**ICB Board – Questions from members of the public and answers**

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| **Date** | **Questions** | **Answers** |
| 28/09/22 | *As a citizen, born, working and living in Gloucestershire what health inequality measures, and approaches to measuring health inequalities, will One Gloucestershire Integrated Care System Board seek insight and oversee so as to be fully assured, and fully re assured, that as a system, One Gloucestershire Integrated Care System Board  is consistently addressing health inequalities in a meaningful, timely and sustained way in serving all the people and communities, now and into the future?"* | Improving equality, and equality of health outcomes is a core aim of the Integrated Care System and understanding the progress we are making – and the impact that has on people’s lives in Gloucestershire – is both a vital part of our assurance and a measure of our success.  The way we seek insight and oversee this work falls into two categories: quantitative/linear data monitored over time to understand the short, medium and long term shift at both macro (policy) and micro (service, clinical pathway, community) level; and qualitative/relational data and insight, grounded in what meaningful change looks like from the point of view of people and communities.  The first category, as you would expect, encompasses more data- and policy-driven dimensions and includes the following:   1. A countywide Health Equalities dashboard showing long- and medium range statistical metrics for the county and districts against key Marmot Policy areas including:    * Inequality in life expectancy and healthy life expectancy    * Under 75 mortality rates    * Prevalence of smoking, obesity, physical inactivity and anxiety 2. A regular Integrated Performance Report to Integrated Care Board (ICB) providing an assessment against both nationally-set[[1]](#footnote-1) as well as locally important inequalities related metrics which are aligned to our ICS programmes of work. This includes areas such as:    * Number of people supported through the diabetes prevention programme    * Number of referrals to the NHS digital weight management services per 100k head of population    * Proportion of acute or maternity inpatient settings offering smoking cessation services    * Vaccination and screening population coverage targets 3. Integrated within the report above, “Core20Plus5”: data which allows us to understand the relative experience, access and outcomes of key populations compared with that of the general county population (also part of the 22/23 NHS Oversight Framework). The populations are:    * ‘Core20’ – citizens who live in areas that count within the 20% most deprived nationally, as defined by the national Index of Multiple Deprivation    * ‘Plus’ – the ICB has chosen to focus on citizens from racially minoritized communities, regardless of where they live   As well as understanding and acting on the disparities in general between what happens for these groups versus the wider population, we are also developing monitoring against five (more recently six) health themes:   * + maternity – continuity of carer   + severe mental illness   + chronic respiratory disease   + early cancer diagnosis   + hypertension   + across all of these, smoking rates and access to support to stop smoking   The second category is different but equally important because tackling the underlying causes of inequality and inequalities of health outcomes requires us to work in sustained, meaningful, respectful and equal partnership with the communities and individuals affected.  We understand that real change will happen “at the speed of trust”, and any measures we use need to be grounded in what meaningful change looks like from the point of view of people and communities. Our quantitative metrics rarely tell this story and – at worst – can mask very real disparities in experience and outcome.  Some examples of the work we are doing to ensure we are making progress in this dimension, and that the ICB is assured of this, are:   1. Development of the Integrated Care Partnership Board, who will be responsible for setting strategic priorities for the Board and associated expectations on impact monitoring which we would expect to encompass the existing countywide health and wellbeing priorities as well as other dimensions to be agreed; 2. Development of our [Working with People and Communities Strategy](https://www.nhsglos.nhs.uk/have-your-say/working-with-you/strategy-and-insight/), which sets out how we will collaborate to tackle inequalities. This includes the commitments below, for which we will expect to be held accountable:    * Support Core20PLUS5 priorities, ensuring insight informs action    * Work with Integrated Locality Partnerships to develop bespoke involvement to support projects to tackle health inequalities    * Work towards ‘continuous engagement’ to build relationships of trust    * Accept that, with good intent, we will sometimes fail when we work with communities; we will be open and transparent when this happens, discuss together how we can address issues. We will avoid blame. 3. Continued delivery of the ICB Enabling Active Communities and Individuals Programme, focusing on building the partnerships to support strengths-based individual and community-centred action on prevention and health inequalities; 4. Focus on place-based working through the Integrated Locality Partnerships and a population health management approach; 5. Development of a Memorandum of Understanding, and underpinning infrastructure and policy, which supports an equal partnership with the county’s VCSE sector. This work leads naturally to better articulation of statutory partner duties as Anchor Institutions, for example in our workforce practices, asset-sharing and social value policies; 6. The Healthy Communities Together Programme, sponsored by the Kings Fund and funded by the National Lottery Community Development Fund, where we are building our understanding on how to define and capture – and be assured – that we are *building trust for fairer health* |
| 30/11/22 | 1. *Will Glos ICB endeavour to meet all the above objectives of “Our Plan for Patients”?* 2. *In implementing “The National Endeavour” will all known volunteers (and their support organisations) be retained and expanded?* 3. *"What is GLOS ICB proposing for services to meet the published "NHS Plan for Patients and National Endeavour'' in relation to much needed action following the latest "PHE Prescribed Medicines Review and a Key Recommendation - To Improve the support available from the healthcare system for patients experiencing dependence on, or withdrawal from, prescribed medicines"? "As a family carer, I would stress that such involuntary dependence affects several other persons as well as the sufferer".* 4. *What progress is being made in Glos ICB on the STOMP (Stopping the Over-Medication of People with a Learning Disability, Autism, or both) Project? Can Glos ICB obtain statistics on the number eligible for withdrawing, and the number actually receiving appropriate help from Glos Health & Care NHS, GP’s, pharmacists, and other prescribers?* | NHS England developed a national campaign called STOMP.  This stands for “Stopping overmedication of people with a learning disability, autism or both”. STOMP is about making sure people get the right help for ***challenging behavior or sometimes referred to as behaviours of distress***.  This means getting psychological and other interventions first or at the same time as medicine.  It is about encouraging people to have regular medication reviews if they are given medicine, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved. Medications that are often given for ***behaviours of distress*** include antipsychotics, antidepressants, anti-anxiety medications, sleeping medications and antiepileptics (when they are used purely for a person’s mood).  Gloucestershire as a system has been working as a multi-disciplinary team e.g., GPs, Community Pharmacists and [Community Learning Disability Team](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FrxwINdfu4-k&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=34zaRELiljnbT6uAljWTf%2BUaP9E2UaE3UAry1AN%2FrYg%3D&reserved=0) (CLDT) to ensure anyone on medication (outlined above) is reviewed annually either as part of the primary care Annual Health Check or if still known to secondary care by the CLDT, to ensure a continued health need to remain on the medication or alternatives to be considered.  Based on an audit completed of GP Learning Disabilities Registers in 2017/2018 19.2% of people were prescribed antipsychotic medications and 3% of this number were coded in the system with ***challenging behaviour***. *Unfortunately, due to covid, this audit has not been able to be repeated recently, but work continues as a system to address the ambitions set by NHS England*.  The [STOMP Toolkit](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fpublication%2Fstopping-over-medication-of-people-with-a-learning-disability-autism-or-both%2F&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=9%2FlcfycvZ%2BL0Cqhn9vVJW7%2BfGhW1KbfCk1FLqiBMkYE%3D&reserved=0) produced in 2017 is used by health care professionals to ensure a person centred approach is taken to these reviews (see the algorithm in the toolkit for further details).  Care providers are also encouraged to support people in their care through a number of key areas, which will help holistically to manage behaviours that are deemed challenging for services;   1. **Support for physical health** – as we know people with a learning disability have poorer physical health than other people and often live shorter lives (LeDeR, Public Health England Fingertips data etc),  Many of the powerful medications prescribed for behaviour that challenges can often make this ill health worse.  If someone feels ill, is in pain, cannot do things the way they usually do or feels uncomfortable then they are more likely to engage in behaviour that is seen as challenging.  Health Check Action Plans and [Annual Health Checks](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fg-care.glos.nhs.uk%2Feducation%2F650&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=xVZo2wgGTtnOth1ptMDCzgZ%2Bt54bOE1j%2Fw%2F98VSMSIs%3D&reserved=0) with a GP and more recently ensuring a [RESTORE2 mini documentation](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FSOOJjF8bCmY&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=64vk%2F%2BHy9V8UnGSv8OVvn%2FQKi76nOLddb%2ByboubH1XM%3D&reserved=0) (Unique Wellness)are three ways of helping people maintain and improve their physical health. 2. **Communication** - A lot of people with a learning disability and/or autism have some level of communication difficulty. Training for care providers on total communication is available through Learnpro. 3. **Activities** - Keeping busy with meaningful activities is an important part of life for most people.  People with learning disabilities often need to find, access and take part in activities they would like to do.  If they are not given support to do this, they can feel anxious, frustrated, and confused, which may make it more likely that they will engage in behaviours that can be seen as challenging. Care providers are encouraged to provide meaningful activities and the [You’re Welcome Website](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.yourewelcomeglos.org%2F&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=fAqu%2Bzo6OIEHADX3XG1oIOU0K8t3PLtmq%2BYDOzc8Igc%3D&reserved=0) is a resource they can utilise to find accessible things to do. 4. **Support for mental wellbeing** – The CLDT offers a dedicated pathway for professionals to access help and support for people with a learning disability who are displaying behaviours of distress.  [Information for healthcare professionals](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fg-care.glos.nhs.uk%2Fpathway%2F1093&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=btn2wCr5bldnuuki72YPFU50k0AcWQHF305C2nzH6yk%3D&reserved=0) is available through G:care website.  This pathway is a person-centred framework for providing long term support.  This pathway alongside Positive Behaviour Support (PBS) framework helps us understand the reason for the behaviour so we can better meet people’s needs, enhance their quality of life, reduce the likelihood that the behaviour will happen. 5. **Positive Behaviour Support (PBS)** - PBS is a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours of distress. It is a blend of person-centred values and behavioural science and uses evidence to inform decision-making. Behaviour happens for a reason and may be the person's only way of communicating an unmet need. PBS helps us understand the reason for the behaviour so we can better meet people's needs, enhance their quality of life, and reduce the likelihood that the behaviour will happen.  A [useful introductory video](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2Fepjud2Of610&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=IJAErVnmW02xGHxZx7bl6v3iWiHoM8BXriL96cRRMHw%3D&reserved=0) about PBS is available on G:care.  CLDT and the Local Authority PBS Team have set up [PBS Clinics](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fg-care.glos.nhs.uk%2Fuploads%2Ffiles%2FPositive%2520Behaviour%2520Support%2520Consultation%2520Clinics.docx&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=UEuWHvjPg8TAM15dK1%2F50KAU%2BlRYuPL27wObROF7SoU%3D&reserved=0) for care providers to get help in managing behaviours of distress.   It is right that some people remain on this medication due to their assessed health needs and we would not advocate for anyone to stop taking the prescribed medication with advice as this could be dangerous.  Some medicines can be very effective in treating some people with learning disabilities or autistic adults when used appropriately.  **Question 2 relating to volunteers - the Health Action Group**  STOMP – there is a Health Action Group which is attended by family and carer representatives.  *We are planning to invite a pharmacist to come along to the Health Action Group to provide* an update for everyone. An overview of the work being undertaken around involving volunteers and carers in this work was given at the Board meeting. |

1. NHS Oversight Framework 2022/23: https://www.england.nhs.uk/publication/nhs-oversight-framework-22-23/ [↑](#footnote-ref-1)