Primary Care & Direct Commissioning Committee Part 1 (Public) - 2nd February 2022 (02/02/2023)

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Primary Care & Direct Commissioning Committee PT1

Thursday 2nd February 2023

2:00pm to 4:00pm, Sanger House/MS Teams - Click here to join the meeting

Chair: Colin Greaves

N.	TIMING	ITEM	LEAD	RECOMMENDATION
		PART A		
1.	2:00pm - 2:10pm (10m)	**Introduction & Welcome**	**Chair**	**Information**
2.		**Apologies for absence**	**Chair**	**Information**
3.		**Declarations of interest**	**Chair**	**Information**
4.		**Minutes of the last meeting**	**Chair**	**Decision**
5.		**Matters arising**	**Chair**	**Discussion**
6.		**Questions from the Public**	**Chair**	**Discussion**
7.	2:10pm - 2:15pm (5m)	**Primary Care and PCN Highlight Report**	**Jo White**	**Information**
8.	2:15pm - 2:25pm (10m)	**Primary Care Quality Report**	**Marion Andrews-Evans**	**Note**
9.	2:25pm - 2:35pm (10m)	**Primary Care Delegated Commissioning Report (Pharmacy, Optometry, Dentistry)**	**Jo White**	**Discussion**
10.	2:35pm - 2:45pm (10m)	**Acute Respiratory Hubs (Presentation)**	**Jo White**	**Information**
11.	2:45pm - 2:50pm (5m)	**Financial Report**	**Cath Leech**	**Information**
		PART B		

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12.	**2.50pm - 3.00pm (10m)**	**Dental Strategy Group (Presentation)**	**Helen Goodey**	**Information**
13.	**3:00pm - 3:15pm (15m)**	**Transforming Neighbourhood Groups (Presentation)**	**Helen Goodey/Jane Cummings**	**Discussion**
14.	**3:15pm - 3:25pm (10m)**	**ICS Transformation Programme ILPs Highlight Report**	**Bronwyn Barnes**	**Information**
15.	**3:25pm - 3:30pm (5m)**	**Any Other Business (AOB)**	**Chair**	
Dates in Diaries				
PC&DC Committee PT1 (Public): Thursday 6th April 2023 2:00pm – 4:00pm **PC&DC Committee PT2 (Confidential): Thursday 6th April 2023 4:00pm – 5:00pm**				

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Gloucestershire Integrated Care Board

PC&DC Committee

Part I

Minutes of the Hybrid Meeting Held at 2:00pm on 1st December 2022

Members Present:		
Colin Greaves	CG	Chair, NED
Mary Hutton	MH	Chief Executive Officer
Cath Leech	CL	Chief Finance Officer
Dr Andy Seymour	AS	Chief Medical Officer
Professor Jane Cummings	JC	Member, NED
Dr Marion Andrews-Evans	MAE	Executive Chief Nurse
In Attendance:		
Christina Gradowski	CGi	Associate Director of Corporate Affairs
Gerald Nyamhondoro	GN	Corporate Governance Officer (taking minutes)
Cath Leech	CL	Chief Finance Officer
Jo White	JW	Deputy Director of Primary Care and Place
Helen Edwards (*Agenda Item 6*)	HE	Deputy Director of Primary Care and Workforce Development
Andrew Hughes	AH	Associate Director, Commissioning
Olesya Atkinson (*Agenda Item 6*)	OA	Primary Medical Services (Primary Care Network Perspective)
Lauren Peachey	LP	Governance Manager
Becky Parish	BP	Associate Director of Engagement and Experience
Cllr Carol Allaway-Martin	CAM	Cabinet Member for Adult Social Care Commissioning
Nigel Burton	NB	Healthwatch Representative
Gayle Sykes	GS	Head of Primary Care Contracting
Cherie Webb	CW	Primary Care Development & Engagement Manager
Jeannette Giles (part time left the meeting after item 6)	JG	Head of Primary Care Contracting
Bronwyn Barnes (*Agenda Item 6*)	BB	Head of Locality Development
Teresa Hinder	TH	Brockworth Surgery
Dr Simon Whiteside	SW	Brockworth Surgery
Dr Ashley Seymour	ASy	Brockworth Surgery

1.	**Introduction and Welcome**
2.	**Apologies**
2.1	No apologies were received.
2.2	The meeting was confirmed as quorate.
3.	**Declarations of Interests**
3.1	No interests were declared.
4.	**Minutes of the Last Committee Meeting**
4.1	Minutes of the meeting held on 6th October 2022 were approved as a correct record of the proceedings.
5	**Matters Arising**
5.1	**04.08.22, Item 10.6** Primary Care Delegated Commissioning – Pharmacy, Optometry, Dentistry Highlight Report. CG requested that a more detailed report on Pharmacy, Optometry and Dentistry be brought before members for further discussion. **Item closed.**
5.2	**06.10.22, Item 9.9** Primary Care and PCN Performance Report. HG and JW to provide further detail and analysis on the respiratory Quality Improvement project. **Item remains open.**
5.3	**06.10.22, Item 9.11** Primary Care and PCN Performance Report. CGi to arrange a meeting, which includes JC, MAE, HG CG and CGi, to discuss the overlap between PC&DC and Quality as regards reporting processes (incl. POD). **Item remains open.**
5.4	In addition to the above items, members discussed the previously agreed position to expand membership by bringing on board an additional member. It was agreed that the new member would be an Associate (Non-Executive Director (NED) and MH was charged with the responsibility of supporting implementation. **Action: MH to facilitate.**
6.	**Questions from the Public**
6.1	There were no questions from the public.
7.	**The Primary Care Strategy: Primary Care at Scale, Partnerships and Integration**
7.1	HE, BB and OA delivered the Primary Care Strategy and stated that the strategy aimed to achieve locality based integrated working which focused on early intervention delivered through

	Integrated Locality Partnerships (ILPs). HE clarified that all localities contributed to building relationships through the involvement of their respective representatives who helped drive health programmes. HE emphasised the limited amount, or short-term nature, of funding.
7.2	HE stated that ILPs aimed to achieve outcomes through: • bringing the right people together to proactively tackle the root cause of health inequalities in the locality; • empowering people locally to improve their health and wellbeing; • working collectively to redesign care for, or with, people in the locality to enable patients to live well at home.
7.3	HE explained that representatives came from various sectors such as Local Government, NHS, Voluntary Community and Social Enterprise (VCSE) sector, housing communities, police, and the education sector. HE added that it was important to create a well-balanced mix of skills for the partnership, covering both medical and social environments.
7.4	BB reiterated that ILP 3-year strategic plan sought to build and strengthen relationships, through: • involving people and communities • learning and sharing • equitable resource allocation • good governance
7.5	BB stated that good governance would, amongst other factors, be strengthened by having bi-monthly reports being presented to the PC&DC Committee and the ICB, and by having ILPs represented at Gloucestershire Health & Wellbeing Partnership (ICP). BB presented ILP driven priority projects in the county and described the structures and tools employed to achieve early interventions and reduce health inequalities in local communities.
7.6	BB emphasised a need to keep ILPs, PCN and ICS priorities aligned. BB gave an overview of health and social inequalities in Cheltenham ILP and how the ILP driven priority programmes eased pressure in areas such as children and young people's mental health, respiratory health, and frailty. The programmes included cookery classes, mental health training for teachers and various community wellbeing programmes.
7.7	HE gave an overview of the Primary Care Network (PCN) backed ILP health priorities in Stroud & Berkeley Vale and described children and young people's health and social wellbeing pathways. HE stated that the designing and packaging of priorities was reflective of local needs. HE cited funding pressures impacting priorities in rural settings.
7.8	HE explained that the above stated ILP driven programmes were well received by the local communities. CAM commended the commissioning efforts and innovation demonstrated by the Primary Care team. CG emphasised the value of social prescribing and partnering with communities to reduce health inequalities; and he commented that the county was a leader in innovation, which reduced health inequalities through employment of ILP driven models.

7.9	**<u>RESOLUTION</u>: The Committee noted contents of the Primary Care Strategy: Primary Care at Scale, Partnerships and Integration.**
	Andrew Hughes, Teresa Hinder, Dr Simon Whiteside and Dr Ashley Seymour joined the meeting at 2:45pm.
8.	**ICS Transformation Programme: ILPs Highlight Report**
8.1	HE presented and briefly described the function of ILPs as an integration tool which focused on supporting partnership working between PCNs and other key stakeholders. She added that the key outcomes of the approach included improved health and wellbeing, reduced hospital admissions and length of stay, better experience, and equality. Members discussed the report.
8.2	**<u>RESOLUTION</u>: The Committee noted contents of the ICS Transformation Programme: ILPs Highlight Report.**
9.	**Business Case for new Surgery at Brockworth**
9.1	AH presented the report which set out the Business Case for a new Brockworth Surgery. AH outlined the benefits, financial implications and timeline for the completion of a new building. AH explained that previously, Brockworth Surgery partnered with Hucclecote Surgery to jointly construct premises for surgeries, but they could not find suitable premises and the project had been abandoned
9.2	SW emphasised that if development of a new premises did not proceed, the long-term provision of suitable primary care services for an expanding population of Brockworth would be substantially affected, leading to a negative impact on service delivery and service strategies. SW added that the benefits of new premises included: • supporting delivery of key service strategies of the Gloucestershire ICS; • allowing for expansion of training at student, foundation year and GP registrar level, which currently could not be entertained due to lack of space; • allowing patient experience through family friendly facilities and waiting areas; • improved security and confidentiality; • improvement in car parking and drop off facilities.
9.3	ASy stated that it was proposed to relocate the practice into a purpose-built single facility with Assura Plc as the favoured 3rd party developer selected by the Brockworth Surgery. ASy reiterated that Brockworth Surgery was the hub of Brockworth community Primary Health Care service, and he reassured the Committee that the GPs and staff were committed to continuously improve delivery of health outcomes.
9.4	SW added that capital costs of the new surgery were estimated at £6,610,000 which would be raised by the developer. JC cautioned that rising costs in the supply chain posed a risk to cost estimates. SW presented the financial model of the project and outlined the total revenue requirements and the net total recurrent investment. TH presented the building's technical plan, artist impression and the project timeframe. Members discussed the Business Case.

9.5	**<u>RESOLUTION</u>: The Committee considered the contents of the report and approved the following recommendation of PCOG:** • **The recurrent annual investment of £380,049 to fund the delivery of a 3rd party Developer-led new Brockworth Surgery to cover rent (including actual rent, a supplementary payment, car parking and VAT) and rates costs. Based on existing levels of reimbursement this will be a net annual investment of £301,613.** • **The allocation of £76,008 from the GPIT capital budget to fund GPIT and HSCN requirements.**
	Teresa Hinder, Simon Whiteside, Ashley Seymour and Andrew Hughes exited the meeting at 3:10pm.
10.	**Primary Care & PCN Highlights Report**
10.1	JW presented the report and gave an overview of Primary Care Strategy and the PCN DES covering: • Primary Care Strategy • PCN DES Contract & Service Specifications • Investment & Impact Fund • Enhanced Access • PCN Dashboard • Primary Care Contracting • Primary Care & PCN Funding Streams • Workforce and ARR • Digital Updates • Covid 19 Vaccination Programme • Delegation: Pharmacy, Optometry and Dental Services (POD)
10.2	JW, in addition, stated that the team were targeting work to achieve annual health check and learning disability target outcomes. JW described the support being provided to refugees moving into the county. JC commended the service effort as demonstrated by the support to arriving refugees, but raised some concern regarding what appeared to be slippage in mental health targets within PCNs.
10.3	JC expressed a need to explore some correlation between winter season and a decline in mental health. CG suggested that members would value the input of PCNs in describing the pressures faced in their operations. He added that PCNs should be supported with feedback which could aid the reversal of deprivation and inequalities. Members discussed the report.
10.4	**<u>RESOLUTION</u>: The Committee noted contents of the Primary Care & PCN Highlights**

	report.
11.	**Primary Care Quality Report**
11.1	MAE presented and stated that the ICB and its partners were committed to investing in Safeguarding and were engaged in the adult agenda and working with practices and communities. MAE further stated that the ICB and its partners had appointed a new Adult Safeguarding Lead nurse and increased Dr Katy McIntosh's sessions. Dr McIntosh is the Safeguarding practitioner. MAE added that the ICB and its partners had replaced the retiring doctor for Children's Safeguarding, Dr Imelda Bennett, with Dr Michelle Sharma who is also very experienced in the field.
11.2	MAE explained that the rate of Covid-19 was going down, but that flu infections were on the rise. MAE reassured the Committee that infection control teams were investing more time and resources to reverse flu infections. This included Point of Care testing to quickly detect infection and promptly initiate treatment. The teams were delivering boosters to local communities and rendering support to care homes by providing vaccines.
11.3	MAE explained that the Engagement Team recognised areas of low vaccine intake, and they were responding by, amongst other outreach methods, organising walk-in sessions. MAE stated that a target of 80% intake of vaccines before year end was achievable.
11.4	MAE stated that they were targeting and nurturing the interests of student nurses in primary care in the hope that they would work in primary care upon completion of their training. MAE also stated that vaccination programmes and other health checks were being extended to refugees living in migrant hotels. BP spoke about patient experience and described the Engagement Team's relationship with the local communities and with ICB partners.
11.5	**RESOLUTION: The Committee noted contents of the Primary Care Quality report.**
12.	**Primary Care Delegated Commissioning Pharmacy, Optometry, Dentistry (POD) Progress Report**
12.1	JW presented the report and described the expectation from NHS England that the ICB take on delegated responsibility for Pharmacy, Optometry and Dental services (POD) across the county with effect from 1st April 2023. JW added that the Safe Delegation Checklist (SDC) had been issued by NHSE to support ICBs in their preparation to take on delegated functions, such as transforming dental health.
12.2	JW stated that the Primary Care team was working with NHSE South West regional team, along with the other ICBs in the South West (SW) to ensure a smooth transition of delegated services to the ICB. JW added that the Finance and Quality teams were also holding meetings to promote arrangements for delegation. JW reassured members that the Primary Care team were engaging with NHS England and the regional team. Members discussed the report.

12.3	**<u>RESOLUTION</u>: The Committee noted contents of the Primary Care Delegated Commissioning Pharmacy, Optometry, Dentistry (POD) Progress report.**
13.	**Delegated Primary Care Financial Report**
13.1	CL presented the report and stated that as of 31st October 2022, the ICB's delegated primary care co-commissioning budget was £374,000 overspent, but with a forecast outturn position of £24,000 overspent. Members discussed the contents of the report.
13.2	**<u>RESOLUTION</u>: The Committee noted contents of the Delegated Primary Care Financial report.**
14.	**Any Other Business**
14.1	AH advised that there were two upcoming events scheduled to take place within the local community, and these were namely: a ribbon cutting ceremony and a patient engagement event. Members requested Andrew Hughes and Becky Parish to attend on behalf of the ICB.

The meeting ended at 3:45pm

Date and Time of Next Meeting: 2nd February 2023 at 09:30am (Hybrid).

Signed (Chair):____________________ Date:_____________

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Agenda Item 5

Primary Care and Direct Commissioning Committee

Matters Arising February 2023

Minute Ref, & Date	Description	Response	Action owner	Due	Note/Update	Status
04.08.22 Item 10.6	Primary Care Delegated Commissioning – Pharmacy, Optometry, Dentistry Highlight Report. CG requested a detailed report on Pharmacy, Optometry and Dentistry return to PC&DC Committee for further discussion.		HG/JW	2nd Feb. 2023		Open
06.10.22 Item 9.9	Primary Care and PCN Performance Report. HG and JW to provide further		HG/JW	2nd Feb. 2023		Open

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	detail on the respiratory Quality Improvement project.					
06.10.22 Item 9.11	ToR for PCDC To arrange a meeting which includes JC, MAE, HG and CG to fully discuss PCDC responsibilities and report process. (incl. POD)	This meeting took place on 25th January.	JC, HG and MAE	2nd Feb. 2023		Open
01.12.22 Item 4.4	Matters Arising. Members discussed the previously agreed position to expand membership by bringing on board an additional member. It was agreed that the new member would be an Associate (Non-Executive Director (NED) and MH was charged with the responsibility of supporting implementation.		MH	2nd Feb. 2023		Open

There are no questions from the public.

Pt 1 Agenda Item 7

Primary Care & Direct Commissioning Committee

January 2023

<table>
<tr><td>Report Title</td><td colspan="4">Primary Care & PCN Highlight Report</td></tr>
<tr><td>Purpose (X)</td><td colspan="4">For Information: x
For Discussion:
For Decision:</td></tr>
<tr><td rowspan="3">Route to this meeting</td><td colspan="4"></td></tr>
<tr><td>ICB Internal</td><td>Date</td><td>System Partner</td><td>Date</td></tr>
<tr><td>PCOG</td><td>17/01/2023</td><td></td><td></td></tr>
<tr><td>Executive Summary</td><td colspan="4">The report aims to give an overview of the recent highlights for the Primary Care Strategy and the PCN DES
• Primary Care Strategy
• PCN DES Contract & Service Specifications
• Investment & Impact Fund
• Enhanced Access
• PCN Dashboard
• Primary Care Contracting
• Primary Care & PCN Funding Streams
• Workforce and ARR
• Digital Updates
• Covid 19 Vaccination Programme
• Delegation: Pharmacy, Optometry and Dental Services (POD)</td></tr>
<tr><td>Key Issues to note</td><td colspan="4">In month 10 we have not identified any key issues; however, we are regularly reviewing and monitoring performance and offering support to practices and PCNs where appropriate.</td></tr>
<tr><td>Key Risks:

Original Risk (CxL)
Residual Risk (CxL)</td><td colspan="4">No risks at this early stage in the 2022/23 year but regular (monthly) reviews of practice and PCN data is taking place to monitor any risks.</td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="4">If the below data is shared at meetings, it is ensured that the data is treated in confidence. The local PCN DES/IIF Dashboard is shared monthly with PCNs.</td></tr>
<tr><td rowspan="2">Resource Impact (X)</td><td>Financial</td><td></td><td>Information Management & Technology</td><td></td></tr>
<tr><td>Human Resource</td><td></td><td>Buildings</td><td></td></tr>
<tr><td>Financial Impact</td><td colspan="4">None – data information sharing.
IIF has financial incentives for PCNs.</td></tr>
<tr><td>Regulatory and Legal Issues (including NHS Constitution)</td><td colspan="4">Data is anonymised when shared and meets data security and information governance requirements.</td></tr>
<tr><td>Impact on Health Inequalities</td><td colspan="4">The primary care and PCN highlight data can help identify areas that may require additional support.</td></tr>
<tr><td>Impact on Equality and Diversity</td><td colspan="4">N/A – paper is on primary care and PCN highlight data</td></tr>
<tr><td>Impact on Sustainable Development</td><td colspan="4">N/A – paper is on primary care and PCN highlight data</td></tr>
</table>

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MINDFUL EMPLOYER

7

Patient and Public Involvement	N/A – paper is on primary care and PCN highlight data		
Recommendation	The Committee is requested to: • Note the information provided		
Author	Becky Smith	**Role Title**	Project Manager, Primary Care & Place
Sponsoring Director (if not author)	Jeanette Giles & Gayle Sykes Helen Goodey		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
AHC	Annual Health Check
ARRS	Additional Roles Reimbursement Scheme
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CYP	Children & Young People
F2F	Face to Face
GCC	Gloucestershire County Council
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
HAP	Health Action Plan
ICB	Integrated Care Board
ICS	Integrated Care System
IIF	Investment and Impact Fund
LD	Learning Disability
PCN	Primary Care Network
PCOG	Primary Care Operational Group
PCSP	Personalised Care and Support Plan
QOF	Quality Outcomes Framework
SMI	Severe Mental Illness
SMR	Structured Medication Review
VCSE	Voluntary, Community and Social Enterprise

7

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Primary Care & PCN Highlight Report

PCDC P1 Agenda Item 7

Programme Status: Amber

Programme Name:	**Primary Care Strategy and PCN DES Programme Plan**	**Key Points of Escalation**	
This highlight report updates the Board about the project's progress to date. It also provides an opportunity to raise concerns and issues with the Board, and alert them to any changes that may affect the project.		• Capacity for PCNs to deliver expanding DES requirements and specifications	
Project Name:	PCS & PCN DES 22/23	**ICS Programme Area:**	Primary Care Strategy
Project Lead:	Jeanette Giles & Gayle Sykes (Primary Care) Katrice Redfearn (Interim, PCN); Kate Usher (Workforce)	**Senior Manager Lead:**	Jo White & Helen Edwards
Programme Sponsor:	Helen Goodey	**Programme Director:**	Helen Goodey
Author of Report:	Becky Smith	**Clinical Sponsor:**	Dr Andy Seymour
Date of Report:	1st January 2023	**Reporting Period:**	December 2022

Project Overview:

This highlight report is derived from the Primary Care Strategy and PCN DES Programme Plan which sets out the implementation and delivery of the PCN DES and will monitor progress highlighting any key risks and issues.

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.

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.

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For 2022/23, an updated Network Contract DES was released on 31st March 2022 and commenced on 1st April 2022; with a mid-year variation made on 30th September 2022. 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.

The ARR workforce investment is there to support the PCN delivery of specifications along with specific other requirements of PCNs detailed within the PCN DES, specification's active from April 2021 were:

- Enhanced Health in Care Homes (EHCH)
- Structured Medication Reviews
- Early Cancer Diagnosis

A further 4 specifications originally planned from April 2021 were postponed and introduced in full, from October 2021 as outlined below:

- CVD Prevention and Diagnosis – Some elements commenced October 2021 and further requirements were introduced April 2022
- Tackling Neighbourhood Health Inequalities - Preparatory requirements were introduced October 2021 - February 2022, with PCNs required to deliver plans from March 2022
- Personalised Care – Phased approach from April 2022 focussing on proactive social prescribing and shared decision making
- Anticipatory care – Phased approach from April 2022, subsequently revised by NHSE/I in 30th September update

The Investment and Impact Fund for 22/23 has been reinstated, and then updated on 30th September 2022 with 989 points now available.

1. Status			
Overall Project RAG:	Amber	**Previous RAG:**	Amber

2. Project Manager Update Overview *(for reporting period)*

Key Achievements since last report

1. PCN Network DES & Service Specifications

NHSE released the 2022/23 PCN DES contract on 31st March 2022 and updated the contract on 30th September 2022; below we have outlined specific changes and updates to the service specifications and IIF indicators.

PCNs Core Network Practices automatically enrol in the 22/23 Network Contract DES 20th September update. The ICB have circulated a sign-up form for practices to complete and return in order to fulfil the requirement of practices entering into a written variation of their Primary Medical Services Contract. To date we have received 51 returns (out of 70).

a) **Investment and Impact Fund**
2022/23 – The PCN team are continuing to review PCNs IIF Achievement each month, following release of the local PCN dashboard (see below)

b) **PCN DES Service Specifications**
The PCN Team are developing a self-assessment checklist for PCNs around the PCN DES service specifications, to try and understand the current status of the services across the county including barriers/challenges and any areas of best practice that we can learn from. It has been agreed with the LMC that given practice workload this will be presented as a supportive tool and not a required return.

c) Enhanced Access

- The Enhanced Access Service is being delivered by PCNs from the 1st October 2022.
- Further discussions are continuing to take place around a Saturday Phlebotomy Service to support PCN Enhanced Access, although this is proving to be challenging.

d) PCN Dashboard

- A local PCN dashboard has been developed to show performance against a range of metrics, including IIF performance, to support PCNs (in addition to the national Dashboard). Please see latest dashboard available on CCG live. The latest dashboard has been updated to reflect the latest contract updates which were announced by NHSE/I on 26th September 2022.
- The Dashboard includes useful information, including coding guidance to support PCNs and Practices with the IIF requirements. The PCN Team are reviewing the dashboard on a monthly basis and providing PCNs with additional information/helpful reminders to support them with the IIF requirements, previous issues can be accessed on the CCG live page.

2. Primary Care Contracting

a) Learning Disability (LD) Annual Health Checks (AHC)

- The national aim for 2022/23 remains at 75% for Learning Disability Annual Health Checks and Health Action Plans, and local plans are in place to help achieve this.
- As of 31st December, the ICB average for LD patients with an Annual Health Check (AHC) and a Health Action Plan (HAP) was 40.3% an increase of 5.90% in the last month. Historically many practices choose to undertake their LD health checks in Q4 and so the numbers are expected to increase over the next 3 months.
- In Q4, the Primary Care Team will continue to communicate with practices to highlight individual progress and to remind them of the help available via the LD Liaison Nurse who can support with undertaking health checks in practice.

b) Severe Mental Illness (SMI) Physical Health Checks

- The national aim for 2022/23 remains at 60%, and local plans are being put in place to help achieve this.
- As of 31st December, the ICB average for SMI physical health checks was 26.77% for 22/23; this is an increase of 3.67% in the last month.

- As noted in the LD AHC section, the Primary Care Team will continue to reach out to Practices to highlight the current progress from the PCN DES/IIF Dashboard and to remind practices of the offer of support from the system including The Independence Trust.

c) GP CPCS (Community Pharmacist Consultation Service)

The ICB and LPC continue to work with pharmacies and practices to build relationships and implement with practices who wish to participate. The ICB and LPC continue to target some PCNs and practices, supporting their implementation and meeting needs such as refresher training and assistance with the referral process. Both the ICB and the LPC will monitor progress and focus on areas of low referral rates. Information offering support to practices was circulated in the ICB Primary Care Bulletin to all practices and PCNs in December 2022.

d) Enhanced Services

- The Enhanced Service Review Group (ESRG) is continuing with the review of the local enhanced service specifications through the ESRG governance route for commissioning services for 23/24.
- A local Enhanced Services Dashboard was launched in December 2022 to support practices with their Enhanced Service work. This can be accessed via CCG Live. The aim of the Dashboard is to show practice activity for the enhanced services they have signed up to as a "how am I driving" tool and shows data at both practice and PCN level. The Dashboard will be updated quarterly, Q1 and Q2 data is currently available, with Q3 due in the middle of January 2023.

e) Migrant Health

Homes for Ukraine (HFU)

Since the scheme started, 1501 visas have been issued for the HFU scheme for Gloucestershire as of 18th October 2022. The Cotswolds, Stroud, and Cheltenham still have the highest numbers of residents in the county.

Number of guests arrived in UK (or within the next week)	1236
Number of properties where guests have arrived	576

Registering new arrivals with GP practices is still a priority together with TB screening. Pathway for TB screening now further developed with GHT colleagues - information to be rolled out to GPs shortly.

f) Contingency Hotels

An additional contingency hotel, Prince Of Wales was opened on 28th November 2022

The occupancy for December 2022:

Ramada	74 people occupying 47 rooms
Orchard	82 people occupying 60 rooms
Ibis	201 people occupying 127 rooms
Prince of Wales (Berkeley)	34 people occupying 90 beds

The project team have moved fortnightly meetings to monthly meetings. At hotel level, work continues with managing all health needs and GP registrations.

g) St. Paul's OOH Support (Christmas and New Year)

- St Paul's PCN provided six additional sessions on 24th, 26th, 27th and 31st December and 1st and 2nd January. 126 appointments were made available and 109 patients were booked with 100% attendance.
- The highest users of the service resided in Cheltenham (42%) followed by Gloucester (23%) and Stroud (10%). 13 attendees were from out of county. Children aged 0 – 5 accounted for 29% of attendees, and 49% of patients attending were under 16 years of age. .
- A wide range of conditions were seen including flu, throat, UTIs, coughs and 9 Strep A patients. There were no covid patients but 21 patients presented with flu.
- 31 patients were either referred to A&E or admitted.

h) Acute Respiratory Infection (ARI) Hubs

- Two ARI hubs are being developed with Rosebank PCN in Gloucester and St Paul's PCN in Cheltenham
- Appointments will be offered to all practices in the Cheltenham and Gloucester localities
- The aim is for clinics to start week commencing 30.1.23

3. Primary Care & PCN Funding Streams

a) PCN Funding

- From 3rd October PCSE Online began processing automated monthly PCN capitation payments.
- There have been ongoing issues with PCSE which have impacted PCNs payments. Issues include:
    - PCN User Admin access delayed (PCNs unable to access statements)

- Bank accounts unable to be changed (new form now available)
- Incorrect payments for Enhanced Access due to not implementing the change from Extended Hours (now resolved).

- The ICB are trying to work with PCSE to resolve these issues.

The PCN Team have been planning to conduct an annual assurance process to monitor PCNs spend on various PCN funding streams. These are: PCN Transformation Funding, PCN Quality Improvement (QI) Projects and 21/22 PCN Development Funding (utilised for QI Project Managers). This process also provides an opportunity for the ICB to understand the current status of projects PCNs are delivering. Due to the workload and workforce pressure primary care are currently experiencing, it has been agreed to put this process on hold. This will be reviewed regularly to understand when appropriate to reinstate.

b) PCN Quality Improvement Non-Recurrent Funding

- All 15 PCNs MOUs have been received for both allocations of the QI Funding. PCNs are proceeding to deliver their planned QI projects.
- 3 PCNs have submitted amendments to their QI Projects. These changes have been taken through PCNDG for review. Following agreement, updated MOUs have been issued to these PCNs to reflect the changes.
- The PCN Team have been liaising with Business Intelligence and Finance colleagues to discuss data requirements to support evaluating the projects.
- The Business Intelligence team have finalised the resources to support PCNs to submit data requests for PCN projects, such as the Quality Improvement (QI) projects; a slide pack and data request form have been shared with PCNs.
- The ICB have been reviewing the PCN QI Projects to identify projects (particularly where multiple PCNs have similar project themes) that the BI Team could evaluate to support future planning. Business Intelligence are working closely with PCNs to complete an evaluation of the QI Projects particularly around the themes of Frailty and Respiratory.

c) PCN Development Funding 2021/22

- There are currently 13 PCNs with QI project managers in post, the 2 remaining PCNs are working to recruit their QI project manager.
- The ICB service improvement and redesign team have offered a QI training programme for the QI project managers which has commenced with good representation from PCNs.

d) PCN Development Funding for 2022/23

- The ICB have received further information regarding the PCN Development Funding for 2022/23. The GP Transformational Support Fund has been created from combining the previous two SDF funded programmes within primary care: (a) Digital First and (b) PCN Development. Systems should plan the spend of this funding based on supporting practices and PCNs to:
  - support staff skills and capabilities;
  - improve ways of working, reduce unwarranted variation and increase operational efficiency; and,
  - drive integrated working.

- PCNs proposals were taken to PCNDG on 14th December 2022 for review and recommendations The PCN team have followed up with any recommendations from the group. Proposals are due to go to ICB Operational Group 10th January 2023 for final.
- Following approval, an MOU between the PCN and ICB will be put in place before the funding will be released to the PCN. Further details will be shared with PCNs in the upcoming reporting period.

4. Workforce and ARR

a) ARR roles:

- **Physicians Associates (PAs):** There is a £5000 preceptorship allowance from HEE to support the supervision and educational needs for newly qualified PAs in primary care. The programme needs to be undertaken for a minimum of 1 year (WTE). A peer support network has been established as numbers of PAs in Primary Care are growing.
- **Paramedics**: The Expression of Interest (EOI) process with SWAST remains open for PCN's with PCN's able to submit EOI's for phase 3 of SWAST's recruitment programme by end of January 2023. Gloucestershire already has 10+ ARR Paramedics via SWAST, who are working in Primary care. SWAST has confirmed that as the Paramedic's salary already includes an Out of Hours supplement, that paramedics could work outside of core hours in primary care (subject to agreement with their practice), which could support Enhanced Access requirements where needed. SWAST is accepting further EOI's for Paramedics from PCN's looking to recruit under ARR's.
- **Social Prescribing Link Workers:** Reflective supervision in place and an evaluation was recently undertaken which evidence the very positive benefits this was providing to SPLW's. A non-recurrent funded training package is available to promote development of personalised care in Primary Care (which will assist development of SPLWs, Care co-ordinators and health and wellbeing coaches, alongside the wider PCN workforce). Discussions are underway regarding future provision of reflective practice for SPLW's, with a range of options being explored. An update on a range of future funding options was discussed at the 27th October CD's meeting with a follow-up scheduled for February 2023. The NHSE&I team who ran the SPLW 'Trailblazer' pilot are exploring if further funding will be available to support the reflective supervision programme.
- **Care co-ordinators**: Community of Practice now up and running for care co-ordinators, facilitated by the Primary Care Training Hub (PCTH), to provide peer support, discuss learning needs and more. New members welcome.
- **Health and Wellbeing Coaches:** We are seeing an expansion, both current and projected, in HWBC numbers in PCNs. Reflective supervision provision, similar to SPLWs, and noting NHSE guidance, is under development. An EOI is with PCNs to establish demand for some supervision.
- **Mental Health Practitioners (MHPs):** 8 PCNs have MHPs in post and a further 5 practitioners are being recruited. Berkeley Vale and Stroud Cotswolds have confirmed they don't require a MHP at this time. Therefore, following the forthcoming recruitment round, all PCNs who requested a MHP in 21/22 have at least one MHP in post although there are recruitment challenges most noticeably in rural areas. Work has been undertaken to determine the roll-out trajectory for the 4 PCN's looking to recruit a 2nd MHP under ARRs using the last 12-months usage of GHC services by PCN, overlaid with each PCN's 23/24 and beyond ARR plans. Once internal review has been undertaken, this will be presented to PCN's for review/agreement. GHC is aware of the numbers required although the 50% funding from the system requires further discussion.

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- **Physios:** conversations as an ICS to consider hosted/rotational models are in progress, along with discussions to support roadmap implementation. A range of information to support the recruitment of Physios e.g., recruitment checklist has been circulated to several PCN's looking to recruit this role, with positive feedback received.
- **ARR Repository:** The ARRS repository has now gone live. Over time further roles will be added. The repository includes details such as role overview, job descriptions, training requirements (including Roadmaps where available) and a range of other content including case studies and videos. The new ARRs roles of GP assistants have been added to the ARR repository, with the digital and transformation lead role to follow shortly.

b) **Workforce Survey:** To better align our Workforce survey with our annual workforce conversations, the Primary Care workforce team will undertake 2 shorter surveys in November 2022 and then May 2023, with the survey being completed in April/May each year going forwards. The November 2022 survey has been distributed.

c) **GP recruitment and retention funding:** Following a successful bid to NHSE funding has been allocated to support GP recruitment and retention, ICB's Primary Care Workforce team have worked alongside the training hub and in partnership with our LMC to develop a range of initiatives to support the recruitment and retention of GPs within Gloucestershire. Recognising the requirement to support GPs at different stages of their careers and in different work and personal situations, the range of programmes include GP educator time (supporting multi-professional learning in PCNs), GP walking groups in localities, GP refresher courses (for those who have time out e.g., parental leave, extended sick leave), GP mentoring, parental workshops, support for GPs on the returner scheme and relocation packages/golden hellos. To note, these are new initiatives funded by the recently provided NHSE&I monies and represent only a small number of support initiatives available to our GP workforce. Further funding for 23/24 has been bid for and we are awaiting a response.

d) **GP Specialism Fellowships** A GP specialism fellowship offers GPs the opportunity to work in Gloucester city, directly supporting the provision of healthcare for patients in this area. In partnership with GHAC (Gloucester Health Access Centre), we are providing the opportunity to recruit a number of salaried GP roles to undertake clinical sessions with the added benefits of a fully funded Special Interest GP fellowship and CPD bursary for those with or looking to develop a special interest. One GP is in post, with a 2nd due to start soon.

e) **Tier 2 Visa applications:** Noting the increase in Dr's from abroad who are qualifying as GPs in the UK, we are seeing an increase in the number of Tier 2 visa requests. Recognising the benefits, skills and support that these Dr's and other clinical roles, can bring to Primary Care, the Primary Care training hub has worked with several practices to provide guidance and support on the Tier 2 Visa application process. Tier 2 Visas provide an immigration route for non-European Economic Area (non-EEA) clinicians wanting to work in the UK but with a lengthy application process, some practices were at risk of losing potential GPs to out of county practices who already had Tier 2 visa sponsorship in place. Our collaborative approach supported practices in recruiting two GPs into county to date with further practices now interested in securing a Tier 2 Visa. A dedicated 'Tier 2 Visa' application guide/page is in process of being developed on our Training hub website.

f) **GP Refresher Courses:** The training hub is offering fully funded subscriptions to courses on range of clinical topics with NB Medical for a 12-month duration for GPs returning to practice from a period of parental leave, sickness or other absence of less than 2 years and therefore, not requiring the GP returner scheme.

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Applications are via expression of interest via the training hub website. Our offer will ensure that GPs who may otherwise struggle to undertake refresher training to return to their profession can study to do so at a time convenient to themselves, supporting maintenance of our GP workforce.

g) **Training offers:** Training offers include topics such as 'Ninja productivity', 'First steps into leadership', practice accounts and tax, dispute resolution and change management. These will support clinical and non-clinical staff including ARRs roles. An admin away day will also be planned for early 2023, and a further training need has been identified from the workforce conversations to support reception staff identifying acutely unwell patients, for earlier clinical input. A range of bite-sized training offers for reception/admin staff has been designed to support staff over this Winter, including sessions on red flags, pharmacy services and health and wellbeing. Sessions to date have been well attended and well received, with further dates available into February 2023.

h) **Annual Locum event 2022:** The Primary care workforce team's annual Locum event took place on 30th November 2022. With a key focus on engagement of Locums and encouragement to work in Gloucestershire. The event provided Gloucestershire Locums with a range of training and educational opportunities including Basic Life Support (BLS) training, Safeguarding, Clinical Programme Group updates along with a presentation from the providers of Gloucestershire's Primary Care Flexible Staffing Pool. The event was well attended and well received by Locum GP's attending.

i) **A strategic GPN lead role** has been recruited to which will aid delivery of a practice nursing workforce strategy. The postholder started in December 2022.

5. **Digital Updates**

a) **Clinical System Changes**

3 further practices are migrating to SystmOne by April 2023 taking the total number of practices to 66. This will then leave 3 practices in the county who wish to remain on EMIS. The clinical system merger has been booked for 17th January 2023 and 17th April 2023.

b) **Footfall Website**

63 practices are using the footfall website, with 10 practices on the latest version (version 6). Work continues to migrate practices to version 6. The remaining practices use alternative web providers.

c) **Patient Access to practice medical records**

NHSE are now progressing with this project on a phased role out to practices. The ICB digital/ PC team are working with practices to ensure that they are ready for their switch on date.

In addition, practices were advised to review their patients and add a 104 Snomed code to prevent online access being switched on if they felt this would be detrimental to the patient. Some practices have added the 104 code to all their patients to prevent the switch on from happening. This could create potential

problems in the future as all patients should be offered online access unless it is unsafe to do so. There is a 106 Snomed code that can be added which will override the 104 code, but this has to be in place before the switch over happens.

d) **Enhanced Access (EA)**
Work is ongoing with the PCNs to support Hub configuration for Enhanced Access. We have updated the risk register with the request for from NHSE to place the EA service on DOS for 111 booking. As the service does not have direct booking and no admin support, this could present a clinical risk and it would be best to refer patients to the registered practice who can book them into an EA clinic if appropriate.

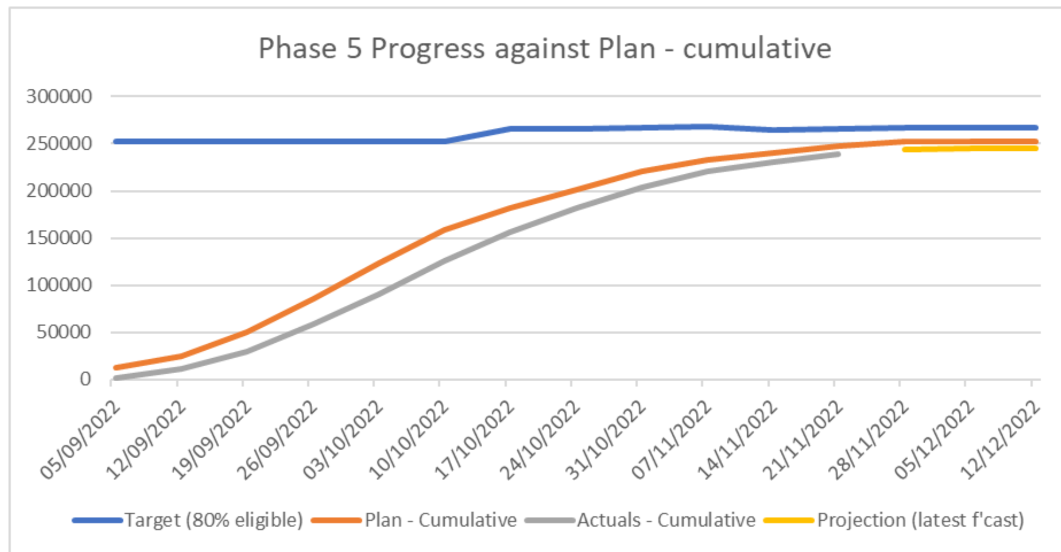
6. **COVID-19 Vaccination Programme**
Autumn Booster:

- The Autumn Booster (Phase 5 of the Covid-19 Mass Vaccination Programme) will run 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 310,500 people are eligible for a Booster this autumn and with predicted uptake rates – we expect around 253,000 doses to be delivered over the upcoming 12 weeks.
- By 1st December 2022, changes in Gloucestershire population and a slight clarification around some Cohort 6 eligibility had increased the total number eligible for an Autumn Booster to 332,836 which at a target of 80% uptake equates to 266,269 vaccinations.
- Sufficient capacity has remained available across our PCN, Hospital Hub (HH) and Community Pharmacy (CP) delivery network throughout the Autumn Booster campaign. Latterly Outreach clinics (organised and run from within the GHC team) have been added to target areas of particularly low uptake.
- The key challenge of aligning both Covid-19 and Flu vaccination delivery during a busy Autumn and early Winter period for Primary Care has largely been met – Covid and Flu uptake rates are good (and excellent compared to other systems) and Co-administration rates are running at around 38% which exceeds plans and expectations.
- The programme has delivered Bivalent Cominarty almost exclusively since the 3rd October with 56.67% of vaccine being the Bivalent Cominarty.
- The non mRNA vaccine – Nuvaxovid became in System from mid-October. A complex allergy clinic held at GRH in late November delivered this vaccine to 37 patients referred by GPs and/or consultants. A second such clinic is planned before Christmas.

Progress as of 1st December 2022

- As of 1st December 2022, 242,193 people have received an Autumn Booster in Gloucestershire (71% of the eligible population). Of these, 170k vaccinations have been delivered in PCN led local vaccination sites (70.25% of all Autumn Boosters).
- Current uptake (at the end of week 12 of the Autumn Booster phase) is, as stated above, 71%. This currently represents the best Uptake figures of any System in England.
    - Performance on key priority cohorts is especially strong with Care Home Residents in Older Adult Care Home settings being over 96%.

- Health and Social Care worker uptake has improved to around 50% (again high than National and higher than at this stage in previous booster phases)
- The original Gloucestershire system plan was to achieve 80% uptake of eligible cohorts for an Autumn Booster by 5th December (252k people in 13 weeks)
  - As above, eligibility has increased slightly to 266k, and uptake rates have slowed in the last few weeks. Nationally, target Uptake rates have been formally reduced down to 65% and the end date for Autumn Boosters extended in to 2023 (see more below on Evergreen),
  - However, in Gloucestershire we are still aiming to reach >75% before Christmas and with targeted Outreach clinics, focussed social media campaigns and a 'last call from practices to patients' – we are confident in achieving very close to that level.
- See graph below –
  - The Plan - Cumulative line on the graph shows the original plan to achieving 80% uptake by 5th December.
  - The 'actuals' grey line has tracked very closely to plan throughout the programme phase and our projections (yellow) based on actual bookings show we will be close to 75% at the end of next week (as above)
  - Note the 80% target (blue line on graph) has increased slightly as more people have become eligible over the course of the Autumn Booster Phase.



Uptake by cohort and by demography

- Within the overall uptake rate (71%) there is variety in performance of individual PCNs (from some already in excess of 80% to some still around the 60% level). There is a very marked correlation between the relative deprivation of the area served by the PCN and the uptake rates. The higher the deprivation index, the lower the Uptake rate and, vice versa, the wealthier the area – the higher the Uptake rates (note that uptake rates already include consideration of eligibility of PCN populus – so the overriding factor is not the demography of the PCN but it's relative deprivation). That is why the programme's Outreach work is focussed on areas of most deprivation.
- By cohort, uptake is broadly aligned to age (the more aged – the higher the uptake rates) – both because the older cohorts were offered the Autumn Booster vaccine earliest in the programme and because the younger cohorts are less able/willing to attend fixed booked appointments and prefer walk-in clinic models.
- Uptake rates by cohort range from over 90% for the 75's and over to 56% (but rising quickly) for the 50-54 year olds

Evergreen 2023

- As noted above, NHSE have already extended the end date for those eligible to receive an Autumn Booster to February 2023 – primarily to allow for those who have recently contracted Covid the opportunity to still receive a Booster vaccination.
- To keep all current eleven PCN led local vaccination sites (LVS) operating simply to deliver for a few remaining would not be effective. So only a few LVS sites will operate from January through to March 2023 with the majority hibernating from w/c 19th through to April/May 2023 when the Spring Booster '23 phase is likely.
- Sites remaining open will offer an Evergreen service to anyone needing a vaccine (1st, 2nd, 3rd, Booster, Autumn Booster etc) from any cohort (including Paediatric and Young Adult vaccine types) within the county. Site opening hours and availability will be communicated to all practice to enable signposting.
- Evergreen is an important component of the Mass Vaccination Programme and even during the Autumn Booster phase we have delivered over 3,000 evergreen vaccines (especially to 5-11 year olds) from our LVS sites.

7. Delegation: Pharmacy, Optometry and Dental Services (POD)

Further to national mandate, from 1st April 2023 the ICB will be expected to take on delegated responsibility for pharmacy, optometry and dental services (POD) across the county. The Primary Care team is working with NHSE South West, along with the other ICBs in the South West (SW) to ensure smooth transition of services to the ICB. Update since last report (October 2022) is as follows:

- NHSE meetings have been ongoing on a fortnightly basis with ICB finance teams to discuss financial arrangement for delegation. This has included the completion of an MOU (collaboratively across all ICBs in the SW) as well as the finance domains on the Safe Delegation Checklist (SDC).
- Five iterations of the SDC have been issued by NHSE to support ICBs in their preparation to take on delegated functions. The SDC requires completion and agreement by ICBs (deadline 24th February 2023) and will detail plans and progress towards readiness to operate with POD delegated functions. To date, the project team has completed the draft SDC which was submitted on time on 13th January 2023 following sign off by Mary Hutton, Helen Goodey and Cath Leech with Jo White – as agreed by the Operational Executive group on 10th January 2023. Many project team members have attended 'drop in' sessions hosted by NHSE covering 4 of the domains for completion, Governance & Leadership, Contracts, IT & Assets and Workforce. There have been two 'drop in' meetings for each domain with the purpose of assisting ICBs with completion. For the remaining domains, Finance and Quality & Transformation, NHSE have established

regular meetings to work through these domains separately. As noted above, finance joint meetings have been ongoing since July. Communication and Engagement has also been outside of the schedule NHSE drop-in meetings and scheduled directly with Gloucestershire ICB.

- A professional leads meeting was held on 1st December 2022 with invitation to leads from local Medical, Pharmacy, Optometry and Dental Committees. Future meetings have been set up between January and March 2023 in the first instance.
- An additional project team meeting was held on 7th December 2022 to work through some of the domains of the SDC with additional meetings held in-house for finance and IT teams. The draft SDC for submission was reviewed on 10th January 2023 by the project team. In line with governance requirements, the final version for submission to NHSE will be discussed and signed off at an extraordinary PCDC meeting in February (date to be agreed) prior to the submission date of 24th February 2023.
- Update report on Delegation of POD services had been presented to the Audit Committee on 17th November 2022 and the Committee will be updated again at the next scheduled meeting on 26th January 2023.
- Monthly 'Touchpoint' meetings continue, the last one on 5th December with named relationships manager from NHSE. Members of the POD project team attend. Issues raised are logged with NHSE and added to FAQs which NHSE circulate throughout the South West. FAQs include issues raised by all South West ICBs. Future monthly meetings have been scheduled from January to March 2023.
- Members of the primary care team are also actively reviewing the requirements of the SDC, and information provided by NHSE to understand future resource requirements and readiness to operate. A meeting will be held on 18th January 2023 between Jo White, Helen Goodey, Cath Leech, Matt Lowe and Clive Bowell to discuss future resourcing (and risks).
- POD Introductory session to be held on 19th January 2023 for members of PCDC by PCC.
- NHSE continues to provide monthly information packs outlining the latest contractual data on POD services and editions have been received since August 2022 (data included for previous month).
- Delegation Agreement due March 2023 for final ICB sign off (draft expected from NHSE by 31st December 2022 but not received).
- BDO (internal auditors) have been engaged since 30th November 2022 to carry out an advisory audit on the POD Delegation project.

The POD Project Team will continue to work through the following over the next 2 months:

- SDC – feedback meeting on 23rd January 2023 with NHSE relating to the draft submitted on 13th January 2023), including any outstanding issues marked as amber or red in Pre-Delegation Assessment Framework (PDAF) submission.
- Attend project team meetings on 10th January 2023, 14th February 2023 and 13th March 2023 to work through requirements of SDC to meet needs of readiness to operate.
- Commissioning Hub – understanding how the ICB operational teams will work with the Commissioning Hub, accountability and responsibilities of the ICB.
- Review the current contracts for pharmacy, optometry and dentistry to identify risks and issues.
- Review Corporate Risks (currently rated at 16).
- Identify resources and where necessary, recruit and train new staff to fulfil needs of delegation in readiness for April 2023.
- Any comments or recommendations received by BDO will be implemented.

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This includes working through the identified risks of:

- Transactional arrangements (including contracts, payments, complaints, risks).
- Quality (including quality schemes pharmacy, optometry and dentistry)
- Strategy and Policy (including service improvement)
- Financial processes (including approval of financial plans, contract awards, procurement, national returns)
- Workforce (general concerns pre and post April 2023)

Key issues for last reporting period including reasons for variance

- Primary Care is experiencing significant demand and increased activity. This is impacting on practice's capacity to meet the demands of their patients but also to engage in the PCN DES, therefore putting Clinical Directors & Business Managers under additional pressure, especially around strategic PCN work. This is a national issue.

Key points for upcoming reporting month including any potential Issues

- Take PCN Development Funding Proposals through ICB governance process for approval and put in place MOUs with PCNs & ICB
- Begin assurance process for PCN Funding streams (i.e., 21/22 Development Funding, Transformation Funding, QI Projects)
- Establishment of a Dental Strategy Commissioning Group.
- Prestige language service is being closely monitored following reports from some Gloucestershire practices that there are significant wait times and meeting demand for interpreters.

5. New or Significant Risks/Issues

Risks / Issues	Risk to System	L x C (inc.RAG)	Comments/Mitigating action
Availability of workforce for Primary Care is scant, both traditional roles and new professionals working in primary care; therefore, risking sustainability of primary care. PCNs face challenges around Additional Roles Reimbursement (ARR) scheme due to a limited number of	Inability to recruit to positions in Primary Care places huge pressure on the system. As PCNs now seek to extend their teams with new professionals in order to see and treat more patients in the community, they need to work together with the whole system to meet this in a sustainable way for all partners.		• ICB and PCTH working together on ARR plans for PCNs – ARR plans discussed with each PCN to ensure optimised recruitment of roles and funding usage, along with continued promotion of lesser used and new ARR roles. • Workforce modelling developed for Primary Care Strategy will be constantly refreshed as new data and planning assumptions become available. This has been shared with system partners. • System-working – particularly for Enhanced Access project and

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professionals being available and appropriate.			ARR – senior-level discussions are supporting an ICS approach. • Continued discussions with ICS partners around recruitment solutions including development of new ways of working e.g. rotational models and overcoming of recruitment barriers
Some practices and PCNs have significant recruitment challenges which will impair delivery of the DES and sustainability of general practice.	Unsustainable practices unable to deliver the DES could cause huge issues for patients if not resolved quickly, along with inherent system pressures.		• PCTH and ICB supporting with targeted initiatives to increase recruitment. • Continued promotion of the Primary Care Flexible Pool to support GP session fill until permanent roles can be recruited
Availability of IT (e.g. laptops) for all additional roles to be able to work remotely.	ARR staff are unable to work remotely to fulfil role requirements and support delivery of DES specifications.		• Interim funding for laptops in place • ICB are working with digital team to ensure ARR/PCN staff have equitable access to laptops.
SMR delivery lower than expected due to priorities of Clinical Pharmacists.	The expected capacity of SMRs not being delivered.		• SMR requirements in the Network Contract DES previously stated that the number of SMRs to be delivered will be determined and limited by PCN clinical pharmacist capacity. • SMRs for 22/23 is an IIF indicator
ARR Recruitment - Mental Health Role - phased roll out across 2021 & future impact	PCNs not able to fully access entitlement to 1 MHP in 21/22, plus 1 additional in 22/23 and 1 additional in 23/24 Gloucestershire: 21/22 15 in total 22/23 30 in total 23/24 45 in total		• Task & Finish Group in place - includes GHC, CDs, ICB • Ahead nationally on recruitment – 10 PCNs now have MHP appointed or in post. MHPs for next three PCNs in progress. • 2 PCNs do not require an MHP at this time. • In negotiations with GHC on a recruitment trajectory for PCN's who want a further i.e. 2nd MHP • Communications shared with PCNs regarding GHC phased recruitment plans for 21/22 and 22/23 to inform workforce plans
ARR Recruitment - Paramedic Role - SWAST rotational model	Ability for PCNs to recruit to this role at this banding level & with regional additional costs		• Paramedic recruitment under ARR remains challenging due to additional costs above and beyond ARR reimbursement. However, working via SWASFT's rotational model means Paramedics can potentially work evenings/weekends in general practice. • SWASFT have confirmed 'over-recruitment' of Paramedics to support provision of those in Primary Care but TBC if will meet Gloucestershire PCN's requirements • Another option is recruitment of band 7 paramedics that do

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			not require a rotational model but there is a lack of suitable applicants.
National PCSE Payment Issues	Monthly payments missed by PCSE nationally		• Payments now being paid by PCSE and there has been a number of problems with the new processes and the national team are working on sorting these out.

Sign off			
6. Project Lead:		Date:	

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Agenda Item 8

Primary Care & Direct Commissioning Committee

2nd February 2023

Report Title	**Primary Care Quality Report**					
Purpose (X)	**For Information**	X	**For Discussion**		**For Decision**	
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:					
	ICB Internal	**Date**	**System Partner**	**Date**		
	PCOG	17/01/23	ICB	January 2023		
Key Issues to note	ICB Quality updates					
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	N/A					
Management of Conflicts of Interest	If the below information is shared at meetings, it is ensured that the data is treated in confidence.					
Resource Impact (X)	**Financial**		**Information Management & Technology**			
	Human Resource		**Buildings**			
Financial Impact						
Regulatory and Legal Issues (including NHS Constitution)	Data is anonymised when shared and meets data security and information governance requirements.					
Impact on Health Inequalities	N/A – for information only					
Impact on Equality and Diversity	N/A – for information only					
Impact on Sustainable Development	N/A – for information only					
Patient and Public Involvement	N/A – for information only					
Recommendation	The Committee is requested to: review for information and update.					
Author	J Zatman-Symonds	**Role Title**	Deputy CNO			
Sponsoring Director (if not author)	Marion Andrews-Evans					

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
AHC	Annual Health Check
AOS	Appliance Ordering Service
ARRS	Additional Roles Reimbursement Scheme
CHIP	Care Home Infection Programme
CCG	Clinical Commissioning Group
CP	Community Pharmacy
CQC	Care Quality Commission
CYP	Children & Young People
CPCS	Community Pharmacy Consultation Scheme
F2F	Face to Face
FFT	Friends & Family Test
GCC	Gloucestershire County Council
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
HAP	Health Action Plan
ICB	Integrated Care Board
ICS	Integrated Care System
IIF	Investment and Impact Fund
LD	Learning Disability
OOH	Out of Hours
PCN	Primary Care Network
PCOG	Primary Care Operational Group
PCSP	Personalised Care and Support Plan
QOF	Quality Outcomes Framework
SMI	Severe Mental Illness
SMR	Structured Medication Review
VCSE	Voluntary, Community and Social Enterprise

Gloucestershire Integrated Care Board
Quality Report
January 2023

1.0 Introduction

1.1 This report provides assurance to the Primary Care and Direct Commissioning Committee (PCDC) that quality and patient safety issues are given the appropriate priority within Gloucestershire ICB and that there are clear actions to address such issues that give cause for concern.

1.2 The Quality Report includes county-wide updates on:

- System Effectiveness Group
- Safeguarding
- Patient Experience and Engagement
- Prescribing and Medicines Optimisation updates
- Infection Control – including updates from the Care Home Infection Prevention Team (CHIP)
- Vaccination and Immunisations
- Serious Incidents & Provider updates
- Urgent and Emergency Care
- Primary Care education and workforce updates
- Migrant Health update

2.0 System Effectiveness Group

2.1 There has not been a System Effectiveness Group since the last report and deadline for this submission. The next System Effectiveness Group is due to be held on the 9th of January 2023, updates following this will be provided in the next quality report.

3.0 Safeguarding

3.1 Key Achievements/ Celebrations

3.1.1 New Safeguarding Adult Lead Nurse post now in place (8a WTE) – focus on raising profile of adult safeguarding and interest and expertise in trauma informed practice.

3.1.2 Safeguarding team away day held. Safeguarding work plan developed and agreed for 22/23 with an increased focus on safeguarding assurance e.g., ensuring safeguarding is explicit in contracts and commissioning across the ICB.

3.1.3 Recruitment to Designated Doctor Safeguarding Children post, commencing early 2023 (3 sessions). Named GP given additional session to support team as undertakes both adult and children function.

3.2 Key Risks/Areas of Concern

3.2.1 Retirement of Designated Doctor Safeguarding Children (Nov) and retirement from Children in Care and Child Death Designated functions (February 23 - same post holder for all 3). AD and team covering SGC functions until replacement starts in new year.

3.2.2 Ongoing capacity of safeguarding team in relation to intercollegiate requirements (including admin support) – complexity of workload in small team in comparison to geographically similar teams in region. Capacity concerns on ICB risk register and business case in development.

3.2.3 ICB increasing responsibilities for Serious Violence Duty/Domestic Abuse Act etc/ current planning for JTAI inspection in addition to current workload.

4.0 Patient Experience and Engagement

4.1 Friends and Family Test (FFT)

4.1.1 The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS funded services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how. The FFT asks a simple question: *how likely, on a scale ranging from extremely unlikely to extremely likely, are you to recommend the service to friends and family if they needed similar care or treatment.*

4.1.2 Following a suspension during the pandemic FFT results for Primary Care (GP practices) have been published since July 2022. In September 2022 41 out of the 70 practices submitted no data. In October 2022 23 out of the 70 practices submitted no data - this is a positive move in the right direction. The % satisfaction was 91% in September and 92% in October (in line with England averages).

4.2 Patient Advice and Liaison Service (PALS)

4.2.1 The number of overall contacts received in Q3 2022/23 has fallen from the previous quarter with fewer concerns raised. However, calls, letters and emails received by the ICB PALS team continue to remain both complex and time consuming, with many clients requiring multiple contacts before their case can be closed.

4.2.2 A breakdown of the contacts received is shown in the table below.

Type	Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23	Sparkline
Advice or Information	64	112	88		
Comment	14	17	13		
Compliments	15	12	19		
Concerns	212	103	95		
Complaints About the CCG	7	3	3		
Complaints About a Provider	25	40	30		
Other	6	7	5		
MP Enquiries	27	1	2		
NHSE	5	12	7		
Gluten Free	0	1	0		
Total Contacts	348	308	262		

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4.2.3 PALS enquiries received related to GP Primary Care services within the county:

- Access to medications still is on topic, specifically around patients who have been referred via an NHS Pathway to Psychiatry UK for an Adult ADHD Assessment. Patients have found when they have received a diagnosis and started on a treatment plan monitored by the provider, they have been unable to access medications via shared care with their registered GP Practice. This was raised internally with the ICB, and it was agreed that prescribing GPs must feel competent in this area of prescribing these amber drug medications.

- Accessing face to face appointments.

- Twigworth area has had a new housing development and some patients have found it difficult to register with local Practices. PALS liaised with the Primary Care Team, and this was easily resolved with guidance given.

4.2.4 A total of 19 compliments have been received - this is quite a significant number to receive in one quarter.

- Five for the CHC team
- Two forwarded to GHNHSFT
- One NHS 111 service (been forwarded to PPG)
- Three for GP services
- Seven for the PALS team
- One Severn Dialysis Unit

4.2.5 ICB complaints three in total:

- NHS CHC funding/assessments

4.2.6 30 Complaints were received about other providers.

4.2.7 The PALS team are no longer responsible for MP enquiries, although continue to offer support when appropriate on the direction of enquiries/information. These are now being monitored and recorded by the Executive Business Manager.

5.0 Engagement in Primary Care

5.1 Engagement support

5.1.1 The ICB Engagement Team continue to provide support to practices going though changes such as mergers, branch closures etc. This includes advice and guidance and supporting meetings with patient groups. The Engagement Team have recently supported public events such as the open evening promoting the new primary healthcare facility proposal in Lydney and liaison with patient representative from Drybrook and Mitcheldean Surgeries regarding the primary care changes in that part of the Forest of Dean.

5.2 Practice Manager PPG Support Survey 2023

5.2.1 So that NHS Gloucestershire ICB can provide support to PPGs and Practices across the county we need to have up to date information and an assessment of practices' needs. A short survey has been sent to practice mangers in January 2023 so that we can ensure we are aware of their current arrangements, challenges and opportunities.

5.3 GP Practice Patient Participation Groups (PPG)

5.3.1 The countywide PPG Network last met in November 2022. The meeting was attended by Dr Paul Atkinson and Kevin Gannaway-Pitts. The theme for the meeting was 'All Things Digital' and the PPG members were able to participate in a lively Q&A prompted by information shared by Paul and Kevin. Kevin has offered to host digital training for PPGs and many have indicated they would like to take up this offer.

5.4 New Engagement Team Member

5.4.1 We were delighted to welcome Sophie Ayre to the Engagement Team at the beginning of December 2022. Sophie is taking on the role vacated by Katherine Holland in January 2022. The Team are now back up to full strength! Sophie will be focussing on engagement in Primary Care, some Clinical Programme areas and very importantly the development of the Get Involved in Gloucestershire online participation platform. Sophie joins us from Gloucestershire Health and Care NHS Foundation Trust, but has also worked for Healthwatch Gloucestershire and voluntary sector organisations in the past, so brings a huge amount of experience to the Team.

6.0 Wider Engagement

6.1 **Developing an Integrated Care Strategy for Gloucestershire:**

6.1.1 Building on conversations earlier this year (Developing our ICS priorities) and taking into account the great work already happening in our county, further targeted stakeholder engagement during autumn 2022 has supported the development of our interim Integrated Care Strategy for the next the 5 years.

6.1.2 An interim integrated Care Strategy has been developed by the One Gloucestershire Health & Wellbeing Partnership, based upon engagement with the public and in discussion with wider stakeholders across Gloucestershire. Building on conversations earlier this year (Developing our ICS priorities) and taking into account the great work already happening in our county, we have developed our Integrated Care Strategy for the next the 5 years. We are ambitious for Gloucestershire and believe that by all working together, alongside local communities, we can make a real difference to the lives of citizens across our county. Thank you to everyone who got involved and supported the development of the Strategy during 2022.

6.1.3 This interim version of the strategy builds on the work already in place across Gloucestershire, whilst recognising that working in a formalised partnership allows for greater ambition. To help structure the priorities going forward, the strategy has three overarching pillars which include:

1) **Making Gloucestershire a better place for the future** – focusing on the range of things that can impact of health and wellbeing including existing priorities like physical activity, healthy lifestyle, adverse childhood experiences and housing.

2) **Transforming what we do -** supporting prevention at a local level, joining up services close to home, reducing differences in people's experience, access to care and health outcomes and a One Gloucestershire approach to developing our workforce - ensuring services can access the skills and people they need.

3) **Health and care services today** - improving access to care and reducing waiting times for appointments, treatment and operations, improvements in urgent and emergency care and supporting people's mental health.

6.1.4 This document is designed to guide health and care organisations, staff, voluntary and community sector, and people and communities, to work together to achieve the common goals and vision. It sets out where, through working together, the county is making transformational changes in health, care and wellbeing; and details our ambitions for the future.

6.1.5 There are a range of other useful resources accessible on Get Involved in Gloucestershire Website including a short film that explains more about the One Gloucestershire Health and Wellbeing partnership.

7.0 Engagement Team Focus on…

7.1 **…The One Gloucestershire Citizens' Panel now called the People's Panel**

7.1.2 **What is the People's Panel?**

7.1.3 We are recruiting a group of 1000 local residents to join a People's Panel. People recruited will be representative of the Gloucestershire population of approximately 650,000 people.

7.1.4 The Panel will include individuals who live across the county, including people who experience greater health inequalities compared to others in Gloucestershire or England.

7.1.5 The Panel will be asked to provide anonymous feedback which will be used at a county and a more local level to shape health and care services and support. Any data collected will always be presented at a level that cannot identify any individual. The Panel will run for one year and at the end of that time we will ask every panel member if they would like to continue to participate, leave the People's Panel or stay involved in other ways.

7.2 **What is expected of People's Panel Members?**

7.2.1 Panel members will be invited to get involved by answering a number of short surveys each year – As a thank you for taking part there will be a prize draw! Surveys will be online, but free post copies can be sent to Panel members if they prefer. Surveys can also be available in other formats – we are asking people to let us know what works best for them.

7.2.2 Surveys might range from experience of GP surgeries, healthy lifestyles, support and activities in local communities to specialist hospital services.

7.2.3 Panel Members may also be invited to share their views in other ways – how much or how little they want to Get involved in Gloucestershire is up to them.

7.3 **What if People's Panel Members change their mind or it's just not for them?**

7.3.1 While we can't guarantee that every survey will be relevant to every Panel Member, we will invite them to participate in all surveys as their circumstances may change as the year goes on. They can simply choose to not participate in any survey

7.3.2 They can opt out of the People' Panel at any time. Full instructions will be sent by One Gloucestershire and with every survey, or they can email OneGlosPeoplesPanel@phoenixmrc.co.uk at any time.

7.4 **Why should someone join?**

7.4.1 We know we can rely upon some very active people who are prepared, willing and able to take up the many opportunities we currently offer to have their say. What we have identified is that we can do more to ensure that we hear the voices of individuals who do not, or cannot, easily tell us what matters to them.

7.4.2 People's Panel voices will help to shape the future of local health, care and wellbeing in Gloucestershire. We'll even ask them what they would like surveys to cover! As well as the chance of being a winner in a prize drawer, we will share the outputs from the surveys with Panel Members so that they will know how their views have shaped local services.

8.0 Prescribing and Medicines Optimisation

8.1 The Medicines Optimisation team continue to work on their priority initiatives including:

- **Primary Care Savings Project**: Switches to Edoxaban continue in primary care with 25% of patients prescribed a DOAC (as of 19th December 2022) on Edoxaban (baseline 3.7%). This has led to considerable savings to the drugs budget.

- **Stoma Project**: The AOS (Appliance Ordering Service) is now established and working with a number of GP practices to support their patients to receive their stoma products. The team have asked for feedback from practices who are already working with the service to assess their level of satisfaction. If positive, this will be used to incentivise other practices to work with the team.

- **Community Pharmacy Consultation Service (CPCS)**: A project group, which includes members of the MO team and Primary care team, has been established to increase the numbers of referrals from Primary care into the local CPCS. The aim is to reduce the numbers of patients who need to be seen in a GP practice by referring them to their local Community Pharmacy for a consultation. Unfortunately, the CPCS project manager will be leaving shortly, and we are in the process of replacing them.

- **Discharge Medication Service**: another ICS wide group has been established to increase the numbers of referrals from GHFT on discharge to the patient's local Community Pharmacy. This process will be enhanced by the DMS referral form being integrated into GHFT's EPMA system. We are awaiting this change.

- **GHFT Electronic prescribing and discharge information**: Feedback suggests that discharge information to primary care about medicines from GHFT has caused some confusion following the introduction of EPMA. We understand this is being rectified and it has been escalated to Paul Wilkinson.

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9.0 Infection Control and CHIP Team update.

9.1 **Gloucestershire Healthcare Settings Bacterial Infection Prevalence**

9.1.2 The aim of this report is to monitor infection prevalence across different healthcare settings and to inform understanding about the origin and spread of these infections.

9.1.3 The data source for this report is Public Health England's Data Capture System (PHE DCS) which provides mandatory surveillance of infection rates of Staphylococcus aureus (MRSA and MSSA), Escherichia coli, (E. Coli) Klebsiella, Pseudomonas aeruginosa bacteraemia and Clostridium difficile. The data in this report is correct at the time of publishing but is subject to change as data is updated up to two months after initial availability from the PHE DSC and will be updated in this report accordingly. The previous two months figures therefore are not validated so may be subject to change (on this report they are Oct and Nov 22)

9.2 **Data Explanatory Notes**:

9.2.1 There are two tables which report slightly different infection rates:

- **GICB (previously GCCG):** The GICB table reports all incidences of infection for all patients residing in a post code within the Gloucestershire ICB area, regardless of the care site that the infection was reported. (e.g. Gloucestershire resident treated in Bristol, Swindon or Wales)

- **GHNHSFT:** The GHNHSFT table reports all incidences of infection for all patients admitted to GHNHSFT sites, regardless of their usual place of residence. (i.e. patient treated in Gloucestershire may not have a 'GL' postcode.)

9.3 C Difficile Targets

9.3.1 The current GICB target for total C. diff cases per year is 189 (The target for 2021/22 was 192). The 2019/20 target had been 194 cases, and the same target had been used for 2020/21.

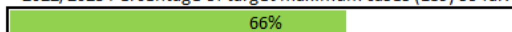
9.3.2 The C. Difficile case threshold for 2022/23 for Gloucestershire Hospitals NHSFT is 102.
The analysis below compares the infection rates for year to date with the previous year's data and theoretical extrapolation. This summary compares year end 2020/2021 and year to date for 2021/2022

9.4 GICB

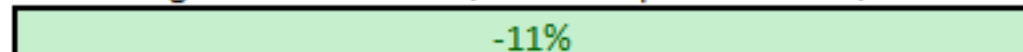
9.4.1 There has been a decrease in the number of C diff cases reported for the GICB as of end of Nov 2022 which is down by 11% on last year. Current predictions estimate 186 infections by year end if current trend continues which will be just under the target threshold for Gloucestershire of 189. However, this prediction should only be referred to as a rough indicator.

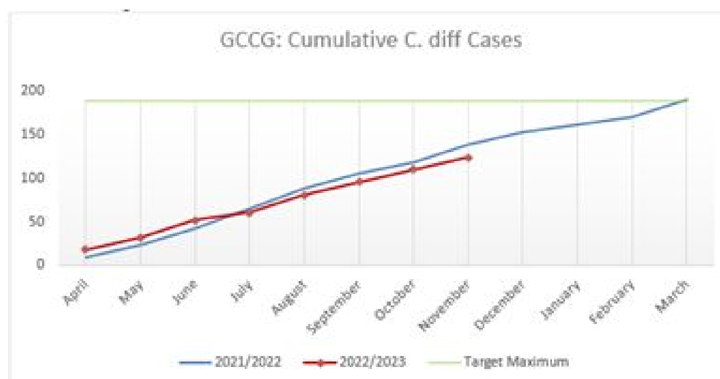
2021/2022 Total C. diff cases	2021/2022 % of Target	YTD 2022/2023 C. diff cases	2021/2022 C. diff cases at same point
191	99%	124	139

2022/2023 Percentage of target maximum cases (189) so far:



Percentage difference 2022/2023 compared to 2021/2022:





	Cumulative Cases											
	April	May	June	July	August	September	October	November	December	January	February	March
2019/2020	16	28	43	60	80	101	122	143	158	177	190	199
2020/2021	11	23	38	48	70	77	99	111	121	130	149	163
2021/2022	9	24	42	65	88	105	119	139	153	161	171	191
2022/2023	18	32	52	61	81	96	110	124				

Average cases per month 2019/2020:	16.6
Average cases per month 2020/2021:	13.6
Average cases per month 2021/2022:	15.9
Average cases per month 2022/2023 so far:	15.5

Theoretical total cases for 2022/2023:	186

10.0 Care Home Infection Prevention (CHIP) Team Update

10.1 The team capacity was increased in November 2022 by two members. This has enabled the team to offer Point of Care Testing to care homes for Influenza A & B.

10.2 Alongside offering POCT support to care homes the team have continued offering general IPC advice and outbreak management. Whilst not reflected in the data below the liaison work the team undertakes to support care homes to accept admissions from the hospital has also increased. This support is mainly undertaken by telephone and includes supporting the care home to complete a risk assessment and put in place the required IPC measures. This work will be captured in the data from January 2023.

ON-SITE VISTS TO CARE HOMES															
Month	General IPC Support			Training			POCT			Mx of Scabies outbreaks			Mx of D& V outbreaks			Total Visits
Type of home	OP	LD	DIS	OP	LD	DIS	OP	LD	DIS	OP	LD	DIS	OP	LD	DIS	All
Nov 22	5	9	2	1	0	0	2	0	0	1	0	1	0	0	0	21
Dec 22	2	0	0	0	1	0	19	0	1	3	0	0	1	0	0	27

Key:
OP: Care Home caring for people over 65 years of age
LD: Small home (usually less than 10 people) caring for people with a learning disability
DIS: Disability: Larger home/school caring for people with a disability (including physical disabilities) and the service users are under 65 years of age.

11.0 Outbreaks in care homes

11.1 In December there was an increase in outbreaks due to Influenza while in October and November Covid-19 was the dominant organism.

Number of outbreaks in care homes		
Month	Number of outbreaks	Number of affected users
Dec 2022	56	283
Nov 2022	25	144
Oct 2022	79	397

12.0 Vaccination Update

12.1 The Autumn Booster (2022) phase of the Covid-19 Mass Vaccination programme has been formally extended to mid-February 2023 in order to allow time for those still eligible for an Autumn Booster but who have so far not come forward to do so. At the end of 2022, 73.6% of all those eligible for an Autumn Booster in Gloucestershire had received their booster dose. This was the highest uptake level achieved by any system (ICS) in England for this phase of the programme.

12.2 Nonetheless the ambition remains to achieve 80% update – and based on current eligibility there are still around 15.5k vaccinations required to reach this uptake level. A reduced delivery network will continue to operate in Gloucestershire, but this will be supported by the Outreach teams to try to drive uptake rates in 'hard-to-reach' cohorts, particularly in areas of relative deprivation.

12.3 Around 50 people have been seen at one of two complex allergy clinics and have received Nuvaxovid (non mRNA) vaccines.

12.4 Detailed planning for the next phase of the programme (Evergreen 23) – from January to March - has selected a delivery network of sites (PCN and Community Pharmacy) to deliver ongoing vaccinations ensuring everyone has the opportunity to take up the offer of a vaccination be it 1st, 2nd or Booster dose.

12.4 Surge contingency plans are constantly revised to ensure that a full vaccination programme could be stood up (at two weeks' notice) should it be requested by NHSE due to new variants or a surge in infection rates.

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13.0 Provider Updates

13.1 **GHT**

13.1.1 **UEC**

13.1.2 Due to the unprecedented demand through ED and record numbers of patients with a decision to admit, in early October 2022 the decision was made by the Executive Tri to Board patients on the wards. Following which a Pre-empting and Boarding of Patients Action Plan was written, this outlined the standardised process for Boarding and establishing a quick feedback loop to adjust and continually refine the process. The decision was made to displace the risk that sat with patients waiting for care and treatment in ambulances by bringing the risk into the hospital by boarding patients in ED and now on our wards with the intention being to release ambulances to respond to emergencies in the community. In order to support this, the Trust continue to undertake daily safety huddle meetings and weekly action plan review meetings alongside monitoring the data, safety, quality and patient experience.

13.2 **Maternity**

13.2.1 The Divisional leadership and speciality team have oversight and review the improvement plan weekly and monthly within the service line, at Maternity Clinical Governance. For December progress highlights improvements saw the 15 min review at Triage now 92.7% (compliance with 90% target) and training requirements compliance for all staff is at 90% (compliance with 90% target) plus and improvement in the Safety checklists completion.

13.2.2 There have been continued areas of challenge with the induction of labour delays due staffing issues. A Serious Incident (intrapartum stillbirth) has been reported to the Healthcare Safety Investigation Branch (HSIB) and during the investigation it will be reviewed to see if delay contributed to the outcome. There are also issues with 1:1 care in labour data reporting. Birth rate + acuity tool is reporting 100% compliance but via Trak there are still data issues. For each breach is reviewed and quality checks are carried out. Appraisal compliance remains below standard at 69% and has a robust recovery plan as part of the CQC 'Must Do' action plan.

13.3 **GHC**

13.3.1 There have been 3 serious incidents reported by the Trust in December 2022. All reported incidents relate to mental health services.

13.3.2 The Trust continues to make progress with the actions arising from the CQC core inspection. The Trust wide action plan is 56% complete with 44% on target for completion, there remains one action point outstanding. The MIIU action plan is 79% complete and 21% on target for completion and fidelity checking has started for those actions that have been completed. Charlton Lane action plan is 97% complete and 3% on target for completion and due for review early this year.

13.3.3 Access challenges continue to exist in a number of service areas including the Eating Disorders Service and CAMHS. Recruitment and retention continue to impact service recovery work and workforce pressures have been highlighted as a concern in mental health inpatient units, district nursing and across all therapies (including Podiatry).

13.3.4 Following some focused work, the Trust has seen improvements in the reduction of HCSW vacancies and 52 new colleagues starting in post as part of the International Nurse Recruitment programme since January 2021.

14.0 Serious Incidents and Significant Events in Primary Care

14.1 In Primary Care the majority of Significant Events are reviewed internally by individual practices with some also being uploaded to the National Reporting and Learning System (NRLS) via a GP Eform. No NRLS reports were made in November or December.

14.2 Less than 1% of the 2.2million reports received each year come from Primary Care. In order to improve this situation, NHS England have developed a new tool for use in all settings where NHS care is delivered. The new 'Learn from Patient Safety Events' or LFPSE system is designed for use by all healthcare staff including those working in primary care who are encouraged to use the system to record any events where: a patient was harmed or could have been harmed or there has been a poor outcome.

14.3 So far, three different practices (Winchcombe, Aspen and Forest) have recorded the first events on LFPSE. These range from concerns about early discharges, incorrect medicines, delayed diagnoses and poor clerking of patients in GHFT. The events are sent direct to the organisation that gave rise to the issue being reported for their consideration.

14.4 We are now awaiting development of the reporting part of the new national system so that we can start to understand how we compare to other areas and to process the learning from the events.

15.0 Primary Care Education and Workforce

15.1 The new GPN strategic lead role commenced at the beginning of December, work is underway to review the current Primary Care Nursing position, recruitment and retention planning and nursing strategy.

15.2 The first meeting for the Legacy mentoring initiative has taken place with the view to sharing the mentoring resource across the county. It has been agreed that initially each area will require 'specialist mentors' but the longer-term model will be set up to support the mentors, so that if specialist skills are needed in other areas legacy mentors can be utilised across the board.

15.3 The first Nurse on Tour went out in early December. This was reported to be a successful day with great feedback from the students and the surgery. In total 48 patients were seen, of which one needed further hospital care and 1 patient required an urgent ECG for an irregular pulse and chest pain. It has been suggested by the primary care training hub that the Nurses carry a portable kardia with them, to allow ECG's to be carried out on the bus for those patients who are found to have irregular heart rates, this can then be sent via NHS email to the surgery.

15.4 From January the new GPN Nurse Lead has organised a monthly breakfast and lunch webinar with with the diabetes team, to further support Primary Care. Also, from the end of January the Learning Disabilities team will be offering a lunch and learn webinar once a month.

15.5 A new preceptorship lead has been appointed the successful candidate is an experienced Primary Care Nurse who is very passionate about teaching those who are new to primary care and will be a real asset to preceptorship. She will be joining the team on March 1st.

16.0 Migrant Health

16.1 The designation of the initially "spot booked hotel" in Berkeley has been changed to a contingency IA hotel designation so funding now available for the provision of health care for this hotel. Currently all registrations are being disseminated through 5 GP practices in the area. There have been 34 new arrivals in this hotel alone between the 20th and 21st of December all have had a health assessment by the ICB Migrant Health Team and are now registered with a GP

16.2 There has been one confirmed case of diphtheria at this hotel, found during routine screening, and further screening is ongoing at time of report. UKHSA and Public Health notified and IMT set up. Individual case and close contact case treated but there are significant challenges regarding compliance with isolation and treatment. Colindale have confirmed that widespread antibiotic treatment will be required. All compliant service users have been prescribed and dispensed prophylactic antibiotics and the Outreach Team have facilitated the provision of Revaxis vaccinations. 17 vaccinations were accepted and have been delivered by the team. The index case has responded well to treatment and clearance swabs are being done to determine if treatment has been successful. Hep B and HIV in this new hotel also found through routine BBV testing. 1 scabies case has been identified and treated.

16.3 A health committee subgroup has been stood up in response to the opening of the new hotel. This small clinically focussed group reports up through the fortnightly TCG meetings.

16.4 The ICB Migrant Health Team now hold a stock of ante natal healthy start vitamins for pregnant women, and health start vitamin drops for 0–5-year-olds. The team also received an overwhelming response from Gloucester Cathedral, Gloucester County Council and ICB staff in the donation of Christmas presents for the children in all of the hotels.

The Committee is asked to note this report.

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8

Agenda Item 9

Primary Care & Direct Commissioning Committee

02 February 2023

<table>
<tr><td>Report Title</td><td colspan="5">Primary Care Delegated Commissioning Pharmacy, Optometry, Dentistry (POD) Progress Report</td></tr>
<tr><td>Purpose (X)</td><td>For Information</td><td></td><td>For Discussion</td><td></td><td>For Decision
x</td></tr>
<tr><td>Route to this meeting</td><td>ICB Internal
PCOG</td><td>Date
17/01/2023</td><td>System Partner</td><td colspan="2">Date</td></tr>
<tr><td>Executive Summary</td><td colspan="5">The purpose of the paper is to provide an update of the POD Delegation project status, activities and outline key milestones for discussion and information.
Attached:
Item 9a – Highlight Report for November 2022 to January 2023
Item 9b – Agreed Notes from Project Team Meeting (number 6) held on 13 December 2022</td></tr>
<tr><td>Key Issues to note</td><td colspan="5">Item 9a – Highlight Report outlining progress to date and areas of focus over the coming months. ICB next step requirement will be to complete the Safe Delegation Checklist (SDC) by 24 February 2023. A draft (SDC ver 1.8) was submitted to NHSE on 13 January 2023, with a feedback meeting scheduled for 23 January 2023 between NHSE and members of the POD project team. Finance and Quality domains are being managed separately through regular meetings between NHSE and ICBs and additionally for Finance, the completion of an MOU. NHSE have since issued a further version of the SDC (ver 2.0) which will be updated in readiness for submission by 24 February 2023. There remains outstanding issues and clarification of queries with NHSE in relation to completing the SDC.</td></tr>
</table>

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Joined up care and communities

Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	The key risks will continue to be addressed by the POD project team and across the ICB, working through identified risks remains ongoing, namely: • Transactional arrangements • Quality • Strategy and policy • Financial (including scheme of delegation) • Workforce (including working relationships and resources to support both the Collaborative Commissioning Hub (CCH) and ICB) • Information – gaps in information and information flows The project team is focussed on: • Commissioning capacity and capability for the CCH and ICB • Completion of all domains of the SDC • Identifying and understanding the financial allocations and associated methodologies, working alongside SW ICBs and NHSE SW to complete the MOU and SDC domains. • Resource requirements - to be ascertained for April 2023 onwards • Service provision for all POD functions • Managing patient expectation The project team will continue to work collaboratively with NHSE SW to develop implementation and readiness to operate plans (attending all events/meetings offered to the ICB and information sharing). The project team are using existing skills/expertise within the primary care team and provide training on POD functions/contracting. Review of resources required across the ICB will be ongoing. Risk rating at this stage = (4 x 4) 16
Management of Conflicts of Interest	Currently no conflicts of interest identified.
Resource Impact (X)	**Financial**: X; **Information Management & Technology**: X **Human Resource**: X; **Buildings**:
Financial Impact	Financial allocations and associated methodologies have not yet completely been determined which creates a financial risk for the ICB. This work remains ongoing with the ICB working closely with NHSE SW.
Regulatory and Legal Issues (including NHS Constitution)	From 01 April 2023 it is expected the Integrated Care Board (ICB) will take delegated responsibility from NHS England (NHSE) for pharmaceutical, general ophthalmic and dental services.
Impact on Health Inequalities	The arrangements for delegation of all POD services will be via the NHSE Commissioning Hub. Services to patients are being identified together with opportunities to address health inequalities and/or innovative developments.
Impact on Equality and Diversity	Not yet identified.
Impact on Sustainable Development	Not yet assessed.
Patient and Public Involvement	Patient and public involvement will be addressed in tandem with NHSE POD service plans and through completion of the SDC.

Recommendation	The Committee requested to: • Discuss and note the content of the paper.		
Author	Jo White	**Role Title**	Deputy Director Primary Care & Place
Sponsoring Director (if not author)	Helen Goodey		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
CCH	Collaborative Commissioning Hub
ICB	Integrated Care Board
NHSE	NHS England
SDC	Safe Delegation Checklist
POD	Pharmacy, Optometry and Dental
NHSE SW	NHS England South West
MOU	Memorandum of Understanding

POD Delegation - Highlight Report

PCDC Pt 1 – Agenda Item 9a

Programme Status: Amber

Programme Name:	**POD Delegation**	**Key Points of Escalation**	
This highlight report updates the Board about the project's progress to date. It also provides an opportunity to raise concerns and issues with the Board, and alert them to any changes that may affect the project.		• Completion of Safe Delegation Checklist and internal sign off for submission 24 February 2023. • Delegation Agreement final sign off March 2023.	
Project Name:	POD Delegation	**ICS Programme Area:**	Primary Care Strategy
Project Lead:	Gayle Sykes	**Senior Manager Lead:**	Jo White
Programme Sponsor:	Helen Goodey	**Programme Director:**	Helen Goodey
Author of Report:	Gayle Sykes	**Clinical Sponsor:**	Dr Andy Seymour
Date of Report:	28 December 2022 (Updated 18 January 2023)	**Reporting Period:**	November 2022 to 18 January 2023

Project Overview:

Further to national mandate, from 01 April 2023 the ICB will be expected to take on delegated responsibility for pharmacy, optometry and dental services (POD) across the county. The Primary Care team is working with NHSE South West, along with the other ICBs in the South West (SW) to ensure smooth transition of services to the ICB. Update since last report (October 2022) is as follows:

- NHSE meetings have been ongoing on a fortnightly basis with ICB finance teams to discuss financial arrangements for delegation. This has included the completion of an MOU (collaboratively across all ICBs in the SW) as well as the finance domains on the Safe Delegation Checklist (SDC).
- Five iterations of the SDC have been issued by NHSE to support ICBs in their preparation to take on delegated functions. The SDC requires completion and agreement by ICBs (deadline 24 February 2023) and will detail plans and progress towards readiness to operate with POD delegated functions. To date, the project team has completed the draft SDC which was submitted on time on 13 January 2023 following sign off by Mary Hutton, Helen Goodey and Cath Leech with Jo White – as agreed by the Operational Executive group on 10 January 2023. Many project team members have attended 'drop in' sessions hosted by NHSE covering 4 of the domains for completion, Governance & Leadership, Contracts, IT & Assets and Workforce. There have been two 'drop in' meetings for each domain with the purpose of assisting ICBs with completion. For the remaining domains, Finance and Quality & Transformation, NHSE have established regular meetings to work through these domains separately. As noted above, finance joint meetings have been ongoing since July. Communication and Engagement has also been outside of the schedule NHSE drop-in meetings and scheduled directly with Glos ICB.
- A professional leads meeting was held on 01 December 2022 with invitation to leads from local Medical, Pharmacy, Optometry and Dental Committees. Future meetings have been set up between January and March 2023 in the first instance.
- An additional project team meeting was held on 7 December 2022 to work through some of the domains of the SDC with additional meetings held in-house for finance and IT teams. The draft SDC for submission was reviewed on 10 January 2023 by the project team. In line with governance requirements, the final version for submission to NHSE will be discussed and signed off at an extraordinary PCDC meeting in February (date to be agreed) prior to the submission date of 24 February 2023.

- Update Report on Delegation of POD services had been presented to the Audit Committee on 17 November 2022 and the Committee will be updated again at the next scheduled meeting on 26 January 2023.
- Monthly 'touchpoint' meetings continue, the last one on 16 January 2023 with named relationships manager from NHSE. Members of the POD project team attend. Issues raised are logged with NHSE and added to FAQs which NHSE circulate throughout the south west. FAQs include issues raised by all SW ICBs. Future monthly meetings have been scheduled for February and March 2023.
- Members of the primary care team are also actively reviewing the requirements of the SDC and information provided by NHSE to understand future resource requirements and readiness to operate. A meeting will be held on 18 January 2023 between Jo White, Helen Goodey, Cath Leech, Matt Lowe and Clive Bowell to discuss future resourcing (and risks).
- POD Introductory session to be held on 19 January 2023 for members of PCDC by PCC.
- NHSE continues to provide monthly information packs outlining latest contractual data on POD services and editions have been received since August 2022 (data included in the pack is for the previous month).
- Delegation Agreement due March 2023 for final ICB sign off (draft expected from NHSE).
- BDO (internal auditors) have been engaged since 30 November 2022 to carry out an advisory audit on the POD Delegation project.

The POD Project Team will continue to work through the following over the next 2 months:

- SDC – feedback meeting on 23 January 2023 with NHSE relating to the draft submitted on 13 January 2023), including any outstanding issues marked as amber or red in Pre-Delegation Assessment Framework (PDAF) submission.
- Attend future project team meetings on 14 February 2023 and 13 March 2023 to work through requirements of SDC to meet needs of readiness to operate and address transitional planning and implementation.
- Commissioning Hub – understanding how the ICB operational teams will work with the Commissioning Hub, accountability and responsibilities of the ICB.
- Review the current contracts for pharmacy, optometry and dentistry to identify risks and issues.
- Review Corporate Risks (currently rated at 16).
- Identify resources and where necessary, recruit and train new staff to fulfil needs of delegation in readiness for April 2023.
- Any comments or recommendations received by BDO will be implemented.

This includes working through the identified risks of:

- Transactional arrangements (including contracts, payments, complaints, risks, scheme of delegation, governance)
- Quality (including quality schemes pharmacy, optometry and dentistry)
- Strategy and Policy (including service improvement)
- Financial processes (including approval of financial plans, contract awards, procurement, national returns)
- Workforce (general concerns pre and post April 2023 including ICB and Collaborative Commissioning Hub staff)

Agenda Item 9b

POD Delegation Project Team Meeting 6
Minutes from 13 December 2022

Present: Jo White, Matt Lowe, Sian Williams, Annalie Hamlen, Sophie Hopkins, Cherri Webb, Clive Bowell, Rachel Price, Sophie Ayre, Haydn Jones, Anna Round, Mona He, Justine Turner, Elsa Brown and Gayle Sykes

1.0 1.1 1.2	**Apologies** Cath Leech, Helen Goodey, Julie Symonds, Becky Parish, Trudi Pigott, David Porter, Adele Jones and Kim Magner **Introductions** Elsa Brown – POD Relationship Manager for Glos ICB (from NHSE) Justine Turner – Overseeing Advisory Audit (from BDO) Mona He – Audit Manager (from BDO) Anna Round – Head of Business Intelligence (Glos ICB) Haydn Jones – Associate Director, Business Intelligence (Glos ICB)	
2.0 2.1	**Notes of Previous Meeting** Notes of the meeting (5) held on 09 November 2022 (previously circulated) were agreed as a correct record.	
3.0 3.1	**Matters Arising** There were no matters arising.	
4.0 4.1 4.2 4.3	**Feedback from Touchpoint meeting with Elsa Brown** JW/CB/GS attended the meeting with EB held on 05 December 2022. Touchpoint Meeting covered questions and responses to date. JW explained to the project team that EB feeds all Glos ICB questions back to NHSE for response and are recorded on Q&A for SW. Discussed Safe Delegation Checklist (SDC) and where Glos and other SW ICBs are with progress? On reflection, the SDC is providing some of the detail ICB has been requesting. Noted the Touchpoint meetings have been helpful to date; January to March dates to be agreed.	Action: GS/EB
5.0 5.1	**Safe Delegation Checklist (SDC)** GS outlined process to date: • Meeting held with project team members on 07 December 2022 to review SDC and populate domains where possible – this created a number of questions relating to domain 2.0 Transformation and Quality. AH had taken the questions to NHSE meeting on 07 December 2022 and expected response by 24 December 2022. All questions had been added to the draft SDC and to the Issues tab of project plan so to monitor response from NHSE. EB said she would also follow this up. Domains covering finance, IT Assets & Records, Contracts and Governance are in the process of being populated with separately with meetings in place. • Draft SDC will be ready for submission to NHSE on or by 13 January 2023. JW informed the project team to support understanding and preparedness for delegation, a Development Session is being organised in January 2023 for PCDC members. The Session will cover all POD services and how contracting works, with a focus on	Action: AH/EB/GS Action: GS

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	dentistry. She also commented that within the existing Contracting and Medicines Management teams there is experience with all POD services which is helping with the completion of the SDC and shaping the way forward. Relationships with NHSE are also growing and developing through the meetings team members are having on a regular basis. • Quality – As well as the questions posed by AH to NHSE, she confirmed there are now regularly fortnightly meetings scheduled. AH said current information was vague and she understood there were 2 x band 6 vacancies within the CHH team for Quality. It was agreed AH would feedback NHSE responses to GS, any outstanding would be discussed at the January Touchpoint meeting with EB. JW aired concern over the missing information which bridges the gap between what we perceive the CHH will be doing and what is/will be done. • Finance – CB reported they are making good headway with both the MOU (including discussion of Scheme of Delegation limits) and SDC domains for finance. CB and colleagues had compiled a list of tracked actions which had arisen from the MOU and SDC process and had shared back with NHSE for clarification. CB and GS to meet on 21 December 2022 to populate the SDC. CB reported NHSE had employed additional resources to enable the process. JW commented that whilst the risks still exist, progress was good so far. ML reported he was still awaiting draft allocation information from NHSE (draft has been received by NHSE but not shared with Glos ICB yet). • It was agreed that any outstanding issues (for all domains) would be escalated in January via the Touchpoint Meetings. Project team asked to confirm outstanding issues with GS. JT raised the query of 'evidencing' the SDC, EB felt completion of the SDC only was required, EB to check. JT said the ICB needed to be comfortable with the assurance process it was following in readiness to take delegation. HJ raised the query of data and validation process for finance. ML confirmed the CCH would be coding and validating payments and the ICB would be authorising them. He said the data would need inputting – there would not be an automatic flow of data.	Action: AH/GS Action: CB/GS Action: Team/GS Action: EB
5.2	Monthly Information Pack – CB briefly outlined that the pack was a lengthy document and covered all POD services. He mentioned the finance summary and how the break-even position appeared for the SW. ML confirmed the pack gives a 'regional', high level report not just Gloucestershire. Future meaningful information will enable Glos ICB to see more granularity with reports and will have forecast and budget setting input. JW was concerned that there was an expectation on the ICB to provide improved services (particularly dental) from 01 April 2023, ML assured that over time the forecast process would allow Glos ICB to understand the financial resources available for service development. It was agreed to extend the next meeting by 30 minutes to discuss the Monthly Information Pack at more length. JW asked project team members to familiarise themselves with the Packs.	Action: GS/Team

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6.0 6.1	**Workforce – What do we feel we need?** Future workforce requirements were discussed at the SDC meeting held on 07 December 2022, It was thought that potentially: • PALS – additional band 4 • Quality – AH to discuss with JS • Finance – to be discussed • Project Management – for 1st year post delegation it was suggested a project management post be explored working and supporting POD functions across all directorates. • Communication – SH confirmed AD had been in contact with Annie Tysom at NHSE but no further action to date. More would be known in January. JW to meet with Cath Leech and Helen Goodey in January to discuss resources. JW asked project team to confirm any thoughts on resource requirements to her or GS. AH to discuss Quality Pharmacy Lead role with SW/AJ. ML working with NHSE on joint wording to suppliers regarding future changes.	Action: AH Action: AD/SH Action: JW/Team Action: AH/SW/AJ Action: ML/NHSE
7.0 7.1	**Risks** JW outlined the known risks and asked that the project team gives some thought to risks, discussing any identified risks, issues and mitigation with GS. JW said now at a place where we should be able to understand the risks and associated mitigation in more detail. To date: • Finance – risks remain in place until full allocations, forecasting and budget -v- costs understood, JT reiterated the need to feel comfortable with the mapping of responsibilities and processes across the ICB and CHH and where gaps may lie. • Quality – as previously noted above • Contracts and commissioning – addressing some perceived risks with upskilling existing staff (training), local dental strategy group being established and training planned for PCDC members.	Action: Team
8.0 8.1 8.2 8.3	**Communication & Engagement** As outlined in 6.1, SH to provide update when available. Healthwatch are now represented on PCDC. JW and GS had been in contact with Dorset ICB who had hosted an engagement event for internal stakeholders, it was apparent that work to date within Glos ICB mirrored the event at Dorset and interesting to note their learning. For example engagement with professional leads, engagement with PCDC and the development of knowledge for all POD services. For Glos ICB, Development session to be held in January 2023 for PCDC members covering contracting of all POD services. The first meeting of professional leads had taken place on 01 December; next meetings scheduled for January and March. JW reviewing governance arrangements for inclusion of professional leads at PCDC and PCOG.	Action: SH Action: JW/GS Action: JW

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9.0 9.1	**Any Other Business** JW thanked JT and MH for their support with the advisory audit, suggestions and comments from them welcomed. JT commented that whilst early days, Glos ICB appeared to be on the right track and she was experiencing similar comments and issues from other ICBs she's involved with. JT and MH to liaise with GS with any comments or information. Separately, JT and MH will catch up with AH, SH and ongoing communication with ML and CB.	Action: JT/MH
10.0	**Date and Time of Next Meeting** • Tuesday 10 January 2023, 1.00 pm – 2.00 pm. Please note, this is MS Teams only.	

Next meeting dates:

Review of Risks – 20 December 2022 (Jo White/Clive Bowell/Gayle Sykes/Lauren Peachey)
PCOG – 17 January 2023, 2.00 pm – 5.00 pm MS Teams & Board Room, Sanger
Audit Committee – 24 January 2023 (Jo White attending for POD item, time to be agreed)
Professional Leads – 25 January 2023, 12.30 pm – 1.30 pm MS Teams
PCDC – 02 February 2023 (Jo White attending)

Project Team Meetings
- Tuesday 10 January 2023 – 1.00 pm – 2.00 pm MS Teams
- Tuesday 14 February 2023 – 3.00 pm – 4.00 pm MS Teams
- Monday 13 March 2023 – 12.00 noon – 1.00 pm MS Teams

NHSEI Meeting Dates
NHSEI Drop-in Meetings (remaining at time of Minutes):
- 04/01/23 2.00 pm – 3.00 pm *Workforce*
- 09/01/23 3.00 pm – 4.00 pm *Governance*
- **NHSEI Finance Meeting** - 22 December 2022 (Cath Leech/Matt Lowe/Clive Bowell)

Touchpoint Meeting with Elsa Brown:
- 16 January 2023 (Jo White, Clive Bowell, Matt Lowe, Gayle Sykes)
- 13 February 2023 (Jo White, Clive Bowell, Matt Lowe)
- 13 March 2023 (Jo White, Clive Bowell, Matt Lowe)

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Agenda Item 10

Primary Care & Direct Commissioning Committee

2nd February 2023

Report Title	**Acute Respiratory Hubs Presentation**					
Purpose (X)	**For Information**		**For Discussion**		**For Decision**	
	X					
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:					
	ICB Internal	**Date**	**System Partner**	**Date**		
	PCOG	17/01/23				
Executive Summary	The presentation outlines the background surrounding and steps taken in setting up local Acute Respiratory Hubs.					
Key Issues to note	None					
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	None – for information only					
Management of Conflicts of Interest	Any conflicts of interest are noted and managed as they arise.					
Resource Impact (X)	**Financial**		**Information Management & Technology**			
	Human Resource		**Buildings**			
Financial Impact	Funded from NHSE to deliver ARI Hubs until 31 March 2023					
Regulatory and Legal Issues (including NHS Constitution)	N/A					
Impact on Health Inequalities	N/A					
Impact on Equality and Diversity	Impact on Equality and Diversity is always considered with EIA completed where appropriate.					
Impact on Sustainable Development	N/A					

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Patient and Public Involvement	N/A		
Recommendation	The Committee is requested to: • Note the contents of the presentation		
Author	Jo White	**Role Title**	Deputy Director, Primary Care & Place
Sponsoring Director (if not author)	Helen Goodey		

Glossary of Terms	**Explanation or clarification of abbreviations used in the paper**
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise
ARI	Acute Respiratory Infection

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Acute Respiratory Hubs

Jo White
Deputy Director of Primary Care and Place

PCDC 02/02/23

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Background

- ARIs are one of the largest causes of emergency department (ED) attendances nationally.
- This winter NHSE is expecting up to double the ARI activity across the NHS that could occupy half of NHS beds.
- In 21/22, approx. 74% of 1.14million ARI ED patients were not admitted - indicates a large proportion could have been seen in the community.

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The challenge

- In December 2022, all systems were asked to urgently implement acute respiratory infection hubs and to include paediatrics,
- This was in response to the demand generated by Strep A and increased incidence of COVID and flu, leading to significant demand in primary care and ED.
- It is recommended that each hub is created to serve a population of approx. 250,000 people – though precise scale with depend on local circumstances.
- Funding is being made available to ICBs on this basis to enable a minimum of 15 weeks of new or additional ARI hub capacity to be delivered until 31 March 2023.
- ARI hub appointments should be prioritised for paediatrics to support current pressures and flexed according to demand.
- The letter from NHSE also outlined potential pathways and guidance on setting up.

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What are ARI hubs?

- Support local systems to manage ARI demand over winter by providing additional capacity, timely access to same day urgent assessment and preventing hospital attendance and ambulance conveyance.
- Build on existing infrastructure and models, such as 'hot hubs' established during Covid-19.
- Aim to provide same day, face-to-face access to appointments for adults and children.
- Delivered through flexible staffing, hours and appointments and offered in line with local demand / population.
- Integrated across primary, secondary and community care, emergency care and acute trusts. Link with existing services such as virtual wards.
- Patients identified through an initial remote/triage consultation as requiring face-to-face assessment but not requiring hospitalisation.

Local approach

- Initially, it was agreed that this would be established for children only, but due to the stabilisation of the Strep A situation since December, the decision has been taken to work up pathways through the hubs for all ages.
- Rosebank PCN in Gloucester have already started a paediatric clinic in response to the increased demand, in line with this guidance
- St Paul's PCN in Cheltenham have established hot hubs for a range of conditions.
- A task and finish group was established to agree the extension of these clinics, using this funding to support.
- The group had membership from the 2 PCNs and the ICB respiratory and CYP CPGs, the Director for Primary Care and ICB Medical Director.

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Proposal

The clinic appointments will be offered to all practices in the Cheltenham and Gloucester localities, the rationale for this being:

- These areas do not have MIIU and therefore likely to have the biggest impact on acute demand
- Have significant proportion of CORE20 areas
- Clinics already established in areas, to allow rapid expansion to meet the needs of the pilot.

Note: This is a model that the respiratory CPG were already considering, as part of the overall pathway for virtual wards, and therefore, this allows the system to test, at pace a model within primary care to improve timely management of acute respiratory infection in the community.

Next steps

- A proposed pathway for the hubs will be tested through PDSA cycles.
- The project group have established weekly meetings with clinical and managerial representation, with project support from the respiratory CPG.
- The aim is for clinics to start week commencing 30th January and will be in addition the paediatric offer already within the Rosebank PCN.
- The pathway, includes a route to test alternative to admission pathway, using the virtual ward, which is being tested by the Same Day Emergency Care (SDEC) department in GHFT.
- Escalation routes using Cinapsis are also being agreed with respiratory and paediatric teams.

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Agenda Item 11

Primary Care & Direct Commissioning Committee

2nd February 2023

Report Title	**Delegated Primary Care Financial Report**			
Purpose (X)	**For Information** x		**For Discussion**	**For Decision**
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions: **ICB Internal** / **Date** / **System Partner** / **Date** Chief Financial Officer / 12/01/23			
Executive Summary	At the end of December 2022, the ICB's delegated primary care co-commissioning budgets are reporting a £1,132k overspent which includes £984k for ARRS. ARRS funds will be reclaimed in due course. Excluding ARRS, the forecast outturn is £224k overspent which is driven by participation payments, list size gap and some other low value variances.			
Key Issues to note	The year-to-date position is £1,132k overspent with a forecast to overspend of £224k by the year end excluding ARRs. Further work is ongoing to identify mitigations to this position.			
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	Risk of overspend against the delegated budget: Original Risk: 3 x 3 = 9 Residual Risk: 3 x 2 = 6			
Management of Conflicts of Interest	None			
Resource Impact (X)	**Financial**		**Information Management & Technology**	
	Human Resource		**Buildings**	
Financial Impact	The current year to date position has been included within the ICB's overall financial position.			
Regulatory and Legal Issues (including NHS Constitution)	None			
Impact on Health Inequalities	None			
Impact on Equality and Diversity	None			
Impact on Sustainable Development	None			

Patient and Public Involvement	None		
Recommendation	The PC&DC is asked to • note the content of this report.		
Author	Matthew Lowe	**Role Title**	Head of Management Accounts
Sponsoring Director (if not author)	Cath Leech Chief Finance Officer		

Glossary of Terms	**Explanation or clarification of abbreviations used in the paper**
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise
Add more as required	

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Agenda Item 9

Primary Care & Direct Commissioning Committee

Position as at 31st December 2022

1. Introduction

1.1. This paper outlines the financial position on delegated primary care co-commissioning budgets as at the end of December 2022. The position represents six months of activity for the new ICB entity.

2. Purpose and Executive Summary

2.1. At the end of December 2022, the ICB's delegated primary care co-commissioning budgets were £1,132k overspent.

3. Financial Position

3.1. The financial position as at 31st December 2022 on delegated primary care budgets is an overspend of £1,132k. The overspend is primarily explained by a recorded overspend on ARRS:

- PCN £984k overspent on ARRs. This will be covered by the additional allocation due to be received from NHSE. This is a reporting requirement by NHSE, which enables us to draw down the remaining ARR funding later in the financial year after the expenditure is incurred.

3.2. The current forecast for the full financial year is £224k adverse, subject to constant on-going reviews, not including future expenditure on ARRs.

4. SDF

The table below shows the non-recurring SDF funding for July to March 2023 plus the current forecast expenditure. There is no YTD expenditure on Subject Access Requests (SARs), and we anticipate adjusting the forecast in M10 to reflect this.

Resources	Total July to March 2023 NR £'000	Forecast Outturn £'000
Training Hubs	95	95
Practice Resilience	64	64
Improving Access	234	234
GPIT - Infrastructure and Resilience	103	103
Online Consultation systems	119	119
Local GP Retention	24	24
Fellowships	78	78
Supporting Mentors	17	17
Transformational Support	659	659
Subject Access Requests	160	160
Additional PCN Leadership and Management funding	344	344
Additional IIF funding Non-SDF	277	277
Local GP Retention	71	71
Fellowships	234	234
Supporting Mentors	50	50
Weight Management Service Non-SDF (included for planning only)	91	91
Totals	**2,620**	**2,620**

5. Risks and Mitigations

This table highlights and shows the current Risks and Mitigations, this will be updated as further risks and mitigations are identified.

Risks	Mitigations
List size payments are increasing and forecast to overspend by £94k in month. Participation payments are expected to overspend by £130k.	Maternity and Sickness accrual reduced by £200k to mitigate the overspend on list size and participation. This was able to be reduced as this was for prior year, and deemed to be higher than required.
ARRs for 2023/24 has a potential risk of £450k due to different list sizes used by NHSE.	Not all staff will be in post from the beginning of each quarter, where the portal assumes staff will be in place from week one of relevant quarter. There will also be natural turnover, and not all posts are appointed on agenda for change banding, and not at top of scale, these items will potentially reduce this risk. This position assumes all PCN's pay agenda for change pay award for all post.
Asylum seeker hotels - there is very little warning when these will be opened, and potential costs are difficult to forecast	Currently mitigated within Enhanced Services funding.

6. Recommendations

6.1 The PC & DC is asked to note the contents of the paper.

APPENDIX 1 – Glos ICB 2022/23 Delegated Primary Care Co-Commissioning Budget for the ICB financial year (nine-months, Jul-22 to Mar-23)

December 2022 Summary of Financial Position

Category of Expenditure	July to March 23 Budget £'000	Year to date Budget July to Dec £'000	Year to date Expenditure July to Dec £'000	Year to Date Variance July to Dec £'000	Forecast Outturn £'000	Forecast Outturn Variance £'000
Other GP Services	1,576	947	1,033	(86)	1,376	
Prescribing and Dispensing	2,609	1,948	1,556	392	2,609	
QOF	6,725	4,279	4,181	99	6,725	0
Premises	7,170	4,762	5,228	(466)	7,170	
General Practice	49,297	32,803	32,761	42	49,391	(94)
PCN	9,588	6,348	7,332	(984)	9,718	(130)
Enhanced Services	2,664	2,058	2,187	(129)	2,664	
Totals	**79,629**	**53,145**	**54,278**	**(1,132)**	**79,653**	**(224)**

Funding Allocation (YTD)

Global Sum per weighted patient moved from £93.46 to £96.78 in April 2021
The value of a QOF point increased from £201.06 to £207.56 in April 2022
(the size of QOF has stayed the same in 2022/23 at 635 points)
Other GP Services includes:

>Legal and Professional Fees
>Doctors Retainer Scheme
>Locum/adoption/maternity/paternity payments
>Other General Supplies and Services

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Agenda Item 12

Primary Care & Direct Commissioning Committee

2nd February 2023

Report Title	**Gloucestershire Dental Strategy Group Presentation**					
Purpose (X)	**For Information**		**For Discussion**		**For Decision**	
	X					
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:					
	ICB Internal	**Date**	**System Partner**	**Date**		
	PCOG	17/01/23				
Executive Summary	The presentation outlines background surrounding and the formation of the Gloucestershire Dental Strategy Group.					
Key Issues to note	None					
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	None – for information only					
Management of Conflicts of Interest	Any conflicts of interest are noted and managed as they arise.					
Resource Impact (X)	**Financial**		**Information Management & Technology**			
	Human Resource		**Buildings**			
Financial Impact	N/A					
Regulatory and Legal Issues (including NHS Constitution)	N/A					
Impact on Health Inequalities	N/A					
Impact on Equality and Diversity	Impact on Equality and Diversity is always considered with EIA completed where appropriate.					
Impact on Sustainable Development	N/A					

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Patient and Public Involvement	N/A		
Recommendation	The Committee is requested to: • Note the contents of the presentation		
Author	Helen Edwards	**Role Title**	Deputy Director, Primary Care & Place
Sponsoring Director (if not author)	Helen Goodey		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
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Gloucestershire Dental Strategy Group update to PCDC

2nd February 2023

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Gloucestershire Dental Performance

- The total number of adults seeing an NHS dentist in Gloucestershire in 2020/21 decreased from 36.5% in December 2020 to 28.6% in December 2021. This was a drop of 21.55% over this period. The access rate for the adult population of Gloucestershire (28.6%) is less than the access rate for England as a whole 36%
- The number of children who saw a dentist in Gloucestershire increased from 30.8% in December 2020 to 43.9% in December 2021. This was an increase of 47.67%. The proportion of children in Gloucestershire accessing a dentist (43.9%) is slightly higher than the access rate for children across the whole of England (42.5%).
- A shortage of dentists in Gloucestershire (estimated at 31 whole time equivalent) affects the ability of high street practices to deliver their contracts.

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Gloucestershire Dental Strategy Group

Established January 2023 in response to delegated commissioning of primary, community and acute dental services from April 2023.

Membership includes - NHSE, GHC, GHFT, Local Dental Committee, South West Dental Network, Gloucestershire County Council Public Health team and ICB.

Purpose - to inform our strategy for the future commissioning of NHS dental services that deliver a consistent offer to patients of high quality, patient centred services building on best practice to deliver continuous improvements to the oral health of people living in Gloucestershire.

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Gloucestershire Dental Strategy Group

Focus on: access, oral health of children in areas of greatest health inequality & workforce.

Key tasks and responsibilities:

- Provide strategic leadership and direction to the commissioning and implementation of primary, community & secondary care dental services.
- Ensure that dental commissioning is patient focused and clinically led, meeting the needs of the local population.
- Drive the improvement of standards and outcomes in dental services particularly taking into account areas of deprivation and people living in Lower Layer Super Output Areas (LSOAs) covered by Core20plus5.
- Understand barriers to delivery.
- Consider public understanding and expectation of NHS services.
- Make best use of resources and prioritise to live within available resources.
- Commission in new and innovative ways with the support of stakeholders.
- Consider how dentistry develops to influence the national agenda including the contractual approach.
- Develop a commissioning strategy in readiness for April 2023.

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Agenda Item 13

Primary Care & Direct Commissioning Committee

2nd February 2023

Report Title	**Gloucestershire Neighbourhood Transformation Group Presentation**					
Purpose (X)	**For Information**		**For Discussion**		**For Decision**	
	X					
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:					
	ICB Internal	**Date**	**System Partner**		**Date**	
Executive Summary	The presentation outlines background surrounding and the formation of the Gloucestershire Neighbourhood Transformation Group.					
Key Issues to note	None					
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	None – for information only					
Management of Conflicts of Interest	Any conflicts of interest are noted and managed as they arise.					
Resource Impact (X)	**Financial**		**Information Management & Technology**			
	Human Resource		**Buildings**			
Financial Impact	N/A					
Regulatory and Legal Issues (including NHS Constitution)	N/A					
Impact on Health Inequalities	N/A					
Impact on Equality and Diversity	Impact on Equality and Diversity is always considered with EIA completed where appropriate.					
Impact on Sustainable Development	N/A					

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Patient and Public Involvement	N/A		
Recommendation	The Committee is requested to: • Note the contents of the presentation		
Author	Helen Edwards	**Role Title**	Deputy Director, Primary Care & Place
Sponsoring Director (if not author)	Helen Goodey		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
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Gloucestershire Neighbourhood Transformation Group update to PCDC

2nd February 2023

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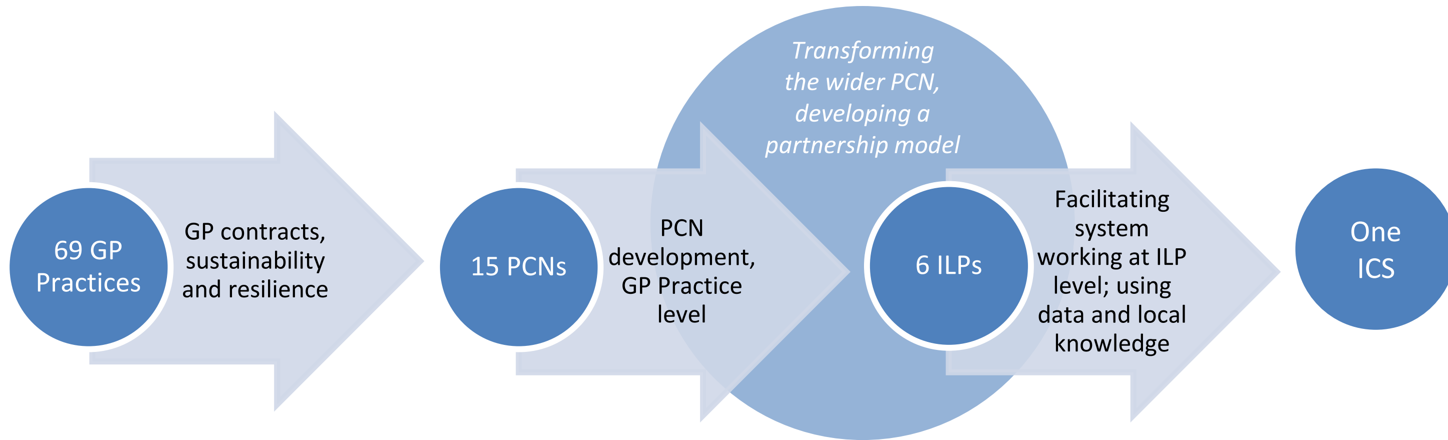
Continuum of Primary Care in Place



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Gloucestershire Neighbourhood Transformation Group

Established January 2023 in part in response to ICB commitment to deliver Fuller Stocktake. Focus on elements which require multi organisational response

Membership includes GHC, GHFT, Primary Care, Adult and Children's Social Care, Public Health, Independent Social Care Sector, Gloucestershire Voluntary & Community Sector Alliance, LMC & ICB

Chaired by Jane Cummings, ICB Non Executive with Vice Chair Graham Russell from GHC NHS Foundation Trust NED.

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Gloucestershire Neighbourhood Transformation Group - Purpose

The shared purpose of the Neighbourhood Transformation Steering Group is to **unlock the potential of Neighbourhoods** by:

- Influencing which activities/deliverables align to **Place** (and take place once); which align to **Localities** (x6) and which to **Neighbourhoods** (x15);
- Supporting the transformation of the **delivery** of care at a Neighbourhood level building on local strengths (Neighbourhood boundaries may vary according to what makes sense locally);
- Supporting the realignment of the wider health and care **workforce** to populations where staff are not constrained by professional and organisational boundaries and work together to respond to resident needs;
- Guiding the delivery of agreed **priorities** relevant to a neighbourhood, for example hypertension, to address unwarranted variation & taking into account the wider determinants of health and the assets of the Neighbourhood.
- Championing, **celebrating** and sharing new models as these develop.
- Scope to be radical and take positive risk.
- Scope to alter use of staff resources.

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Next Steps for Integrating Primary Care: Fuller Stocktake Report

The Fuller review outlines a new vision for integrating primary care, improving the access, experience and outcomes for our communities.

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Agenda Item 14

Primary Care & Direct Commissioning Committee

2nd February 2023

Report Title	**ILPs Highlight Report**					
Purpose (X)	**For Information**		**For Discussion**		**For Decision**	
	X					
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:					
	ICB Internal	**Date**	**System Partner**	**Date**		
	N/A		N/A			
Executive Summary	The purpose of this paper is to outline the progress in delivering the work of the Integrated Locality Partnerships (ILPs) across Gloucestershire and their respective priorities which span localities and neighbourhoods. This highlight report forms part of the report to ICS Strategic Executive.					
Key Issues to note	None					
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	There is a risk that limited primary care capacity impacts participation in Place/partnership agenda in some geographies. Original (2x4) 8 Residual (2x3) 6					
Management of Conflicts of Interest	Any conflicts of interest are noted and managed as they arise.					
Resource Impact (X)	**Financial**		**Information Management & Technology**			
	Human Resource		**Buildings**			
Financial Impact	This report is for update on projects utilising existing services and or funding streams. Additional funding is not specifically detailed as being sought within this paper.					
Regulatory and Legal Issues (including NHS Constitution)	N/A					
Impact on Health Inequalities	All ILPs are rightly aiming to make a positive impact on the root causes of health inequalities and the wider determinants of health across our populations through specific priority projects and partnership working.					

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Impact on Equality and Diversity	Impact on Equality and Diversity is always considered with EIA completed where appropriate.		
Impact on Sustainable Development	Projects not specifically designed to impact sustainable development, however sustainability in it's widest sense is always considered.		
Patient and Public Involvement	Engagement with people and communities is a key part of priority projects.		
Recommendation	The Committee is requested to: • Note the updates on the wider ILP programme and specific priority projects taking place across our localities.		
Author	Bronwyn Barnes	**Role Title**	Head of Locality Development
Sponsoring Director (if not author)	Helen Goodey		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
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Add more as required	

ICS Transformation Programme Highlight Report

January 2023

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7.1 Integrated Locality Partnerships 1 of 2

Programme SRO	Mary Hutton	Clinical & Care Lead	Clinical Directors & ILP Chairs	Programme RAG	GREEN	Date of Report	17 January 2023
Programme Lead	Helen Goodey	Report Author	Bronwyn Barnes	Previous RAG	GREEN		

Programme Aim (from delivery plan)	Decisions / Actions Required of Board
The aim of the Place Based model is to improve the health, well-being and independence of people living in Gloucestershire through delivering a step change in more accessible, sustainable and higher quality out of hospital care. It is focused on supporting partnership working between PCNs and other key stakeholders. They key outcomes of the approach include improved health and wellbeing, reduced hospital admissions and length of stay, better experience and equality.	N/A

Programme Area/ Workstream (as per delivery plan)	Key Achievements from last reporting period (from delivery plan)	Key Upcoming Milestones for the next reporting period (from delivery plan)	Key Areas of Variance - *that have occurred/ could occur* (from delivery plan)
Place Based Model	• Formal sign off of strategic ambitions for ILPs and wider localities and community focussed approach as part of the Integrated Care Partnership (ICP) interim strategy. As an example we will work over the next 12 months to gain greater involvement of people, communities and VCSEs in priority projects across localities, learning from the successes and challenges of strengths-based projects, with a focus on improving independence and health equity. This is in order make meaningful impact for, and with, people in our communities. • All six ILPs collaboratively designed local schemes for the £50,000 awarded to each on a non-recurrent basis under the NHS SW Community Investment Fund. This funding is in recognition of the impact cost-of-living issues will have on health over the winter months, Proposals have been approved and grant agreements prepared in order to release the funding locally. The ICB team and ILP partners including the VCSE have worked together to expedite this process in order to maximise the time period for delivery and meaningful impact for local people. As an example The Forest of Dean ILP agreed to use the funding to support extension of the Holiday Activity Fund (HAF) to cover the February half term break, to support extension of community warm spaces and activities, and extend provision of the Warmth on Prescription scheme. Funds have also been pledged to support VCS organisations including the Salvation Army and Age UK.	• Finalise strategic plan for ILPs following feedback from PCDC in December and in line with ICP strategy and link to draft delivery planning. • Deliver on the six Community Investment Fund schemes in each ILP geography with impact to be reported at the end of March 2023. • Working with Integrated Care Partnership (ICP) colleagues to consider how ILPs can play their part in the delivery of the unifying themes within the ICP interim strategy namely; employment, smoking and blood pressure. • Develop ways to further showcase our work.	• Continued process to revisit all existing ILP priority projects to ensure evaluation metrics are regularly monitored, impact shared and if appropriate, suitable elements of the project scaled..

7.1 Integrated Locality Partnerships 2 of 2

Programme SRO	Mary Hutton	Clinical & Care Lead	Clinical Directors & ILP Chairs	Programme RAG	GREEN	Date of Report	17 January 2023
Programme Lead	Helen Goodey	Report Author	Bronwyn Barnes	Previous RAG	GREEN		

Programme Area/ Workstream (as per delivery plan)	Key Achievements from last reporting period (from delivery plan)	Key Upcoming Milestones for the next reporting period (from delivery plan)	Key Areas of Variance - *that have occurred/ could occur* (from delivery plan)
Place Based Model	• Neighbourhood and locality specific achievements: o Further progressing with Gloucester ILP priority setting work with the vision, key themes and priority projects to be firmed up in the coming weeks. o The Forest of Dean Substance Misuse Working group has agreed an appropriate forum to hold multi-disciplinary team discussions in relation to complex individuals who may be in contact with several services. This approach is to ensure effective and joined up treatment is provided to the individual. MDT's will commence monthly on a trial basis. o St Paul's Respiratory project members further progressed opportunities to engage those members of the St Paul's community who find services hard to reach to attend COPD one stop clinics. o Recruitment to the Bluebell Worker CYP mental health support role in Cheltenham by the spring. o In Stroud and Berkeley Vale Harmony Singing classes funded by the NHS Charities Together project has had positive feedback and is well attended o The Community Investment Funding in the Cotswolds has been approved to support a series of healthy eating and cooking sessions in the Beeches area as part of the Deprived Wards Engagement priority.	• Neighbourhood and locality specific upcoming milestones include: o In Gloucester the NHS Charities Together project delivered with Altogether Better to build on community links will be launched to PCNs and Practices during January. o The Forest of Dean Pre-Diabetes Project group will be launching the first cohort of targeted health coaching for eligible pre-diabetic patients who have previously declined the National Diabetes Prevention Programme (NDPP) at the beginning of February. o Tewkesbury ILP will be reviewing data in relation to health indicators across the borough to identify future priority areas in February. An allocation of the Strengthening Local Communities funding has been allocated for project work and we will work with the ILP to identify and agree appropriate areas of focus. o In Cheltenham the Substance Misuse and Homelessness project group have a planned visit to partner charity P3 to further explore achievable and meaningful health interventions for this cohort. A version of the 'what matters to me' paperwork has been developed for piloting. o West Cheltenham Health Equalities project group will further review hospital admission and cancer referral data to plan upcoming project milestones including engagement activities. A return visit of the NHS information bus engagement is planned for Hester's Way in the spring. o It has been agreed that Cotswolds ILP will review data in February in order to select a new priority to focus to replace healthy lifestyle and prevention priority which had been concluded.	

Key Risk, for escalation	Current Scores			Risk Mitigation	Mitigated Scores		
	Likelihood	Impact	Total		Likelihood	Impact	Total
There is a risk that limited primary care capacity impacts participation in Place/partnership agenda in some geographies	2	4	**8**	Continued focus on impactful and meaningful systemwide priorities.	2	3	**6**

Verbal Discussion

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