to manage patients in a less specialist and lower cost setting.
- Support transformation in the outpatient approach across the system
- Strengthen our approach to commissioning thresholds through changes and developments to the CCGs Effective Clinical Commissioning Policies list.
- Develop stronger secondary care gatekeeping functions through effective referral triage/management processes
- Undertake a review of diagnostic provision across the system to support transformational programmes

What we've achieved so far:

- The recently reviewed and updated Countywide Dressing Formulary was released on April 1st 2019. This will help to reduce variation amongst countywide practitioners, once they are aware of it and use it to choose the dressings for use.
- Prescription Ordering Line (POL) has commenced receiving a small number of appliance orders directly from Dispensing Appliance Contractors, for patients registered with participating practices. We will assess the impacts of this additional service.
- Advice and guidance requests have more than compared to 2017/18 levels, with over 13,500 requests received in total. This was due to a combination of increased usage in established specialties and the introduction of new A&G specialties during the year. Gloucestershire is now the 3rd highest user of this system in the country.
- Developments to the online information (G-Care) to support GPs including improved site usability and increased content leading to a 35% increase in site views in 2018/19 compared to 2017/18.
- Introduction of a dermatology one-stop service for 2 week wait patients to improve efficiency and productivity.
- Re-procurement of the community urology service, including an enhanced referral triage and advice and guidance offer.
- Work has started on increasing resources to support outpatient transformation concentrating on four priority specialties between May and July so that lessons can be shared and adopted more widely.

5. One Place, One Budget, One System

New Models of Care & Place Based Model

The One Place, One Budget, One System programme takes a place based approach to resources and ensures we deliver best value. Our community care redesign will ensure responsive community based care is delivered through a transformative system approach to health and social care.

The intention is to enable people in Gloucestershire to be more self-supporting and less dependent on health and social care services, living in healthy communities, benefitting from strong networks of community support and being able to access high quality care when needed. New locality led 'Models of Care' pilots commenced in 2016/17 to 'test and learn' from their implementation and outcomes, working across organisational boundaries, and leading to the formation of 16 locality clusters across the county.

Key priorities for 2019/20 are

- Operational and Strategic partnership of senior leaders of health and social care providers and locally elected government and lay representatives informing and supporting integration at Primary Care Network (PCN) level, unlocking issues and sharing responsibility for finding local solutions to deliver ICS priorities and tackling issues which arise for their population which can only be resolved collectively.
- Clinically-led integration, involving staff and local people in decisions, to support more people in the community and out of hospital.
- Integrated Locality Partnerships (ILP) Plan to deliver defined population strategy including prevention and public health, with aligned priorities agreed to improve outcomes.
- Develop multidisciplinary workforce models which will operate at PCN level.

What we've achieved so far:

- Formal letters sent to Chief Execs and GPs across the system to launch the ILPs and to seek senior representatives from provider organisations to attend ILP meetings in readiness for implementation.
- A Place Based development group with representatives from all providers has been formed to support ILP development and a degree of consistency.
- Stroud and Berkeley Vale have re-organised into three Primary Care Networks.
- Gloucester City have re-organised into four Primary Care Networks.
- Complex Care at Home is live in the Forest of Dean with the service accepting referrals to support people staying well and supported in their own home
- Exploring with GP colleagues the challenges of case management model when patients admitted to acute and community hospitals. Considering this in the context of the long term plan and the GP network contract Direct Enhanced Service.
- Strengthening the support for people with frailty at risk of falling and malnutrition through the South Cotswolds Frailty Service.
- Exploring difficult access to dietetic services for people with frailty and how better care might be provided in line with NICE guidelines.

5. One Place, One Budget, One System

Urgent Care

Our vision for Urgent Care will deliver the right care for patients, when they need it. In order to make this vision a reality and provide safe and sustainable services into the future, we need to consider how to make best use our resources, facilities and beds in hospitals and in the community.

We want to improve arrangements for patients to access timely and senior clinical decision making about their treatment and ensure specialist support is accessed as soon as possible. We propose potentially changing the way some care and support is organised in Gloucestershire to meet changing demands, make best use of our staff, their skills and the money we have.

Regular updates on the One Place Programme have been shared with HCOSC, describing how the programme aims to deliver an integrated urgent care system and hospital centres of excellence to ensure we realise the vision for urgent care. Since this update work has continued to develop the programme timetable, engaging with clinicians, patients, and staff and community partners to develop the proposals for consultation.

Our key deliverables for 2019/20 include;

- Continue to develop and refine the “One Place” strategy focussing upon development of the Urgent Treatment Centre model, Centres of Excellence and Integrated Urgent Care (Clinical Advise and Assessment Service)
- To further develop and deliver schemes identified within the Emergency Department attendance, admission avoidance programme and length of stay management (overseen by the Urgent and Emergency Care Alliance)
- To further develop and deliver schemes identified within the improving system flow programme which will reduce bed occupancy of long stay patients by 25%:
- To further develop and deliver schemes identified within the Community Admission Prevention programme.
- To further develop and deliver schemes identified within the Find and Prevent programme.

Throughout March and April there has been a continuation of exploring options opportunities to enhance mental health pathways for patients calling NHS 111. The Clinical Advice and Assessment Service (CAAS) pilot had progressed with Care UK and Gloucestershire Care Services (GCS) with a view for the pilot to commence in May following a review of operational and governance arrangements.

There has very successful delivery of a number of staff and public involvement workshops to support the development of a first draft for discussion of the Centres of Excellence workstream. There have also been a number of targeted and public drop in engagement events as part of the overall Urgent Care Workstream.

6. Enabling Programmes

Our vision is underpinned by our enabling programmes which are working to ensure that the system has the right capacity and capability to deliver on the clinical priorities.

Joint IT Strategy – Local Digital Roadmap Gloucestershire has 23.5% of patients have registered for patient facing primary care services. Options are being assessed for future IT solutions including GP connect as part of the Primary Care Improved Access workstream. Joining Up Your Information (JUYI) has over 600 live users with an average of 150 accesses per day allowing patient information to be shared across the system to support direct integrated care. Gloucestershire Hospitals NHS Foundation Trust roll-out has since commenced across different teams. Phase 3 of the NHS111 is due to go live in May where messages to an Out of Hours (OOH) Primary Care Provider receive and process messages enabling a clinical call back. This is still being tested and coordinated with NHS Digital (NHSD). The Minimum Viable Product (MVP) Cinapsis pilot has shown an average time that GPs wait for a call response was 21 seconds with the average length of call for either advice and guidance or referral of 4 minutes. Over 20 practices have received a Cinapsis demonstration with 36 GPs having used the system.

Joint Workforce Strategy –The NHSI Workforce Planning returns were submitted by all provider organisations on the 4th April and the ICS system-wide submission was made on 11th April. This will form the baseline for the ICS 5 year workforce plan. Health Education England (HEE) have written to all Trusts Chief Executives and Directors of Finance to confirm the 2019/20 process for Workforce Development Funding. Organisations have been asked to work together with Local Workforce Action Board and HEE local offices in order to optimise opportunities for co-design and shared approaches to education commissioning. Following the completion of the tender process for the Leadership Development Programme we are now recruiting people from across all partners, including voluntary sector and policing, to attend and work together on how we lead the system going forwards.

Joint Estates Strategy – The ICS estates strategy is moving forwards which is bringing together updated organisational estates strategies and is due to be finished by the end of Quarter 3. Within the Primary Care Infrastructure Plan (a new Surgery in Stow is due to be completed and opened by July 2019. A revenue business case for Cheltenham Town Centre has received formal NHS approval and an Estates and Technology Transformation Fund capital grant has been awarded. The South Western Ambulance NHS Foundation Trust strategy for future estate provision will be to deliver a range of operational sites. These will consist of the development of new Hubs (Make Ready Centres) mainly close to Acute hospitals and supported by a network of Book On locations (staff start and finish shifts) and Spokes.

Primary Care Strategy – Our local digital first primary care strategy is to have a core offer for all practices, while also testing further digital enhancements to establish the benefits for patients and practices, while keeping an eye to the future developments with 111 Online and the NHS App roll out. PCNs represent a fundamental change to our ICS. PCNs will be the foundation of our system around which our services need to be based. 2019/20 represents a development year, where the change to the GP contract requires CCGs to commission PCNs for 100% of our patient population and it is through this mechanism that general practice will be supporting the NHS Long Term Plan.

7. Integrated Care System

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

Our key achievements made since the last report include;

- Operational plans for 2019/20 submitted across the system in line with the April timeline
- Public engagement on NHS Long Term Plan has continued with a large range of events across the county. See Annex 1 for the material that has been used to lead this engagement.
- ICS Strategic Stakeholder Group planned for 14th May 2019 to involved a wide group of stakeholders in setting direction for the system.
- Clinical Reference Group relaunched with remit for reducing unwarranted clinical variation and involving senior clinical leaders from across the partner organisations

Focus on the One Gloucestershire ICS Operational Plan

2019/20 is the first year for deliverying against the NHS Long Term Plan and One Gloucestershire ICS produced a system-wide operational plan setting out our ambitions, priorities and plans for 2019/20.

The last year has been a significant one for the “One Gloucestershire” Health and Care system as we moved into an Integrated Care System. As we respond to the ambitions set out in the NHS Long Term Plan it is clear that there is a lot we have to be proud of where we are at the forefront of the improvements the NHS as a whole is making; however, it also allows us to focus on the areas where we can go further accelerating the achievements we are making together.

The financial and operational delivery context for our system remains challenging but there has been significant progress during this year, and the financial position has continued to stabilise across the system. Going further to ensure high quality, good value care will require us to continue to drive system transformation across a number of care pathways.

The One Gloucestershire Integrated Care System is building on strong and positive partnerships across health and care to ensure that we make the best use of local resources with and for the benefit of our population. 2018/19 has been the first year of all organisations working more closely together as part of the shadow Integrated Care System (ICS) and we believe we have made good progress on the journey

towards a full ICS as laid out in our system operational plan. During 2019/20 we will consolidate our ICS ensuring that our partnership results in us going further and faster with integrating care. Our focus is not on the structures of our organisations, rather on how the commissioning and delivery of care can be improved to secure better outcomes.

As part of moving towards integrated care the ICS Board have reviewed the ICS priorities for 19/20 and have emphasised the following

- **Improving mental health:** including improving dementia care and a renewed focus on mental health and wellbeing, additional support for regular users of health and care services.
- **Supporting Urgent & Emergency Care:** the One Place programme remains central to delivering our new model of care within Gloucestershire
- **Focusing on proactive care in partnership with local communities:** including building capacity in primary, community and VCSE (voluntary, community and social enterprise) care, reducing demand for acute services and improving end of life care
- **Improving population health:** including rapid delivery of place based integrated working through Integrated Locality Partnerships and a focus on wellbeing and prevention and self-care. Increasingly we will work to influence the wider determinants of health including loneliness and isolation whilst also improving or use and application of population health management.
- Focus on **enabling conditions** including
    - fostering a culture of engagement and co-creation
    - continuing the existing enabling programmes of workforce, estates and digital
    - ensuring effective governance that facilitates shared decision making

Through our Enabling Active Communities work people in Gloucestershire are responding to taking the lead on living well and we will continue to support our self-care and prevention plan as a key cornerstone of the future of health and care in the county. Achieving parity of esteem for mental and physical health remains at the centre of our aims over the coming year with investment in line with the Mental Health Investment Standard.

During 2019/20 we will publish our updated 5 year Integrated Care System plan for One Gloucestershire which will reinforce our ambitions to deliver a step change for health and social care in Gloucestershire and build on the work that is already ongoing. Our transformational programmes have more fully moved into delivery and there are real signs of positive change improving quality and outcomes and delivering more efficient services through improved pathways with an increased focus on prevention and self-care.

All partner organisations are essential to delivering these priorities; we are governed through distributed leadership which means that all partners are represented across the scope of the partnership including within programme leadership and senior responsible owner roles. All partners also contribute to the clinical leadership of our system via the Clinical Reference Group and to senior management leadership via the ICS Executive and ICS Board.

As we move our partnership forwards we will increase the responsibility on the system to deliver against the first year of our 5 year plan towards achieving the NHS Long-Term Plan. We are committed to fully contributing to further development and delivery of system-wide transformational programmes to ensure that we can deliver on our commitments to our population and contribute towards improving health and well-being across our county.

8. Recommendations

This report is provided for information and Governing Body members are invited to note the contents.

Mary Hutton
ICS Lead, One Gloucestershire ICS