One Gloucestershire
Transforming Care, Transforming Communities

NHS

Joint Forward Plan
2024-29

Our strategic delivery plan to meet the health needs of local people

Contents

Forewords 1

Statement from the Health and Wellbeing Board 2

Purpose of this plan 3

About Gloucestershire 4

Our shared principles that will underpin delivery of this plan 6

Our approach to public engagement 8

Pillar 1 - Making Gloucestershire a better place for the future 9

Strategic Objective #1: Increase prevention and early intervention; improve long-term health outcomes and build resilient communities 10

Pillar 2 - Transforming what we do 11

Strategic Objective #2: Take a community & locality focused approach to the delivery of care 12

Strategic Objective #3: Provide the right care in the right place, when it is needed most 13

Strategic Objective #4: Improve quality & outcomes across the whole person journey 14

Strategic Objective #5: Improve equity in access, experience and outcomes across health and care 15

Strategic Objective #6: Create One Workforce for One Gloucestershire 16

Pillar 3 - Improving health and care services today 17

Strategic Objective #7: Ensure the services we delivery today are sustainable and safe 18

Strategic Objective #8: Improve the timeliness of care and treatment 19

Creating the Conditions for Change 20

Strategic Objective #9: Transform care through technology and effective use of our estate 21

Strategic Objective #10: Create a financially sustainable health and care system 22

Delivering this Joint Forward Plan 23

Foreword

Everyone who lives in Gloucestershire deserves the best possible start in life, healthier and longer lives, and access to the right expert support when it is needed. I am delighted to introduce our second five-year Joint Forward Plan which sets out how health and care organisations in Gloucestershire aim to deliver and improve services to meet the needs of people in our county.

The health and care organisations in Gloucestershire work more collaboratively than ever. Achieving our shared objectives depend on us continuing to accelerate this collaboration at neighbourhood, county and regional level.

This is not just an NHS plan, it is about how the NHS will work with councils, charities, education, science and the voluntary sectors to combine our skills and resources, jointly improving the lives and communities of the people we serve. It presents the collective contributions of our GP Practices and other Primary Care Services, Gloucestershire Health and Care Foundation Trust, Gloucestershire Hospitals NHS Foundation Trust, and NHS Gloucestershire Integrated Care Board, as we work more closely with our social care partners and the Voluntary, Community and Social Enterprise (VCSE) sector. We all bring different skills, resources and perspectives to every person in our care, and together we are greater than the sum of our parts.

This Joint Forward Plan describes how we will stay on course, through our ten Strategic objectives, to deliver the three core aims and ambitions of the One Gloucestershire Integrated Care Strategy:

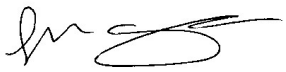
- Making Gloucestershire a better place for the future
- Transforming what we do
- Improving health and care services today

It incorporates more detailed, short-term operational plans and outlines some of the key objectives and work of individual NHS partners.

We have high ambitions to improve peoples' wellbeing with them as active participants in their own healthcare. We are proud of what we have achieved since we published our first Joint Forward Plan, and as well as reflecting on their impact this plan focuses on how we will build on them to meet our future challenges.

There are around 18,000 people working in the NHS in Gloucestershire, and over 50,000 when we include the people who work in social care, voluntary, community and social enterprise organisations. These frontline teams and our local communities know what matters most and can determine the best way to make improvements. Guided by them, we are increasingly shifting towards preventing ill health and not just treating it. This will allow the most unwell to get the best help as soon as possible and improve everyone's quality of life and chances to thrive. The people closest to the issues that affect health and care will get the time, skills, resources and trust to solve them. We will continue to embed continuous improvement at every level within our organisations and in our shared work as partners.

Our Joint Forward Plan will be reviewed and refreshed at least annually. We will monitor and continue to reflect on progress and challenges and adapt plans in line with the resources available to us and changing needs to ensure people in Gloucestershire can live happy and healthy lives.



Dame Gill Morgan
Chair, NHS Gloucestershire
Integrated Care Board

Statement from the Health and Wellbeing Board

The Gloucestershire Health and Wellbeing Board are fully assured that NHS Gloucestershire and the partners in the One Gloucestershire Integrated Care System (ICS) are committed to partnership working in order to fulfil the core purposes of Integrated Care Systems:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development.

The Health and Wellbeing Board and the Health and Wellbeing Partnership share a largely common membership. Over the last 12 months, members have welcomed opportunities for collaborative working in the alignment and delivery of priorities identified in the One Gloucestershire Integrated Care Strategy and the Gloucestershire joint Health and Wellbeing Strategy. Recent development work has highlighted how much system partners value the Board and Partnership meetings as a space for collaboration and shared vision setting for the county.

As part of the development of the updated Joint Forward Plan, the Integrated Care Board have engaged with our Health and Wellbeing Board members to ensure that our strategic leaders understand, support and can champion the direction of travel outlined in the plan. This builds on an ongoing process of engagement through formal meetings and development sessions.

The updated plan clearly builds on the strategic priorities of the Integrated Care Strategy; and the Board welcomes the focus on demonstrating impact through the Transformation programmes and the setting out of clear ambitions for the coming years. The plan reaffirms a commitment to putting people and communities at the heart of the ICS's work; and taking a community and locality-based approach to delivering health and care services, underpinned by work to achieve health equity. The Board notes the plan's ongoing focus on 'upstream interventions' to address the wider determinants of health and wellbeing and prevent ill-health.

It is the opinion of the Health and Wellbeing Board members that this Joint Forward Plan will support our Joint Local Health and Wellbeing Strategy ambitions to deliver a healthier Gloucestershire for the people who live, work and learn here. We are also assured that the ICS will continue to meet its legislative responsibilities, and that all remain aligned with these ambitions.

We look forward to continued engagement and collaboration on the shared commitment reflected in the Joint Forward Plan, to continually improving the health and wellbeing of the residents of Gloucestershire.

Councillor Carole Allaway-Martin
Chair, Gloucestershire Health and Wellbeing Board

Purpose of this Plan

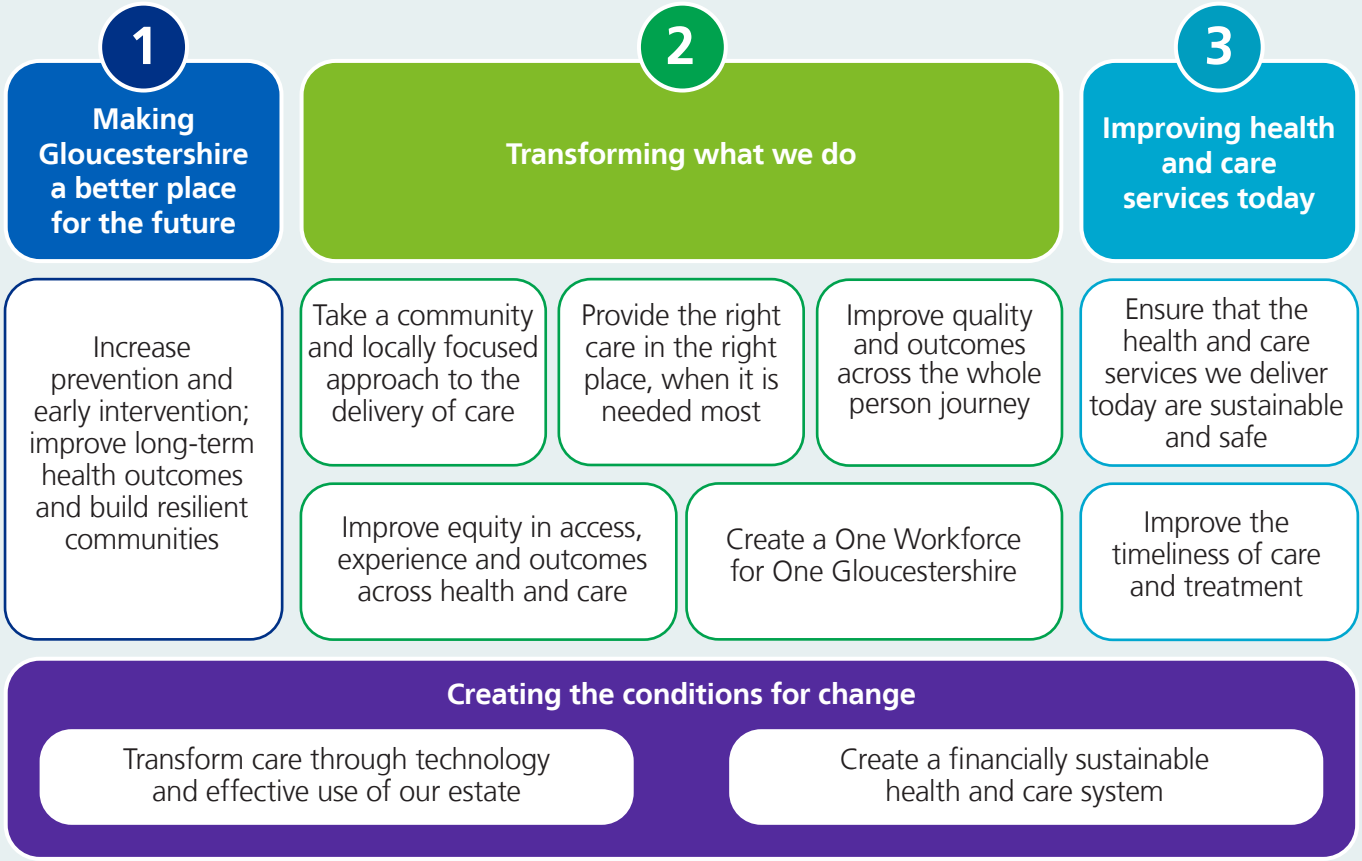
This is the second Joint Forward Plan published by NHS Gloucestershire Integrated Care Board (ICB) and written in collaboration with partners in recognition of our shared legal responsibility and ambitions. This plan is therefore from NHS Gloucestershire ICB and Partner Trusts (Gloucestershire Health and Care NHS Foundation Trust and Gloucestershire Hospitals NHS Foundation Trust).

Within the plan we have described our key achievements since we published our first Joint Forward Plan in July 2023. Further information will be included in our 2023/24 Annual Report.

We have updated our Joint Forward Plan for 2024/25 with ten strategic objectives. In refreshing these objectives we have ensured that there is a clearer alignment with the three pillars of the Integrated Care Strategy:

- **Making Gloucestershire a better place for the future** – working today to improve the health and wellbeing of our population in the long-term.
- **Transforming what we do** – improving the care that is delivered so it is more integrated, where we prioritise earlier diagnosis and support for people in their community.
- **Improving health and care services today** – addressing the challenges that we are facing today - improving access to care and reducing waiting times.

Our Joint Forward Plan is intentionally high level, pointing towards the areas that we are prioritising as partners together. This plan is accompanied by a companion document that describes our ICS Transformation Programmes with specific measures of success and key milestones. This companion document also describes how we have met our legal requirements in 2023/24. We will continue to refresh this Joint Forward Plan annually.



** Please note that metrics indicated with a * are included in NHS Operational Planning Guidance 24/25.*

About Gloucestershire

Gloucestershire is a great place to live and work. Our communities enjoy a variety of town, village and city life with access to countryside which gives us a great environment to stay healthy and happy. We do, though, have some challenges.

We serve a population of over 680,000 people across our urban and rural areas in Gloucestershire, most of whom enjoy relatively good health. Life expectancy at birth is 80 years for males and 84 years for females which is above the England average and on average people in Gloucestershire enjoy 67 years in good health.

While Gloucestershire has good outcomes compared with the rest of the country, we know that there are unfair differences in outcomes and wellbeing for different people. Our Integrated Care Strategy for Gloucestershire describes the disparity between those living in the wealthiest areas of the county and the least wealthy areas of the county, amounting to an average difference of 11 years of 'healthy life'. We want people to get the same good care and the same outcomes no matter who they are or where they live.

58,707 (8.2%) of the population in Gloucestershire live in the 20% of most deprived areas in England. These are mainly within Gloucester and Cheltenham but also includes an area of the Forest of Dean and Tewkesbury. We have set out a commitment within this plan to improving health equity as we know health outcomes can be lower amongst people living withing these communities.

The contribution that the NHS plays is only a small part of a person's total health, with significant influences from factors outside of clinical care. This is why our Joint Forward Plan not only describes the clinical work being undertaken across our organisations but also the commitment we have as partners to prevention, early intervention and improving long-term health outcomes for our population.

GP Practices
- Diagnosis, treatment and care of illness
- Refer patients to specialist services
- Long-term care and supporting self-care
- Supporting Out of Hours primary care

Community Health Services
- District nursing
- Health services, clinics and therapies
- Rehabilitation and inpatient care
- Minor Injury and Illness Units

Mental Health Services
- Assessment and crisis prevention
- Treatment and care
- Inpatient specialist services

Acute/ Secondary Care
- Diagnostics (samples, imaging and expert analysis)
- Specialist medical treatment, surgery and care
- Accident and Emergency departments

Social Care
- Fostering and Adoption
- Social care assessments and support
- Domiciliary care supporting where they live
- Carer assessments and short breaks

NHS 111
- Call centres for non-emergencies
- Advice, clinical review and booking into urgent care services
- Out of Hours GP services

Ambulance Service
- 999 call handling
- Ambulance and paramedic attendance and care
- Transfer patient care to services

Patient Transport
- Non-emergency transport of patients
- Commonly used to help patients return home after a hospital stay

About health and care services in Gloucestershire

- Serving 682,262 people, projected to rise to 715,095 people by 2030.
- +28,000 staff working in health & social care.
- The combined workforce includes over 10,000 staff providing direct care and over 8,000 professionally qualified staff (nurses, medics and Allied Health Professionals)
- 1 Integrated Care Board
- 1 Acute Hospital Trust (2 sites)
- 1 Mental Health and Community Trust
- 6 Integrated Locality Partnerships
- 15 Primary Care Networks
- 65 GP Practices
- 62 Dental & 7 Orthodontist practices
- 1 County Council with responsibility for education, public health, adult social care and children's social care
- Over 5,500 independent social care providers

Our shared principles that underpin delivery of this plan

In our 2023/24 we adopted a set of shared principles to underpin the delivery of our Joint Forward Plan. These principles have remained central to our work over the last year and we will continue to embed them within the planned improvements that we have.

Principle 1:

We will work with people, patients, and communities to meet the health and care needs in Gloucestershire.

What we committed to:

In 2022 we published our Working with People and Communities Strategy setting out our commitment to putting people and communities at the heart of everything we do. We committed to ensuring that our work actively involves people, patients and communities in the work they do – involving them in how we deliver change. **The People Committee of the NHS Gloucestershire Integrated Care Board** is helping to ensure we deliver this principle.

What we have done:

Last year we engaged with local people in the re-design of health and care services in the county. This includes involving children and young people in shaping the design of a new navigation hub to support children's mental health, engaging with people through our InfoBus on the future of social prescribing in the county, and an engagement week asking people what matters to them as they age and what the barriers are to them staying well.

Principle 2:

We will live within our financial means and ensure that we robustly test what we do to ensure that it delivers value.

What we committed to:

Like other health and care systems we are facing a challenging financial position. We must continue to transform the way we deliver health and care as continuing as at present will lead to a significant financial gap. We are committed to *delivering value* which we define as 'achieving our priority outcomes within the resources available to us'. **The System Resources Committee of the NHS Gloucestershire Integrated Care Board** oversees our delivery of this principle.

What we have done:

Earlier in the year we developed a set of planning principles that we have used to guide what we prioritise both within the Joint Forward Plan and our operational plan. These principles recognise the importance of maintaining performance to achieve national ambitions and also ensure that we do not develop plans that compromise quality or safety.

Principle 3:

We will ensure that changes we deliver in health and care show how we will improve quality.

What we committed to:

Everyone has the right to feel safe and have confidence in our services. We are committed to delivering safe and effective services that provide a positive experience and are committed to Quality Improvement in how we solve problems. **The Quality Committee of the NHS Gloucestershire Integrated Care Board** oversees the delivery of this principle.

What we have done:

Last year we continued to monitor the quality and safety of services in Gloucestershire through our Quality Safety Group and ICB Quality

Committee. The Local Maternity and Neonatal System has played an active role in supporting the development of maternity services. As our financial position becomes more challenging, we are strengthening further our approach to quality and safety and taking a proactive approach to risk through the Patient Safety Incident Response Framework. We will ensure that we further ensure equality and quality impact assessments are a fundamental part of decision making.

Principle 4:

We will ensure that changes we make are made with the input from our workforce so they help achieve the best for our staff and people.

What we committed to:

In 2023 we published our People Strategy setting out our commitment to support our workforce. The strategy includes four focused themes – recruitment and retention; enabling innovation in care delivery and people services; valuing and looking after our people, and education, training and talent development.

We will need to change the way we work to deliver the commitments in this plan, but this should be led and informed by our workforce delivering care and support. **The People Committee of the NHS Gloucestershire Integrated Care Board** oversees our delivery of this principle**.**

What we have done:

We are proud of the clinical and care model that we have developed within Gloucestershire. Each of our ICS Transformation Programmes are led by one or more clinical or care professional leaders. For example, our 'Working as One' programme to transform Urgent and Emergency Care is clinically led by our Chief Medical Officer and supported by an Emergency Medicine Consultant.

The development of integrated models of care within Gloucestershire, that bring together multi-agency teams to support people living in the community, need to be informed by practitioners who deliver care and support. This has been the case for teams providing support to people with serious mental illness. We will continue to adopt this principle as we develop our plans for Integrated Neighbourhood Teams supporting people with frailty needs.

Public engagement

We are working to ensure that we involve people and communities in a variety of different ways and will be open and transparent in our work. Our Working with People and Communities Strategy is our commitment to the people of Gloucestershire.

Our Strategy sets out the principles and ways we will ensure the people and communities of Gloucestershire are at the heart of everything we do. It also outlines how we will ensure we meet NHS Gloucestershire's duties to involve people and communities in our work.

We will involve you; we will listen to you; we will act on what you tell us we need to know, and we will tell you what we have done.

The objectives in this plan are informed by what people in Gloucestershire say is important to them. Our engagement with local people takes place within both individual services as well as programmes of work, and we also engage with local people through dedicated activities such as:

Get Involved in Gloucestershire: Our online participation space where people can share their views, experiences and ideas about local health and care services. Their input helps to inform and influence the decisions local NHS organisations make.

One Gloucestershire People's Panel: We have recently launched a new One Gloucestershire People's Panel which seeks out the opinions of a representative sample of people living and/or accessing services across Gloucestershire. Over 1,000 people are part of the panel. Our first engagement in 2023/24 focused on sharing information and using technology.

Information Bus: In 2023/24 the Information Bus had the busiest year yet, travelling across the county and engaging with local people on matters that are important to them. This included:

- Support for the COVID vaccination rollout
- People's experience of and thoughts about social prescribing
- Creating strong links with the farming industry
- Nurse on Tour, facilitating the training of student nurses
- Blood pressure testing and 'Know Your Numbers'
- Volunteering opportunities
- Raising awareness of long-term conditions such as Diabetes and Coronary Heart Disease.

Pillar 1

Making Gloucestershire a better place for the future

Pillar 1 of our One Gloucestershire Integrated Care Strategy is about looking to the future.

It is about making changes now – but recognising that they may take some time to materialise.

This is about improving population health outcomes including the contribution we can make to improving life expectancy, years spent in healthy life as well as narrowing the life expectancy gap across the county.

In order to achieve this, we are playing our role in supporting people to take an active role in their health and wellbeing.

The contribution the NHS makes is only part of the picture. Making Gloucestershire a better place for the future is much more about communities and localities themselves, and a wider set of partners working together. That is why the NHS in Gloucestershire is a partner amongst many in improving health outcomes for the long-term.

Our plan sets out how we will continue to prioritise support at an early stage which have an impact on the wider determinants of health and wellbeing.

Strategic Objective #1: Increase prevention and early intervention; improve long-term health outcomes and build resilient communities

Why is this important?

We want to live in communities where everyone plays an active role in their own health and wellbeing. We are increasingly prioritising prevention and early intervention through localities in Gloucestershire.

It is also important that we actively promote a positive state of health and wellbeing - this includes reducing obesity, smoking, alcohol prevalence and the effects of poverty. For example, there are 67,600 smokers in Gloucestershire – around a third of whom live in the 20% of most deprived areas. The NHS cannot tackle this alone, but working in partnership with others like the voluntary sector and the people of Gloucestershire we can make a much greater difference.

Strengthening Local Communities – Grant Funding

Since 2021 we have invested £2.5m into local communities to draw on the skills, knowledge and assets of local communities. Over 50 initiatives have been delivered as well as 35 micro-projects across our 6 Integrated Locality Partnerships across the county.

In 2023/24, local communities have chosen to focus on areas such as improving children and young people's mental health, addressing pre-diabetes or supporting people who live with frailty or dementia. Time is spent on developing trust and relationships between partners and local communities - it is not just what we do but how we work together that is important.

What have we done?

We are investing in local communities, and ensuring local people are involved in the decisions about what matters to them. In 2023/24 we continued to prioritise investment into local communities through funding such as the 'Strengthening Local Communities Grant'.

A key part of this is building relationships and supporting the development and voice of the Voluntary, Community and Social Enterprise (VCSE) sector in order to build resilient communities.

We also continue to prioritise support for people in areas such as: tobacco dependence support in hospital inpatient and maternity settings and improving weight management through initiatives such as We Can Move and other projects in specific areas of the county.

What are we doing next?

- Continuing to build and foster relationships with local communities and the voluntary and community sector.
- Continuing to fund local prevention initiatives in our local communities.
- Remodelling the Community Wellbeing Service in the County to help improve community health and wellbeing in 24/25.
- Expanding tobacco dependency support into settings such as mental health inpatients in 24/25.
- Developing a Social Value Policy to evaluate long-term impact on outcomes.

What difference will we make?

Measure	Where are we	Where do we want to be
Percentage of adults who smoke tobacco	11.5% (2022)	9.1% by 2030
Percentage of physically inactive adults	18.8% (21/22)	16.5% by 2030
Percentage of people adults identified as overweight/obese	62.4% (21/22)	60.0% by 2030

Pillar 2

Transforming what we do

Pillar 2 of our One Gloucestershire Integrated Care Strategy is about transforming the way we deliver health and care in Gloucestershire.

This recognises that some of the improvement we need to make to health and care services in the county will take some time to deliver, but the benefit of making these changes will be significant for our population.

At the heart of our planned improvements is a commitment to taking a community and locality approach. This is about ensuring that there is quick and early diagnosis and that when people need support, they can receive it both closer to home and that it is joined up across the services that deliver it.

We also know however that when people do need specialist care and treatment that they want the right support delivered in the right place, at the right time. We are therefore transforming urgent and emergency care services as well as outpatient services in the county to make them more accessible.

In Pillar 2 we also recognise that people are now living with more long-term health and care needs. We must radically change the way care is delivered for people across their whole care journey rather than delivering care based on individual episodes. This means taking a personalised approach to care, and one that supports people to manage their health conditions without deterioration.

Strategic Objective #2: Take a community & locality focused approach to the delivery of care

Why is this important?

Delivering care closer to home is a priority because it gives people the best possible opportunity to quickly access the support they need, to make the most of their community networks and to bring services together so that they are better-connected. In a county as geographically large and rural as Gloucestershire, access can be challenging so it is a priority for us to improve access to support whilst integrating community-based health and care teams, so they work more closely together.

We want to ensure that the care people receive is personalised and coordinated between different professionals. We are taking a population health approach – bringing together multi-disciplinary teams in localities to support people living with specific health and care needs in Gloucestershire.

What have we done?

More than 73,000 people in Gloucestershire over the age of 65 are identified as living with frailty. For people living with moderate and severe frailty needs we are prioritising creating Integrated Neighbourhood Teams in 2024/25.

For people with learning disabilities we have introduced a keyworker scheme for those at risk of hospital admission, and for people living with severe mental health needs, teams from the voluntary sector, mental health services and primary care have come together in multi-disciplinary teams known as Locality Community Partnerships (LCPs). Through these, we are ensuring that care is personalised based on what is important to individuals. We are already seeing an increase in people accessing these services.

For children we have been delivering earlier intervention and support for mental health and wellbeing needs in schools ("Young Minds Matter"). This is supporting over 130 schools in the county, reducing referrals to specialist services including Children and Adolescent Mental Health Services.

What are we doing next?

- Co-designing and piloting Integrated Neighbourhood Teams in 2024/25 in specific localities, proactively identifying and supporting people with frailty needs.
- Embedding LCPs for people living with severe mental health needs and evaluating its impact.
- Launching the 8th "Young Minds Matter" in schools to support young people with anxiety concerns.
- Piloting Early Language Support to support language and communication needs in children.
- Delivering our action plan to support young people with Special Educational Needs & Disabilities.

Integrated working for people with frailty

We have tested and are now implementing a new 'Personalised Proactive Care Whiteboard'. This tool enables practitioners to identify people who are frail and vulnerable in the community who would benefit from additional support, helping to avoid crisis. The whiteboard has commenced in 13 of 15 Primary Care Networks with plans to continue and embed the tool.

This will be an essential part of our plans to develop Integrated Neighbourhood Teams as we take a phased approach to rollout in 2024/25 across local areas in the County.

What difference will we make?

Measure	Where are we	Where do we want to be
Number of Cchildren and young people receiving with +1 contact from our Young Minds Matter teams	1670 (Nov '23)	Over 2,000 by March 2026
Number of patients with severe mental illness supported by transformed mental health services*	893 (Mar '24)	4,275 by March 2025
Percentage of More peoplepeople aged 65+ with moderate and severe frailty will with a have a personalised care and support plan	13% (Feb '24)	18% by March 2025

Strategic Objective #3: Provide the right care in the right place, when it is needed most

Why is this important?

We are transforming our services so that people can access the right support in the right place, at the right time. Our Working as One programme is improving the way that urgent and emergency care services are delivered in the county. This will ensure that we improve care pathways – from admission avoidance, to support in hospital and to support on discharge.

We are re-designing how we provide diagnostic services, so they are more accessible. Similarly we are transforming outpatient services for patients requiring follow-up support after a hospital procedure as well as the provision of ongoing specialist advice.

What have we done?

Our Working as One Programme has established five work areas that are shaping work in urgent care. We expect this programme to deliver significant benefits, supporting more people in the community rather than in hospital, reducing length of stay and facilitating quicker hospital discharge.

Last year we launched our Virtual Ward enabling more patients to be supported at home through active health monitoring and commenced work to ensure that our Rapid Response service is even more effective at responding to patients in the community.

The new Community Diagnostic Centre at Quayside House in Gloucester will offer an extra 80,000 diagnostic appointments a year and is open 7 days a week.

We are continuing to transform outpatient services for patients requiring specialist advice. Last year we undertook a major redesign of our advice and guidance system for primary care and are making use of digital technologies so that people requiring outpatient support can have it more personalised, appointments are effective and people do not need to always travel for a face-to-face appointment.

Acute Respiratory Hubs

We have established Acute Respiratory Hubs in our two main urban areas - Gloucester and Cheltenham. These hubs support patients with higher levels of respiratory needs in the community and therefore avoid the need to go to hospital.

Clinics include access multiple health and care professionals – including social prescribing allowing a holistic assessment and treatment in one appointment.

Between January and October 2023 the Hubs have seen 11,260 patients – 25% of patients indicating they would have attended hospital had they not been seen in the hub.

What are we doing next?

- Implementing the 'Working as One' programme for urgent and emergency care including expanding Virtual Wards and launching a new Integrated Urgent Care Service that brings together NHS 111, clinical assessment and other urgent care services.
- Transforming mental health urgent care including reviewing Crisis Resolution and Home Treatment.
- Continuing improvements in outpatients including introducing a new patient portal allowing patients to cancel or change hospital appointments directly.

What difference will we make?

Measure	Where are we	Where do we want to be
Percentage of patients with a length of stay in hospital over 21 days*	18.7% (Mar '24)	13.5% by March 2025
Category 2 Ambulance response times*	48 mins (Mar '24)	30 mins by March 2025
Percentage of outpatients who are moved to a pathway enabling them to self-initiate follow-ups*	9.89% (Mar '24)	Remain at c.10% (exceeding the national target of 5%)

Strategic Objective #4: Improve quality & outcomes across the whole person journey

Why is this important?

We are about to see a significant increase in the proportion of older people living in Gloucestershire over the next 10 years. Along with this we are projecting growth in the number of people living with long-term conditions, including those living with two or more long-term conditions.

We want to educate people about preventing serious conditions before they occur (primary prevention) whilst providing early diagnosis and treatment. This means supporting people with major conditions like cancer, cardiovascular disease (CVD), diabetes and respiratory difficulties to live well and where possible support them to manage their conditions at home (secondary prevention).

The long-term impact will be to slow the growth in new diagnoses and hospital admissions and attendances, making things better for Gloucestershire's system and more importantly Gloucestershire's people.

Blood Pressure Monitoring and Support

Persistent high blood pressure can increase the risk of serious and potentially life-threatening conditions such as heart failure, heart disease and stroke.

We are increasing blood pressure monitoring and support for patients with hypertension. In the first half of last year, we diagnosed and are now supporting a further 1,300 people as a result of increased blood pressure checks. Our campaign during 'Know Your Numbers Week' has played a key part in this.

In Spring 2024 we will be recruiting 'CVD Champions' in Primary Care to assist with proactive monitoring and support for patients with hypertension.

What have we done?

To ensure we can prevent and treat the most serious conditions we have been making improvements to care pathways through our Clinical Programme Approach.

Early diagnosis of conditions is a priority. Last year we have increased diagnostic testing in primary care for respiratory conditions, increased blood pressure testing and are continuing to prioritise early cancer diagnosis. This means that people's conditions can be identified and therefore supported more quickly, and that there is less need for acute care.

Where people have long-term conditions, we are supporting them in the community. We have expanded support for people with diabetes through Continuous Glucose Monitoring, introduced monitoring for people with respiratory needs via a new Virtual Ward, and increased referrals to pulmonary rehabilitation for people with Chronic Obstructive Pulmonary Disease (COPD) (where referrals were up 21% in the first 6 months of 23/24).

What are we doing next?

- Widening access to diabetes-related technology allowing people to monitor their condition.
- Creating a network of Asthma Friendly Schools in Gloucestershire, increasing training for staff.
- Prioritising blood pressure testing in the community and supporting treatment of patients.
- Providing a new service to offer greater capacity and choice of rehabilitation for people following a stroke.

What difference will we make?

Measure	Where are we	Where do we want to be
Percentage of patients with hypertension treated to NICE guidelines	65% (Jan '24)	80% by March 2025
Testing in primary care for COPD and asthma – Number of positive Spirometry & FeNo tests resulting in a 'new' diagnosis	Spirometry – 244 (annual) FeNo – 735 (annual)	500 by 2026/27 1,000 by 2026/27
Percentage of patients with diabetes receiving checks: 8 care processes – Type 1 and Type 2	Type 1 – 25.7% (Sept '23) Type 2 – 56.7% (Mar '24)	70% by 2028/29 70% by 2028/29
Percentage of cancers diagnosed at stages 1 & 2*	54.4% (2021)	75% by 2028

Strategic Objective #5: Improve equity in access, experience and outcomes across health and care

Why is this important?

The NHS is founded on principles of universal access to healthcare. However, we know that people from more deprived communities as well as different population groups can experience varying access to, and experience of, services, as well as differing health outcomes. They arise because of the conditions in which we are born, grow, live, work and age. COVID-19 made stark these inequalities.

Whilst it might take longer to close the gap for some health outcomes (such as life expectancy), there are things we can, and are doing now to reduce the gap in health access. We made a commitment in our planning principles to address known variation in outcomes with a focus on prioritising delivery of Core20PLUS5 – prioritising work in the 31 most deprived areas of our county; prioritising work on race relations and working together to improve outcomes across 5 clinical areas for adults and children.

Equity & Inclusion in Maternity Services

As part of our Equity and Equality Action Plan we have undertaken an analysis of maternal and neonatal outcomes in Gloucestershire – including identifying a group of women who book late for maternity services and miss the opportunity for ante-natal screening.

We have engaged with different groups with a focus on areas of higher deprivation in Gloucester and the Forest of Dean.

This work has informed projects that focus on improving access and outcomes in these areas including breastfeeding, improving access for women booking late for maternity services, supporting women from ethnic minorities with perinatal mental health and introducing anti-racist training as part of our commitment to Core20PLUS5.

What have we done?

We are prioritising addressing this important area in Gloucestershire and have allocated two Executives to bring leadership to this area.

All our programmes have a role to play in improving health equity. Last year we prioritised work in some of our more deprived neighbourhoods. This includes Acute Respiratory Infection (ARI) Hubs, the rollout of Young Mind Matters teams in schools and improving weight management in Inner City Gloucester which has led to more referrals and additional support.

We have also undertaken work to close the gap in clinical outcomes both for adults and children. This includes work to identify disparities in different groups of people waiting for hospital treatment.

What are we doing next?

- Delivering commitments in Core20PLUS5 for adults (e.g. supporting people with serious mental illness and continuing hypertension treatment) and children (e.g. reducing over-reliance on medications for asthma and improving children and young people's mental health).
- Bringing together our work on health inequalities across Gloucestershire so we have a more comprehensive understanding of the work underway in order to shape our future plans.
- For Mental Health Services we will be delivering the Patient and Carer Race Equality Framework – an anti-racism framework delivering actions to reduce racial inequalities within services.
- Accessed funding to deliver schemes such as Warmth on Prescription which supports increasing energy advocacy, retrofitting and insulation for those in greatest need.

What difference will we make?

We will be monitoring progress against metrics (including those within this Joint Forward Plan) against deprivation and age (and sex and age where available) in line with the NHS England Statement on Health Inequalities.

Strategic Objective #6: Create One Workforce for One Gloucestershire

Why is this important?

Health and social care together employ around 18,000 people in Gloucestershire. Demand for our services is growing and we do have shortages of skilled staff in some areas. The performance of health and care in our system depends on the people we employ. We are tackling this in a number of ways and know we need to attract people to come and work in Gloucestershire, as well as retaining and developing our existing staff.

Our commitment is to create 'One Workforce for One Gloucestershire' as articulated in our One Gloucestershire People Strategy published in September 2023. We want our workforce to be supported by a compassionate culture and to experience an inclusive working environment which inspires, motivates and rewards everyone with the values, behaviours, skills and opportunity to deliver high-quality care and support every day.

What have we done?

We have already started to deliver our strategy, for example by holding joint recruitment events with our system partners, including social care, to support people to choose jobs in health and care. We have also developed the 'We Want You' campaign in schools, with over 6,000 pupil interactions last year.

We are prioritising support in areas where there are known workforce challenges. We have targeted recruitment and retention in primary care, maternity services and domiciliary care. We launched the 'Be in Gloucestershire' campaign to promote our country as a great place to live and work as a GP, and have undertaken work to recruit 100 international domiciliary care workers to address high vacancy rates in this important sector.

What are we doing next?

- Simplifying recruitment processes so the time taken to on-board new staff is significantly improved.
- Piloting improvements in rostering within Gloucestershire NHS Foundation Trust.
- Continue to prioritise support to areas where we need to retain and recruit additional staff.
- Launch a campaign to promote Gloucestershire as a great place to live and work.
- Prioritise staff wellbeing with a particular focus on newly employed staff to support retention.
- Deliver the commitments in the NHS equality, diversity and inclusion plan.

Supporting our primary care workforce

We continue to prioritise supporting the primary care workforce in 2023/24.

In 2023/24 we launched our GP partnership support offer – promoting the benefits of taking up a partnership role and supporting GPs already in partnership positions.

We have continued the provision of our 'New to Primary Care' (Spark) Fellowship for GPs and Nurses, providing coaching and peer support.

This has led Gloucestershire to being a net importer of GPs qualifying in the region.

We have also launched a flexible pool for healthcare assistants and will be expanding this to receptionists / administrative staff in order to support General Practice resilience and sustainability.

What difference will we make?

Measure	Where are we	Where do we want to be
Percentage of working hours lost due to sickness absence in a month	4.93% (Jan '24)	GHC - 4.8% by March 2025 GHFT – 4% by March 2025
Percentage of staff leaving during the last 12 months	13.2% (Jan '24)	GHC – 11.1% GHFT – 11%

Pillar 3

Improving health and care services today

Pillar 3 of our One Gloucestershire Integrated Care Strategy is about addressing the challenges facing us today.

This is about undertaking work where we face pressures to ensure that these services are both sustainable and safe. Consistently delivering services that provide excellent safety and quality is a key objective for all partners.

It is also about ensuring that people can be seen quickly when they need services most. COVID-19 had a significant impact on healthcare services across the country that we are still seeing the consequences of now. We are prioritising work to improve the timeliness for care and treatment across key services such as urgent care, cancer and elective procedures as well as community services.

We are making good progress across these areas but recognise that we still have more to do. The services we focus on may change if we identify new risks and pressures, but our Joint Forward Plan describes the progress we are making to improve outcomes for people receiving care, and to make it easier for our staff to deliver it.

Strategic Objective #7: Ensure the services we delivery today are sustainable and safe

Why is this important?

We aspire to ensuring that the services in Gloucestershire deliver excellent and safe care. In many cases services are good, but we know there are areas where we need to provide further support. We want to work together to identify issues before they arise.

Two key priority areas for us are primary care dental services and maternity services. We continue to prioritise the sustainability of General Practice and Dental services supporting resilience and demand pressures for these essential services. National studies into maternity services, such as the Ockenden and Kirkup Reviews highlight the importance of maintaining a focus on safety. Maternity services in Gloucestershire support more than 6,000 families in Gloucestershire every year, and we are committed to providing the best possible care for everyone who receives it.

Supporting Dental Provision in Gloucestershire

Patients want to be able to access timely dental appointments. But for this to be possible we must ensure the existing 67 providers of dental services in the County are sustainable.

We have bought together partners to develop long-term plans for dental services whilst addressing pressures today.

We have commissioned an additional 152 stabilisation appointments a week (initial urgent appointment & course of treatment) and an additional 62 urgent appointments.

An urgent care pathway has been finalised with 111 patients being directed to the Community Dental Service triage.

What have we done?

We took on the responsibility for primary care dental services from NHS England in 2023. We are engaging with current providers to identify how we can increase access for people living in our most deprived communities.

Primary care services in Gloucestershire have delivered 28% more activity since 2019 but face significant challenges. We are providing support for General Practice, increasing the headcount of additional roles by 107 since March 2023.

Our Local Maternity and Neonatal System (LMNS) leads work to monitor safety and quality in maternity services and deliver improvements in line with the 3-year national Maternity and Neonatal Delivery Plan.

Our staff are the most important asset we have. We continue to prioritise recruitment and retention, reducing midwifery vacancy rates from 14.8% in June 2023 to 7.8% in December 2023. We also work closely with our neighbour Bath, Swindon and Wiltshire LMNS to provide support and challenge via clinical peer review.

What are we doing next?

- Complete a plan for dental services setting out plans to expand access and support sustainability.
- Deliver and monitor against a single action plan for maternity services in the county.
- Introduce the Patient Safety Incident Response Framework to take a more proactive approach to risk.

What difference will we make?

Measure	Where are we	Where do we want to be
Stillbirth (per 1,000 all births) Neonatal mortality (per 1,000 live births)	3.0 per 1,000 (23/24 YTD) 1.1 per 1,000 (23/24 YTD)	2.5 per 1,000 by 2025 1 per 1,000 2025
Dental service activity contracted and delivered per annum*	773,644 units contracted - 70% delivered (Jan '24)	77% of contractual activity completed by March 2025
GP appointment waiting times (in 2-weeks)*	75% (January '24)	Remain at 75% until March 2025

Strategic Objective #8: Improve the timeliness of care and treatment

Why is this important?

We want everyone to have an equitable chance to be healthy, including where that means needing timely access to care and treatment.

This includes reducing the amount of time people need to wait for elective and cancer treatment. The same is true also in community services. We have seen greater demand in services such as neurodiversity, eating disorders, Children and Adolescent Mental Health Services (CAMHS) and speech and language therapy. We are working to reduce the amount of time people need to wait. Similarly, we are working to ensure that when people need urgent care it can be provided in the most efficient way possible.

What have we done?

For patients needing urgent care we have developed an accredited System Coordination Centre, allowing us to better manage the flow of patients across system partners. Working with Gloucestershire County Council, we have significantly reduced the wait time to arrange a package of home care, from 16.8 days to 5.5 days in 2023.

In the community we have prioritised services needing support and recruited staff to help reduce waiting times. The waiting list for Child and Adolescent Mental Health Services (CAMHS) continues to reduce with nearly 80% of young people having assessment within four weeks.

We are investing in additional Autism and ADHD assessments, bringing additional capacity alongside improving pathways. We have collaborated with Teens in Crisis (TIC+) to provide counselling support for young people which has helped to reduce waiting lists for eating disorder services.

Whilst there is still more to do, we have made good progress in reducing the number of people waiting for hospital treatment. Although impacted by industrial action throughout 2023 and into 2024, we are delivering elective activity above target levels set in 2023/24.

What are we doing next?

- Improving access to urgent treatment by supporting operational improvements that assist people waiting to be discharged from hospital.
- Bringing capacity into key community services such as neurodiversity and improving pathways.
- Continuing to prioritise work with the voluntary and community sector to reduce referrals to CAMHS.
- Optimising capacity in eating disorder services – prioritising early support and improving pathways.
- Undertaking work to improve productivity in elective care, prioritising work with specialities (such as endoscopy) where we can have the greatest impact in reducing people waiting for treatment.

Gloucester Hospitals: Elective Care Hub

We have improved the way we manage waiting lists through our Elective Care Hub. Since the Hub was introduced in October 2021, we have contacted 52,144 patients waiting for treatment.

This has led to about 12% of patients being referred to their speciality due to increasing health needs. Support has also been offered to patients waiting for treatment to help them manage their condition. The service has also provided reassurance to patients that they haven't been forgotten.

What difference will we make?

Measure	Where are we	Where do we want to be
Percentage of people seen and treated in 4 hours in A&E including Minor Injury and Illness Units*	72.8% (Mar '24)	78% by March 25
Improve community service waiting times, eliminating waits of over 52 weeks	12,351 (Mar '24)	0 by March 2025
Percentage of people who have had a cancer diagnosis within 28 days of referral*	69.7% (January '24)	77% by March 2025
Percentage of people whose waiting time for cancer treatment is within 62 days*	63.9% (March '24)	70% by March 2025

The new Community Diagnostic Centre in the heart of Gloucester.

Creating the Conditions for Change

In order to deliver the ambitions within the three pillars of our Integrated Care Strategy there are 'conditions for change' that we need to have in place as a system.

These conditions for change will enable our system to respond to the challenges we have highlighted within the Integrated Care Strategy and this Joint Forward Plan.

Our commitment to digital technologies and our estate are both enablers of change. Both of these assets will also support us to achieve our commitment to green and sustainability goals.

And finally, we describe our commitment to creating a financially sustainable health and care system. This is not simply about top-slicing funding from existing services but rather ensuring that we deliver value, prioritising the delivery of the objectives set out within this plan, within the resources available to us.

Strategic Objective #9: Transform care through technology and effective use of our estate

Why is this important?

Making the best use of digital technologies and our physical estate is crucial to our plan to deliver services that are integrated, efficient and high quality. Both of these areas will also contribute to our plans to tackling climate change. We are actively making changes to how we work so that we continue to deliver high quality health and care without adversely impacting the environment.

COVID-19 showed us the opportunities that digital technologies offer to how we deliver care. We want people to be able to easily use services and for our staff to have the information they need. Embracing the latest technologies can help us to improve diagnosis and treatment, to provide services at the best value and to move treatment closer to home.

Forest of Dean Community Hospital

Our new Forest of Dean Community Hospital will open in the Spring of 2024 replacing the Dilke Memorial Hospital and Lydney Community Hospital.

The new 24 bed hospital will be the first NHS net zero community hospital in England. It will achieve BREAAM excellence (energy efficiency) benefitting from Solar PV, Air Source Heat Pumps, excellent insulation and other energy efficient solutions. The hospital will be a net contributor of electricity to the national grid.

This exciting development will include provision for community space within the hospital itself as well as bringing together services such as Rapid Response, Therapy, Midwifery, Children's and Young People, Dental, Outpatient and Minor Injury and Illness Unit services.

What have we done?

In February 2024 we opened a new Community Diagnostic Centre in the heart of Gloucester, increasing diagnostic capacity, and have continued improvements to GP practices across the county.

Work on expanding and improving buildings at our main hospitals has continued with significant infrastructure improvements and ward reconfigurations as well as a new day surgery unit and two new adjacent theatres in Cheltenham.

In Spring 2024 Gloucestershire Health and Care will be opening the new Forest of Dean Community Hospital.

We are continuing to deploy technology, for example providing the ability for monitoring patients remotely which is fully integrated with the hospital record (Virtual Ward) and introducing a new Maternity Electronic Patient Care system to give women access to their own records and care plan.

What are we doing next?

- Implementing our Green Plan to achieve sustainability ambitions.
- Completing Strategic Site Development at Gloucestershire Hospitals NHS Foundation Trust
- Increasing the ability of patients to book, amend and cancel health appointments.
- Rolling out the upgrade to our shared care record – Joining Up Your Information (JUYI).
- Developing an estates plan for our future clinical model including Integrated Neighbourhood Teams.

What difference will we make?

Measure	Where are we	Where do we want to be
Carbon emissions from direct NHS activity	Data pending	Net zero by 2040
Increase in the physical capacity of primary care facilities by opening 6 new surgeries	-	Increasing the space available by 3.8% (1,745m2 extra) by 2029
Average monthly recorded patient views in the local health and care shared record (Joining up Your Information)	46,862 (Jan '24)	Increase of 10% by Jan 2025

Strategic Objective #10: Create a financially sustainable health and care system

Why is this important?

We are rightly ambitious about improving health and care outcomes. However, we are going to continue to see demographic changes – including growing health needs in the County plus changes in drugs and technology leading to increases in cost.

With such pressures it is going to be increasingly difficult to achieve exceptional performance in every area whilst living within our financial means. Our commitment as partners is therefore delivering value. Within Gloucestershire we have defined this as 'delivering our priority outcomes within the resources available to us'.

Our Joint Forward Plan, underpinned by the developing medium term financial planning, is therefore recognition that we must ensure that existing services are delivering value whilst ensuring that where we prioritise resources either within or across pathways maximises the delivery of outcomes. Our focus is also on understanding our population and the drivers of demand and identifying new ways to tackle this plus reducing unwarranted variation in the way we provide services.

Prioritising resources within a pathway

In 2023/24 we participated in a programme led by the Midlands and Lancashire CSU that is influencing our approach to how and where we allocate resources within a clinical pathway.

This programme focused on the COPD pathway – helping us to consider the areas of support for patients that deliver the most value. It was informed by both patients and clinicians across Gloucestershire.

The outcomes are ensuring that we prioritise support such as proactive case finding, 'Breathe in Sing Out' with the voluntary sector as well as make use of the Virtual Ward for respiratory patients.

What have we done?

We have implemented a process as a system that now ensures that spend over a certain value is robustly reviewed and considered by NHS partners.

We are already acting on a commitment to improve productivity. In elective care our hospital is increasing utilisation of clinics and theatres (increasing to 80%) allowing more patients to be seen. Primary care is offering more appointments than 2019 and we are delivering more diagnostic capacity.

Our ICS evaluation group has increased our focus on seeing benefits of investment realised. This is helping to ensure that we rigorously test and review investments made into the delivery of care so it delivers excellent value for money.

What are we doing next?

- Developing and delivering our Medium-Term Financial Plan (including savings) each year.
- Ensure that performance and productivity gains within transformation programmes are realised such as our Working as One programme and Planned Care programme.
- Apply the learning from the work with the Midlands and Lancashire CSU (on COPD) into other clinical pathways.
- Continuing to reduce how much we spend on agency staffing as a system.

What difference will we make?

Measure	Where are we	Where do we want to be
Performance and productivity improvements are delivered	-	Sustainably delivering a break-even financial position
Agency spend reduction across NHS Providers	3.6% of the total workforce budget (March '23)	3.2% of the total pay bill over the year (ongoing)

Delivering this Joint Forward Plan

We remain committed as partners to working together to deliver the commitments within this Joint Forward Plan. In Gloucestershire we have a strong legacy of working together across organisations and have well-formed governance arrangements that will help us to deliver this plan.

Overall accountability for the plan rests with NHS Gloucestershire Integrated Care Board (ICB). The ICB brings together partner trusts and primary care with wider system partners including Gloucestershire County Council (adult social care, children's social care and public health)

Governance and oversight for the delivery of this plan remains as follows:

1. Delivery via ICS Transformation Programmes

Our ICS Transformation Programmes have overall accountability for delivering the commitments within this Joint Forward Plan. Each programme has an individual with overall leadership (known as a Senior Responsible Officer) from one of the partner organisations across Gloucestershire, representation from partner organisations, and is led by a professional lead to ensure that there is a strong clinical and care voice in the way we redesign services.

The remit of these programmes is to also ensure a strong patient/resident voice, so that our work is being co-designed with people who use our services. We are committed to ensuring that our review of progress in delivering this plan is focused on the impact that our changes have on local people, and that we continuously learn from this.

2. Oversight via Executive-led Boards

Existing executive-led boards which bring together partner organisations will have regular oversight for the delivery of this plan.

3. Accountability via NHS Gloucestershire Integrated Care Board

We report regularly to the Integrated Care Board against the commitments within this plan – and have demonstrated over the last year that we will report more regularly should there be a need to discuss progress in specific areas.

Our Integrated Performance Report provides information to the Board on progress towards our commitments. We will develop this to ensure that progress of the plan is visible and that there is accountability for delivery.

The Gloucestershire County Council Health Overview and Scrutiny Committee also has a key role in reviewing progress against this plan.

We will report formally on progress against this plan in the annual report for NHS Gloucestershire ICB. This plan will be refreshed annually.

One Gloucestershire
Transforming Care, Transforming Communities

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FREEPOST RTEY-EBEG-EZAT
One Gloucestershire Integrated Care System (ICS),
Shire Hall, Westgate Street,
Gloucestershire, GL1 2TG

@One_Glos
www.onegloucestershire.net

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