

Gloucestershire Integrated Care Board Extraordinary Meeting

To be held at 2.00pm to 2.45pm on Wednesday 28th June 2023

Boardroom & MS Teams, Sanger House, 5220 Valiant Court, Gloucester Business Park,
Brockworth, Gloucester GL3 4FE

Chair: Dame Gill Morgan

No.	Time	Item	Action	Presenter
1.	2.00 – 2.02pm	Welcome and Apologies	Information	Chair
2.	2.02 – 2.02pm	Declarations of Interests The Register of ICB Board members is publicly available on the ICB website: Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk) Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk)	Information	Chair
Items for decision				
3.	2.02 – 2.25pm	Final Accounts 2022-23 <ul style="list-style-type: none"> • Report on the Audited Accounts 2022-23 (M1 to M3) • Report on the Audited Accounts 2022-23 (M4 to M12) • Statutory Annual Accounts 2022-23 (M1-M3) • Statutory Annual Accounts 2022-23 (M4-M12) • Letter of Representation External Auditors Report 2022 – 23	Approval	Cath Leech
4.	2.25– 2.35 pm	NHS Gloucestershire ICB Annual Report	Approval	Ellen Rule
5.	2.35pm – 2.45pm	Joint Forward Plan	Approval	Ellen Rule
Time and date of the next meeting				
<i>ICB Board meeting to be held on 26th July 2023 2.00 to 4.30pm</i>				



NHS Gloucestershire ICB Extraordinary Board

Wednesday 28th June 2023

5

Report Title	Joint Forward Plan 2023-28			
Purpose (X)	For Information		For Discussion	For Decision
				X
Route to this meeting	Operational Executive → Strategic Executive			
	ICB Internal	Date	System Partner	Date
	Operational Executive	13 th June 2023	GCC Health and Wellbeing Board	Jan-Jun 2023
	Strategic Executive (by email)	15 th June 2023	GHFT Trust Leadership Team GHC Senior Leadership Network	20 th June 2023 23 rd May 2023
Executive Summary	<p>The Joint Forward Plan (JFP) is the NHS five-year delivery plan in response to the One Gloucestershire ICS Integrated Care Strategy and its three pillars. The JFP is aligned with the system annual operational plan and describes how the ICS will meet its 17 legislative requirements. The accompanying Joint Forward Plan document (and companion measures appendix) presents the final version for publication on 30th June.</p> <p>The JFP is positioned as a high-level ‘gateway’ document that aims not to replicate the detail and focus of other existing plans but instead summarise and signpost. While JFP guidance is clear that as a legally required document its purpose is to describe delivery plans against strategy, the Gloucestershire view from the outset has been to make it as publicly accessible and consumable as possible. This supports keeping the JFP concise, summarised, and written in plain language. This has been further aided by detailed review and feedback from the Healthwatch Gloucestershire Reading Group.</p> <p>The Joint Forward Plan is interdependent with the annual operational and financial plan, and the developing medium-term system financial and workforce plans. It is refreshed on an annual basis, or in-year should there be a significant need to. Content has been developed as follows:</p> <ol style="list-style-type: none"> 1. All system-wide programmes completed the new Programme Workbook developed in late 2022. 2. Workbook content was summarised in ‘Plans On A Page’ which formed the basis of a series of critical friend review workshops in February 2023, forming the basis of narrative content and milestones for the JFP document. 			

	<p>3. Following iteration through February and March 2022 with each programme, the Draft JFP was submitted on schedule in March for regional critical friend review; Gloucestershire was the only system in the region to adequately present all 17 legislative duties, and the conciseness of the plan was commended.</p> <p>4. Since Draft the content has been reviewed, amended and completed in collaboration with all programmes, culminating in leads signing-off in early- to mid-June. Concurrently the milestones and metrics have been collated into a separate appendix, which is now presented as a ‘companion’ document to the JFP to main the integrity and accessibility of the main plan.</p> <p>Over the last few months the JFP development team have conducted an extensive engagement programme of around 40 groups and forums across the ICS, both to inform them of progress and purpose, and to enable the aforementioned content completion.</p>			
Next Steps	Endorsement of ICB approval by GHFT and GHC Boards. Publication 30 th June			
Key Issues to note	<p>There is a risk that some stakeholders and staff groups may feel they have not been heard. This has been mitigated as much as possible through this first JFP process and will be managed through the annual refresh process and ongoing improvement. This does not present a material risk to JFP completion and publication, or to the Trust or ICS.</p> <p>Since Draft submission there has been an extensive programme of engagement with partners, including system transformation programme boards and Integrated Locality Partnerships (ILPs). This is further mitigated by the majority of the content being built from system-wide transformation plans, including Clinical Programme Groups, at which partners have appropriate clinical and management participation. It will be further managed and improved through the annual JFP refresh process.</p> <p>The concise, high-level format and approach makes a publicly accessible version challenging; this has been mitigated as far as possible through review by the Healthwatch Gloucestershire Reading Group.</p>			
Key Risks:	No risks registered.			
Original Risk (CxL)				
Residual Risk (CxL)				
Management of Conflicts of Interest	No conflicts of interest became apparent through the development of the Joint Forward Plan.			
Resource Impact (X)	Financial	X	Information Management & Technology	X
	Human Resource	X	Buildings	X
Financial Impact	The Joint Forward Plan will need to be underpinned by and support the forthcoming medium-term financial plan.			

Regulatory and Legal Issues (including NHS Constitution)	Production of an annually refreshed Joint Forward Plan is a legislative requirement of ICS's under the Health and Care Act 2022		
Impact on Health Inequalities	As described in existing and planned programmes of work to deliver against the ambitions of the Integrated Care Strategy		
Impact on Equality and Diversity	As described in existing and planned programmes of work to deliver against the ambitions of the Integrated Care Strategy		
Impact on Sustainable Development	As described in existing and planned programmes of work to deliver against the ambitions of the Integrated Care Strategy		
Patient and Public Involvement	As described in existing and planned programmes of work to deliver against the ambitions of the Integrated Care Strategy. The Joint Forward Plan clearly articulates the engagement conducted with the public in the development of the Integrated Care Strategy and this Joint Forward Plan.		
Recommendation	The Board is asked to approve the Joint Forward Plan for publication on 30 th June, with any minor amendments highlighted by partner Boards to be approved by the Chair on that date.		
Author	Dan Corfield	Role Title	Associate Director of ICS Programmes
Sponsoring Director (if not author)	Ellen Rule Deputy CEO/Director of Strategy and Transformation		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
GCC	Gloucestershire County Council
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
JFP	Joint Forward Plan
VCSE	Voluntary, Community and Social Enterprise



Joint Forward Plan

2023-28

Our delivery plan to meet the health needs of local people

Contents

Forewords	1
Statement from Gloucestershire Health and Wellbeing Board.....	2
About this plan	3
About Gloucestershire.....	5
Our shared principles that will underpin delivery of this plan	6
Our contribution to: Improving health and care services today (Pillar 3) & Transforming what we do (Pillar 2)	
Strategic Theme 1: Improving care for the people we serve.....	8
1a. Better care at every age	9
1b. Better care for major health conditions.....	10
1c. Better care for different groups of people.....	11
Strategic Theme 2: Supporting our people across the ICS and beyond.....	12
2a. An empowered and valued workforce	13
2b. A data and digital health and care	14
2c. An effective and efficient use of our estate	15
Strategic Theme 3: Working together in an integrated way for all	16
3a. Accessible and timely planned care	17
3b. A sustainable urgent and emergency care.....	18
3c. Better population health in localities	19
Strategic Theme 4: Improving access and quality in the services we deliver	20
4a. Efficient and accessible diagnostics	21
4b. A resilient and integrated primary care.....	22
4c. Safe and efficient use of medications.....	23
Our contribution to: Making Gloucestershire a better place for the future (Pillar 1)	
Improving access and quality in the services we deliver	24
Resilient communities and a healthy Gloucestershire	25
Achieving health equity in Gloucestershire.....	26
A sustainable and green NHS	27
Delivering this Joint Forward Plan	28
Appendix:	
A – Delivering our legislative requirements.....	29
B – Our locality priorities	39
C – Our markers of success	40

Foreword

Over recent years the health and care organisations in Gloucestershire have been working together more and more in ways to improve health and wellbeing in Gloucestershire.

We share a commitment to make a real difference to the health, care and wellbeing of people who live or work in Gloucestershire. Whether physical or mental health, old or young, and whatever people's background and beliefs, everyone has the right to the best possible care. Not regardless of their different needs but in recognition of them.

There are around 14,000 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. We are increasingly looking to move our attention and resources 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 it improves everyone's quality of life and chances to thrive.

The NHS and social care couldn't do it without them, and none of us could do it without you – the people of Gloucestershire. Every day we learn and appreciate just how important it is to include individuals in their own health, care and wellbeing, so that you are not simply recipients of our services but active partners whether as a patient, a family member or loved one, or a carer.

At the end of 2022 the County Council-led Gloucestershire Health and Wellbeing Board supported the One Gloucestershire Health and Wellbeing Partnership to publish our interim '[Integrated Care Strategy 2023-28](#)'. The strategy describes our shared ambitions and goals for the next five years, setting our sights high but

achievable. We want Gloucestershire to be a healthy place where people start and nurture their families, learn and work, and support the communities they live in.

This Joint Forward Plan, our 5-year delivery plan, describes how the NHS in Gloucestershire will support delivery of the integrated care strategy – as well as deliver its own ambitions for improving health and care across the county. This plan therefore focuses on the collective contributions from partners including NHS Gloucestershire Integrated Care Board, Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care Foundation Trust, and across our GP practices, and where we work increasingly closer with our social care partners and the Voluntary, Community and Social Enterprise Sector. We recognise that some of the terminology in this document is quite specific to our professions so have tried to ensure it is as easy to read as possible.

We have a long history of good working relationships in our county, and we will take this opportunity to go further, drawing on the assets of all our partners including our communities, to ensure people in Gloucestershire can live happy and healthy lives.



Dame Gill Morgan
Chair, NHS Gloucestershire
Integrated Care Board



Statement from Gloucestershire Health and Wellbeing Board

The Gloucestershire Health and Wellbeing Board are fully assured that NHS Gloucestershire and the partners in the One Gloucestershire 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.

As part of the development of this 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. The plan clearly reflects the ambitions of the Integrated Care Strategy; this strategy was developed and published in December by the Gloucestershire Health and Wellbeing Partnership, which shares the vision and most of the membership of the Health and Wellbeing Board in our county.

Engagement with the Health and Wellbeing Board has been achieved through presentations and discussion with members in formal meetings, openly inviting comments and collaboration on the content. Through this engagement process 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 meet its legislative responsibilities over the next five years, and all partners including primary care are fully aligned with these ambitions.

We look forward to continued engagement and working together on future annual refreshes of this Joint Forward Plan, which reflects continually improving collaborative working for the health and wellbeing of the residents of Gloucestershire.

Carole Allaway-Martin

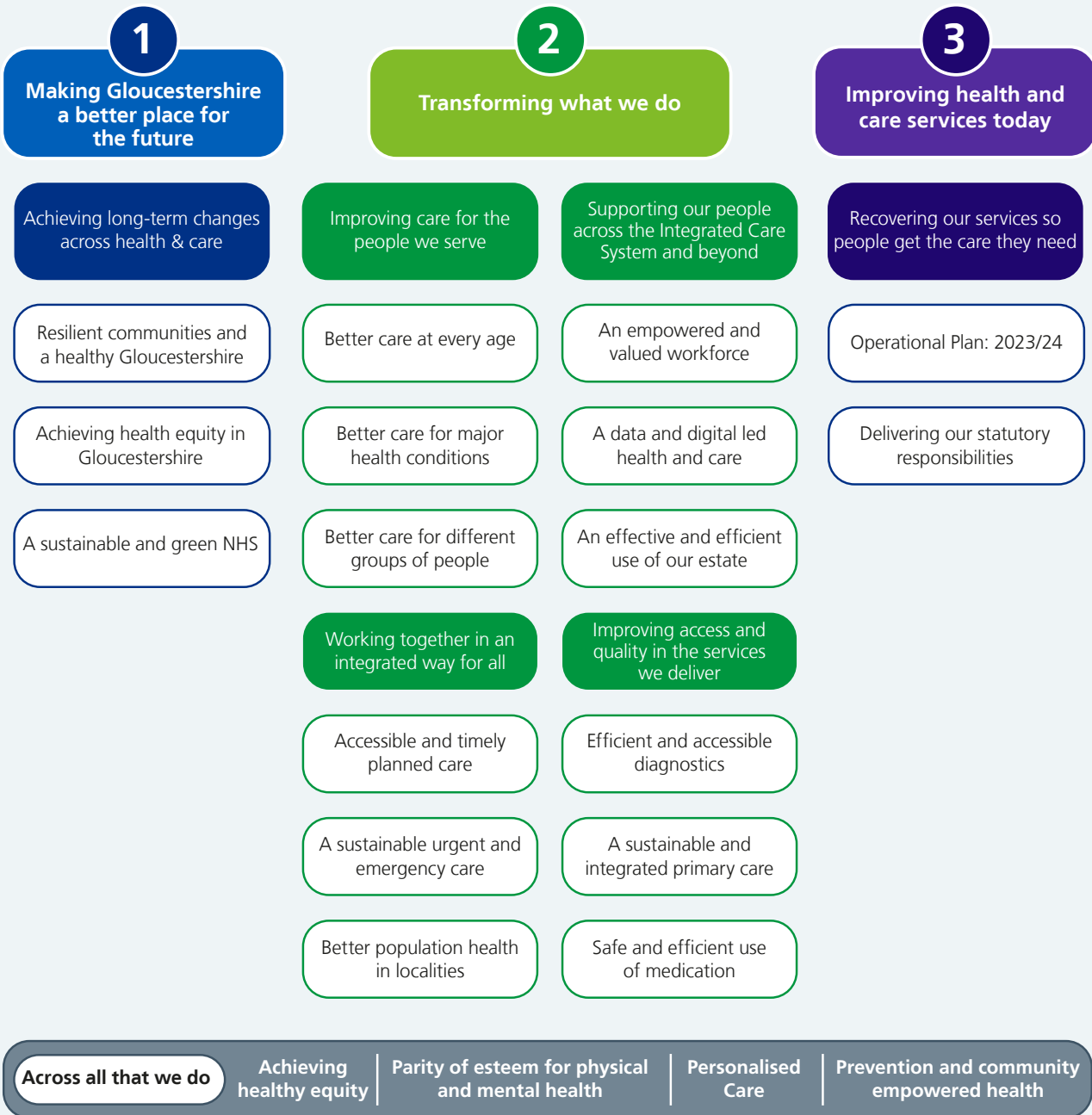
**Councillor
Carole Allaway-Martin**

Chair, Gloucestershire Health and Wellbeing Board



About this plan

This is the first Joint Forward Plan published by NHS Gloucestershire Integrated Care Board (ICB) written in collaboration with partners in recognition of our shared legal responsibility. It describes the priorities for the NHS in Gloucestershire and our collective contribution to the Integrated Care Strategy published in December 2022, summarised below:



The plan describes how our work contributes to the wider ambitions of our Integrated Care Partnership and the Health and Wellbeing Board. Therefore, it is structured around the three 'pillars' of the Integrated Care Strategy. Refreshed annually, it sets out our five-year ambitions, and describes the programmes of work that we will be delivering together in more detail over the next two years and includes our measures of success that will tell us about the impact our work has. It describes the four broad strategic transformation themes that will achieve pillar 2, summarising the 5-year delivery plans developed by our transformation programmes and how they will contribute towards achieving the ambitions of pillar 1.

Our 'markers for success' are measures that we will use to assess our progress in delivery over the next five years. They are purposefully person-centred so that we focus on what is important for the people we serve. We have also described in Appendix A how we are delivering the legislative requirements placed upon Integrated Care Boards by the [Health and Care Act 2022](#). The plan describes our contribution to our long-term ambitions to [make Gloucestershire a better place for the future](#). Our work to achieve health equity across Gloucestershire is a specific area of work and is embedded across all our programmes.

How this plan reflects the views of the people of Gloucestershire

We want to make sure anyone and everyone can influence how health and care is provided and can get the advice or support they need to improve their own health and wellbeing and that of their communities in Gloucestershire. In 2022, to support the development of our priorities, the Integrated Care Strategy, and this plan, we engaged with and listened to local people and communities in several ways:

- ▶ A *Get Involved in Gloucestershire* created to host all materials <https://getinvolved.glos.nhs.uk/ics-gloucestershire>
- ▶ An Engagement Guide produced and distributed to stakeholders
- ▶ Surveys, including online
- ▶ Facilitated face-to-face activities such as workshops and presentations

From this engagement we identified a number of themes that are close to the heart of the people of Gloucestershire, and which resonate with all the ICS organisations that provide health services to them:

- ▶ Continue engaging and working in partnership with local communities on the 'how' as well as the 'what' of health care
- ▶ Keep the overall priorities of the ICS aligned with the priorities of local areas
- ▶ Continue removing legacy barriers to partnership working in local areas
- ▶ Focus on reducing inequalities and long-term improvement as well as short-term urgencies, measured through outcomes more than outputs
- ▶ Groups and places identified as 'hard to reach' should not be seen as problems - look at their strengths and consider them as 'seldom heard'
- ▶ Continue building the right culture and behaviours with strong, brave commitment and leadership
- ▶ Embrace other ways of evaluating success and impact in addition to legacy methods and national statutory requirements
- ▶ 'Upstream' community services vs waiting for hospital care
- ▶ Data is key, but better with intelligence.



About Gloucestershire

We serve a population of over **645,000** people across urban and rural areas in Gloucestershire, who 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 (source: [Public Health Outcomes Framework](#)). Around 6,000 babies are born each year in our county.

However, we know that this masks significant, unfair, and systematic differences in health and wellbeing between different groups of 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'.

The delivery of health and care across Gloucestershire is through a range of organisations, summarised to the right. We also work with a wide range of community partner organisations such as the voluntary and community sector, District and County Councils as well as Police, Fire and other public sector organisations to improve health and wellbeing across the county.

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 early intervention and prevention and focusing on our role in enabling active communities and individuals across Gloucestershire.

- 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 an estimated 645,000 people (2020), projected to rise to 670,000 by 2025 ([source](#))
- ▶ 14,000 people working in the NHS in Gloucestershire (incl. primary care)
- ▶ A further 14,000 people working in social care in Gloucestershire
- ▶ 1 Acute Hospital Trust (2 sites)
- ▶ 1 Mental Health and Community Trust
- ▶ 6 Integrated Locality Partnerships
- ▶ 1 County Council with responsibility for education, public health, adult social care and children's social care
- ▶ Over 5,500 independent social care providers
- ▶ 15 Primary Care Networks
- ▶ 69 GP Practices
- ▶ 77 Dental Practices
- ▶ 1 Integrated Care Board.

Our shared principles that will underpin delivery of this plan

We are adopting a set of shared principles that will underpin delivery of this Joint Forward Plan. These principles set the context for the environment that we are working within and, as we look ahead to refreshing the plan in March 2024, we will further embed them within the transformation work that we do. Transformation programmes delivering the change described within this plan will be supported to deliver against these four principles, and will be expected to demonstrate how they are being achieved.

Principle 1:

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

What we commit to:

In 2022 we published our [Working with People and Communities Strategy](#) which sets out our commitment to put people and communities at the heart of everything we do in Gloucestershire. The Strategy is underpinned by ten principles of partnership involvement. We will ensure programmes actively involve people, patients and communities in the work that they do, not just listening to them but involving to them in how we deliver change in the future.

How we will make it happen:

We will actively work with programmes in 2023/24 to further embed our commitment to work with people and communities and support them in doing so. Programmes will be expected to demonstrate that changes proposed have been made with the active involvement of the people they are designed for. We will deliver training and support to programmes to assist them in this.

Principle 2:

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

What we commit to:

Like other systems we have a challenging financial position, both now and in the future. We have a rising demographic challenge including an expected increase in the proportion of older people, who are traditionally higher users of health and care services. We must significantly transform the way we deliver health and care as either doing the same or doing nothing will lead to a significant financial gap across the ICS. This means thinking differently about health and care in the future, whilst continuing the commitment to support people to live well and at home in the community for as long as possible, and to improve tackle the challenges people experience in accessing services in a timely way.

How we will make it happen:

Our [System Resources Committee](#) will ensure that we are delivering against this principle. In 2023/24 we will develop our underpinning medium term financial and workforce plans. We will use these to form the basis of the refresh of our Joint Forward Plan in March 2024, setting out how we plan to deliver the level of change needed across our system. In developing the medium-term plan, we will identify further strategic initiatives that will deliver value. In addition, all programmes will be expected to robustly test, demonstrate and realise the impact that existing changes are having whether financial, productivity or quality and outcome improvements.

Principle 3:

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

What we commit to:

In 2022 we published our [ICS Quality Strategy](#). Everyone has the right to feel safe and have confidence in the services that are provided. We want to ensure that the Gloucestershire system is nationally recognised as one that delivers safety, effectiveness and a positive experience when people access services. We are committed to taking a Quality Improvement (QI) approach that ensures the changes we deliver use a structured and coordinated approach to solving problems, using evidenced tools and methodologies.

How we will make it happen:

Our System Quality Group and [Quality Committee](#) bring together system partners to ensure that we are robustly raising our quality standards. Programmes will be expected to demonstrate that changes they are making are achieving our commitments to safety, effectiveness and experience. We already have built a strong track record in embedding QI in our organisations and across the system. Our Quality Improvement teams will work together to build capacity through training and support adopting this as a guiding approach for how we deliver change.

Principle 4:

We will ensure that changes we make are made with our workforce and identify ways of working that achieve the best for our staff and people.

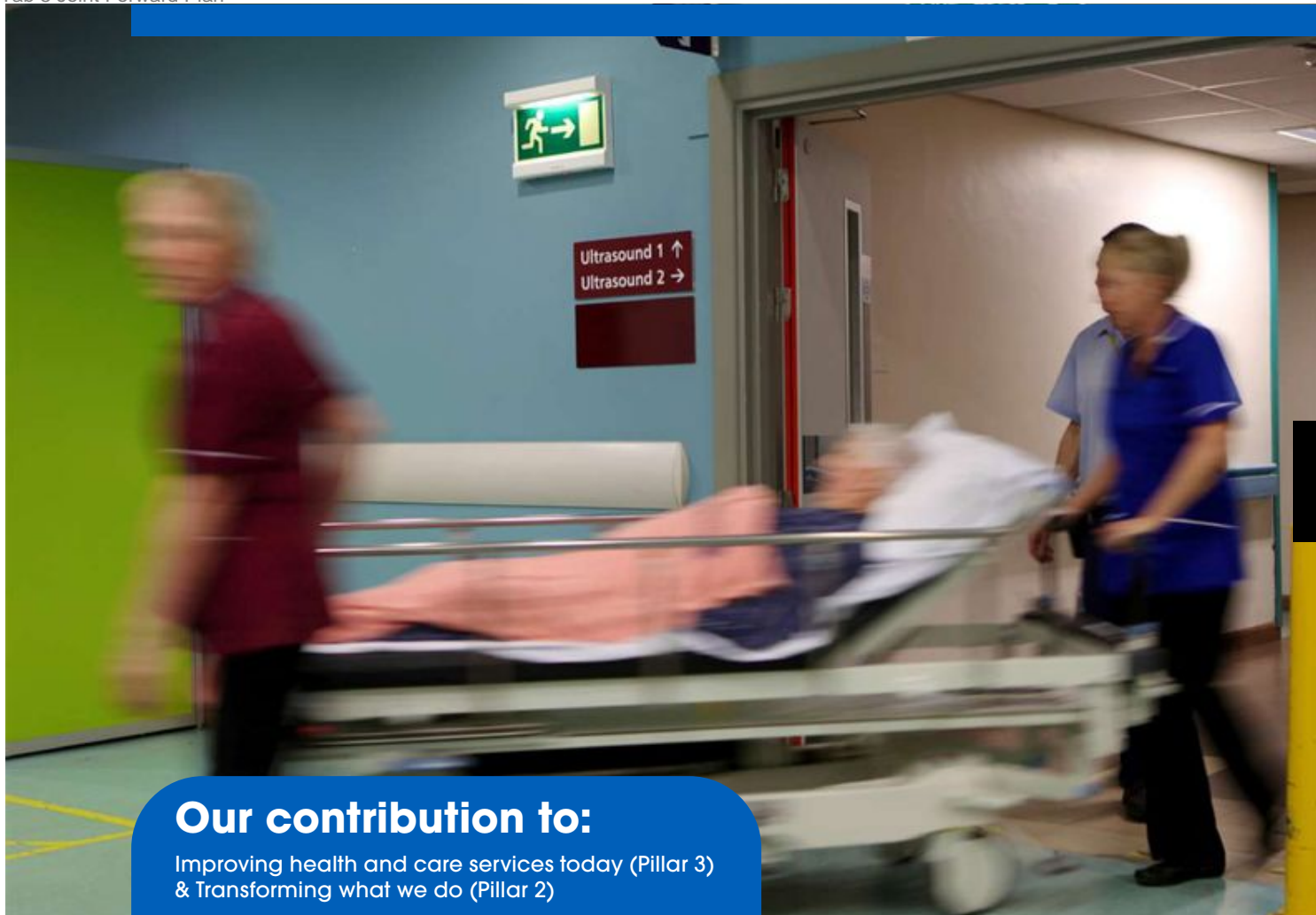
What we commit to:

Our forthcoming People Strategy will set out our commitments to supporting our workforce in Gloucestershire. This will be based around eight priorities and will assist us in both attracting new people into Gloucestershire whilst also developing and supporting the existing health and care workforce. It is important that the changes described in this delivery plan are in the best interest of our workforce. Inevitably this will mean changing the way that we have worked as we further support teams to deliver integrated care together, and in many cases closer to where our patients and population live.

How we will make it happen:

Our [People Committee](#) will oversee the delivery of this principle. We will continue to use our [clinical and care leaders](#) to help shape the way that we deliver health and care in the future. We will also support the development of future clinical and care leaders in Gloucestershire. Programmes will be expected to demonstrate that changes are being made with the staff that deliver our services and that together they identify ways of working that deliver better outcomes for both our workforce and population.





Our contribution to:

Improving health and care services today (Pillar 3)
& Transforming what we do (Pillar 2)

Theme 1:

Improving care for the people we serve

As partners in Gloucestershire we have a commitment to working together to improve care for the people we serve. When people need to access our services, we want to ensure that there are good outcomes from the care and treatment they receive. We recognise this can only be delivered by working together as well as with wider system partners across the One Gloucestershire Integrated Care System.

Over the next five years we will assess our progress against this theme through the following markers of success:

- ▶ The people who use our services are positive about their experience of using them
- ▶ People in Gloucestershire show high levels of self-reported wellbeing.

We will deliver this theme through the following three areas:

- ▶ Better care at every age
- ▶ Better care for major health conditions
- ▶ Better care for different groups of people.

Our approach to ensuring health equity and therefore supporting the commitments outlined within the Integrated Care Strategy is embedded across all our programmes of work. We have described how we will coordinate this work later in this plan.

We will continue to develop our approach to population health to ensure that we develop our understanding of population groups with, for example, cancer or with these long-term physical or mental health conditions, so that we can focus our work in the right areas.

1a. Better care at every age

We want to ensure that people in Gloucestershire receive good health outcomes regardless of age. Our focus here is on the needs of children and young people, older adults (including those living with frailty) and people living towards the end of their lives. At every stage of life we recognise that the services we provide are only a part of people’s overall health and wellbeing, and continuously strive to work with non-healthcare services to support the ‘whole person’.

For children and young people, we are committed to early identification and intervention, working together to improve health and care outcomes. We will increasingly bring together our services so that they are better connected, and young people are prepared for transition to adulthood. This includes areas such as weight management, neurodiversity, and complex health needs as well as the trauma-informed support we provide for

children in need of protection and those in care. For older people, we are committed to helping them live longer with good health. Our [frailty work](#) and strategy focus on our commitment to improving the prevention, identification, and management of frailty in local communities. Through our Ageing Well programme we will bring together the delivery of proactive care across the county to support people to remain independent at home for longer and avoid hospital admissions as much as possible. Our collaborative work with the residential, nursing, and domiciliary care sector is critical to this. Our [Palliative and End of Life Care](#) strategy describes our aim to deliver good end of life care, so that the last stages of peoples’ lives are they best they can be, and the people important to them are also cared for and supported.

Transforming what we do - In the next 5 years we will:	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Ensure that the services we provide regardless of age are timely, effective, and accessible, and significantly reduce waiting times for assessments and support (particularly for children and young people) ▶ Provide personalised care and prevention services in the community to promote health and wellbeing for all and make every contact count ▶ Deliver integrated community provision to further reduce the need for hospital or secondary care wherever possible. 	<ul style="list-style-type: none"> ▶ Reduce waiting times for assessments and support in key services (e.g. weight management) for children and young people ▶ Improve proactive care to help people living with frailty and other long-term conditions to remain at home or in the community for as long as possible ▶ Improve identification of people who are approaching the end of life and support them to die in their preferred place and therefore reducing the number of people dying in hospital.

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Children & Young People	Pilot and evaluate an approach to integrate mental and physical health services for children in need of protection and those in care
	Pilot a new integrated service for children’s weight management
Older People (Ageing Well & Frailty)	Provide tailored support to independent care homes that enable people to remain well
	Develop a system wide strategy for proactive care services that support people to remain independent at home for longer
	Continue to deliver 70% 2-hour urgent community response service e.g. through use of Rapid Response
End of life	Develop a proposal to provide advice and support for families and carers to adults at end of life through the urgent care hub, and crisis support in people’s own homes

1b. Better care for major health conditions

The number of people living with long-term health conditions continues to increase across England, including in Gloucestershire. Our Clinical Programme Approach is key to delivering improvement in pathways and support for people living with such conditions. We will continue to take a preventative approach to supporting people manage these long-term conditions.

Our work in this area is about improving health outcomes through work on care pathways. We will prioritise work in cancer, diabetes, respiratory, and cardiovascular disease (CVD) and circulatory conditions in line with the [NHS Long Term Plan](#) commitments. These are conditions that we know are increasingly prevalent - some of these are preventable and our approach will be to provide effective support in the community wherever possible.

Ensuring early diagnosis and timely treatment for cancer remains a priority across Gloucestershire. Key to this is raising awareness to ensure that people are encouraged to come forward where they have concerns, so that they can be reviewed by specialists and ensure diagnostic tests are undertaken as soon as possible. We will work to together to reduce the backlog of people waiting for treatment and ensure those living with cancer receiving care and support that is increasingly personal to them as an individual. In the areas of diabetes, respiratory and cardiovascular and circulatory conditions we will continue to offer preventative and/or early treatment in the community and deliver joined-up care for those who need it.

Transforming what we do - In the next 5 years we will:	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Support people to live well with long term health conditions and where possible support them to manage their conditions at home ▶ Provide personalised and integrated approaches to care in the community that further reduce the need for hospital or secondary care where this is not needed ▶ Continue to increase early cancer diagnosis and ensure effective treatment and support for people living with cancer. 	<ul style="list-style-type: none"> ▶ For people living with cancer: 1). Maintain high numbers of people being diagnosed/given an all clear within 28 days of referral; 2). Support more people to be diagnosed earlier for cancer and 3). Increase the number of people receiving treatment within 62 days of referral ▶ For people living with diabetes, respiratory and CVD / circulatory conditions there are a range of measures related to earlier support and prevention.

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Cancer	Improve cancer pathways to reduce the time it takes for patients to get a diagnosis and start treatment
	Work with the public to increase knowledge of cancer signs and symptoms to enable earlier diagnosis
Diabetes	Continue to promote services that support people both at risk and who are living with Type 2 diabetes
	Implement wider access to Continuous Glucose Monitoring
Respiratory	Develop a proposal to increase uptake and completion of Pulmonary Rehabilitation and the Respiratory Local Enhanced Service (LES) in primary care
CVD / Circulatory	Implement plans to identify and optimise treatment for hypertension
	Improve treatment provision for patients in the area of heart failure and stroke

1c. Better care for different groups of people

As well as supporting people of different ages and with specific health conditions we will also work to improve health and care outcomes for different population groups. We will focus here on parents and their babies, people living with learning disabilities and autistic people and dementia, as well as people living with mental health difficulties. We are committed to ensuring ‘parity of esteem’ so that people with mental health needs have the same access to health and care services as those with physical needs.

In 2019 we published Better [Births Gloucestershire](#), updated in 2021 as the three-year Local Maternity and Neonatal System (LMNS). Working collaboratively with the Gloucestershire Maternity & Neonatal Voices Partnership remains a priority.

Our [Local Maternity and Neonatal System](#) brings partners together to improve outcomes for parents and their families.

We are also committed to continually improving our support for people living with learning disabilities and autism. One of our immediate priorities here is reducing waiting times for assessments for both autism and ADHD. We will continue our significant programmes of work in mental health both for children and young people through our [children and young people’s mental health 4-point plan](#), as well as adults, notably through the community mental health transformation programme. This will mean help us to ensure that we continue to deliver against our [all age mental health strategy](#) (2018-2023).

Transforming what we do - In the next 5 years we will:	Improving health & care services today - In the next 1-2 years we will
<ul style="list-style-type: none"> ▶ Ensure timely, effective and accessible services for people across different population groups ▶ Provide personalised and integrated models of care in the community that reduce the need for hospital wherever possible ▶ Continuously improve the pathways of support for people with mental health needs and living with learning disabilities and/or autism, to minimise our inpatients and out of area placements. 	<ul style="list-style-type: none"> ▶ Deliver safety ambitions for stillbirth, brain injury and neonatal mortality ▶ Increase the number of people with learning disabilities receiving annual health checks and action plans, reduce waiting times for assessments for ADHD & autism and reduce reliance on inpatient care ▶ Increase access to IAPT, increase access to community mental health services (for children and young people as well as adults with serious mental illness), reduce reliance on out of area mental health placements and reduce waiting times for eating disorder services. ▶ Increase the diagnosis rate for dementia.

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Maternity & Neonatal	Ensure safe and personalised maternity & neonatal services delivery against the recommendations identified in the 3 year Delivery Plan for Maternity & Neonatal services, which encompasses and will succeed the Ockenden Reports
	Review the approach to providing continuity of carer for women and birthing people receiving coordinated care
Learning Disabilities & neurodiversity	Bring together Autism and ADHD pathways for 0-18s and adults over the age of 18
	Develop the dynamic keyworker service to support children and young adults with learning disabilities and autism at risk of hospital admission
	Act to prevent avoidable deaths through implementing actions from learning from lives and deaths reviews
Mental Health	Continue rollout of the Mental Health in Schools Trailblazer programme to provide early support to schools
	Implement a place-based community mental health model particularly for people experiencing severe mental health
	Implement improvements in the pathway for eating disorders to reduce waiting times
Dementia	Implement plans to identify and optimise treatment for hypertension



Our contribution to:

Improving health and care services today (Pillar 3)
& Transforming what we do (Pillar 2)

Theme 2:

Supporting our people across the ICS and beyond

The people who work across One Gloucestershire ICS are our greatest asset. We have 14,000 people working in the NHS in Gloucestershire including those in primary care. Delivering great quality care is only possible with the commitment of our staff. We want to both attract and retain people working across the NHS, support their development and ensure that they have the resources to support them in their work.

This means ensuring that we continue to maximise the use of data and digital technologies in how we deliver services, as well as providing effective and efficient physical buildings and facilities which best supports our staff as well as the people they care for.

Over the next five years we will assess our progress against this theme through the following three markers of success:

- ▶ Our staff in Gloucestershire recommend their organisation as a place to work
- ▶ We deliver on the [NHS People Promise](#) commitments to our staff.

We will deliver this theme through the following three areas:

- ▶ An empowered and valued workforce
- ▶ A data and digital-led health and care
- ▶ An effective and efficient use of our estate.

2a. An empowered and valued workforce

We are committed to supporting and developing our workforce in Gloucestershire NHS and supporting the [NHS People Promise](#). Our local People Strategy is in final stages of development and will set out our commitments and priorities based around eight strategic themes.

- ▶ Recruitment and retention
- ▶ Valuing and looking after our people
- ▶ Future workforce planning
- ▶ Equality, diversity and inclusion
- ▶ Enabling innovation in care delivery

- ▶ Education, training and talent development
- ▶ Digital, data and technology literacy
- ▶ Leadership and culture.

We have also published our [Clinical and Care Professional Leadership Framework](#) setting out how we will support existing and future clinical and care leaders. Our system wide workforce programme will coordinate delivery against the People Strategy commitments supported by three groups – workforce, organisational development and education and training.

Transforming what we do - In the next 5 years we will	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Promote leadership development at all levels across the ICS ▶ Simplify and transform recruitment processes to improve accessibility and reduce timescales ▶ Grow our workforce for the future through continued efforts to attract and recruit new staff and their families to come and live and work in here ▶ Develop new roles and ways of working including opportunities for rotation of staff across our system ▶ Retain existing staff through great induction, mentoring, training support and flexible working options ▶ Building a safe and compassionate culture for all our staff. 	<ul style="list-style-type: none"> ▶ Increase staff recruitment – particularly into key roles such as in primary care, maternity services and mental health services ▶ Increase our focus on retention of staff, reducing staff turnover and the number of staff leaving within 12 months ▶ Build our approaches to creating an inclusive and compassionate culture to improve the diversity of staff at all levels ▶ Reduce the use of agency staffing across Gloucestershire ▶ Show an improvement across key staff survey measures.

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Workforce	Work with partners to increase recruitment and retention including promoting international recruitment, continuing joint recruitment events and mobilising a campaign to promote the county as a destination to live and work. Carry out retention diagnostics in key service areas and put action plans in place to reduce staff turnover.
Organisational Development	Ensure that we look after those people working in health and care including through the provision of coaching, talent management and succession planning. Development of leadership capabilities across the system including through continuing the leadership development programme and identifying gaps in support.
Education and Training	Support the education, training and skill development of the existing and future workforce across Gloucestershire including through apprenticeships and developing our education offer, working with partners to launch health and care related education from a new city campus in Gloucester.

2b. A data and digital led health and care

Over recent years we have shown the opportunities that the better use of digital technologies and data have in transforming health and care. We are committed to both levelling up organisations across Gloucestershire to common levels of digital ‘maturity’ (i.e. our collective ability to adapt to technology advances that improve our services and care) whilst also transforming the way in which we deliver health and care through digital and data. We will further embed our approach to population health management through localities and across the county.

Our Digital Strategy will be finalised in 2023 and will set out the priorities and commitments in how we will deliver it through the following five areas:

- ▶ Delivery Framework – Ensuring that we have the right structure and people in place to successfully deliver our digital commitments
- ▶ Levelling Up – Ensuring partners move together in digital maturity as one
- ▶ Data and Information Sharing – Ensuring that we have the infrastructure and tools to enable information to be shared appropriately in real time
- ▶ Innovation and Growth – Maximising the implementation of digital tools, products and services and supporting changing models of care
- ▶ Population Health Management (PHM) – Supporting the delivery of a PHM approach through all that we do.

Transforming what we do - In the next 5 years we will	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Ensure there is simplicity in how people access services and support through the use of digital tools ▶ Ensure that staff have access to the information they need to enable them to deliver the best possible care ▶ Level up digital maturity across all organisations in the NHS in Gloucestershire ▶ Use Population Health Management information to inform priorities & programmes of work. 	<ul style="list-style-type: none"> ▶ Support increased use of key digital applications by both staff and patients – including Joining Up Your Information (JUYI – our local shared record) as well as the NHS app ▶ Increase the take up of digital services i.e. increase the number of people able to book, amend or cancel appointments ▶ Increase the use of ‘Advice and Guidance’ solutions to support smart referrals and enable easy access to advice and guidance.

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Delivery Framework	Publish the Digital Strategy setting out our key priorities and deliverables.
Levelling Up	Ensure there is a comprehensive understanding of levels of digital maturity across the NHS in Gloucestershire.
Data and Information Sharing	Transition to the next version of the Shared Record in Gloucestershire (Joining Up Your Information) and optimise usage.
	Implement a strategy and plan for a Person Held Record to give patients access to the information about them.
Population Health Management	Support transformation work in key areas (urgent care and children and young people) through expansion of the linked dataset.
Strategic Information Governance	Put in place a framework that supports and enables appropriate and accurate information sharing between trusted partners.

2c. An effective and efficient use of our estates

The One Gloucestershire estate – the buildings and facilities we work from - is critical in enabling current and new approaches to delivering health and care services. Our staff require a more flexible estate that can support integrated ways of working whilst also, where appropriate, enabling innovative and online models of care to be delivered. The separation of elective and emergency activity is a key contributor to delivering our urgent care, planned care and diagnostic commitments set out in this plan.

The Estates Strategy we are currently developing will set out the commitments we have to the ongoing changes and improvements to our estate. This is built around three key priorities:

- ▶ To ensure that our ICS buildings are safe and compliant

- ▶ To continue our ICS strategic estates development programme
- ▶ To ensure our ICS estate is efficient, meets sustainability standards as defined by NHS England and is highly utilised.

Our [Fit for the Future Programme](#) is about how we can develop outstanding specialist hospital care in the future across the Cheltenham General Hospital (CGH) and Gloucestershire Royal Hospital (GRH) acute sites. Our Centres of Excellence vision is for the future configuration of specialist hospital services, with GRH focussing more (but not exclusively) on emergency care, paediatrics, and obstetrics and CGH focussing more (but not exclusively) on planned care and oncology.

Transforming what we do - In the next 5 years we will	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Support the move to ICS buildings across Gloucestershire being EPC B rated by 2030 ▶ Meet the need for a flexible, integrated estate that can be used by primary care, secondary care and community organisations ▶ Deliver a revenue benefit from reducing building running costs and capital benefit from relevant building disposals. 	<ul style="list-style-type: none"> ▶ Complete Phase 1 and 2 of Fit for the Future and Strategic Site Development and realise the benefits stated in the Programme ▶ Complete key estates initiatives that support the separation of emergency and planned care and acute and community diagnostics.

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Safe and compliant buildings	Across organisations, prioritise capital (including estates) commitments and deliver against this – including backlog repairs maintenance.
ICS Strategic Estates Development	Support transformation programmes with key estates initiatives – including Forest of Dean Hospital, Community Diagnostic Centre and Gloucestershire Hospitals NHS Foundation Trust Strategic Site Development and delivery of funded primary care premises schemes.
Fit For the Future	Work across the system to complete Fit for the Future Phase 1 and 2 and ensure benefits are realised.



Our contribution to:
 Improving health and care services today (Pillar 3)
 & Transforming what we do (Pillar 2)

Theme 3:

Working together in an integrated way for all

All areas described in our Joint Forward Plan require the commitment of partners to work together – both within the NHS and beyond. There are three areas that we will prioritise our efforts in order to improve outcomes for the people of Gloucestershire:

- ▶ Planned care and elective recovery
- ▶ Urgent and emergency care
- ▶ Locality-based working.

Over the last few years we have made progress in all three of these areas but there is further work to do to improve outcomes for people receiving care, and to make it easier for our staff to deliver it.

Over the next five years we will assess our progress against this theme through the following markers of success:

- ▶ Our partners feel the ICB is working effectively with them to support improvements in health and wellbeing
- ▶ We work together to improve outcomes for local people.

We will deliver this theme through the following three areas:

- ▶ Accessible and timely planned care
- ▶ A sustainable urgent and emergency care
- ▶ Better population health in localities.

3a. Accessible and timely planned care

Across the country, because of COVID-19, we have seen people waiting longer for planned care surgery and treatment. In Gloucestershire we are making good progress in reducing the number of people waiting but recognise that we have more to do.

By 2028 we want Gloucestershire residents to be able to consistently access all elective services within the timescales set out in the NHS Constitution and the Long-Term Plan. Good waiting list management is key in delivering this. Whilst people do wait, we want to increasingly offer proactive communication and support

to help them manage their condition. Our commitments to cancer (see section 1b) and diagnostics (see section 4a) are also important in delivering these commitments.

Alongside reducing the waiting times for planned care, we want to ensure that the services are delivered in the best possible way and that people can make informed decisions about their care. This also means constantly working to improve efficiency and productivity in the way we deliver these services, and in particular transforming how we deliver outpatient services to better meet the needs of our population.

Transforming what we do - In the next 5 years we will	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Continue to reduce the number of people waiting for elective care in Gloucestershire – eliminating waits greater than a year by 2025 ▶ Maximise our elective activity both within Gloucestershire Hospitals NHS Foundation Trust and the independent sector where needed ▶ Transform the way we deliver outpatient services ▶ Ensure that we maximise productivity and efficiency of elective care services. 	<ul style="list-style-type: none"> ▶ Ensure that no-one is waiting longer than 65 weeks for treatment (by March 2024) and start to eliminate waits longer than 52 weeks for treatment ▶ Deliver 109% of elective activity (compared to the 19/20 baseline) in 2023/24 ▶ Increase productivity of elective surgery (increasing the number of day cases as well as utilisation of theatres).

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Waiting Times and Waiting List Management	Through the elective care hub, continue to pro-actively contact patients waiting for elective treatment to offer support whilst they wait.
Outpatient Transformation	<p>Continue to develop advice and guidance to improve access to specialist opinion and ensure patients are treated in the right place at the right time.</p> <p>Optimise follow up appointments to ensure that all appointments add value for the patient making progress towards the national ambition to reduce follow up appointments by 25%.</p>
Inpatient and Day Case Services	<p>Increase theatre productivity ensuring that the national ambition to achieve 85% capped utilisation is consistently delivered.</p> <p>Move procedures to the most appropriate setting of care including moving to day case as default wherever clinically appropriate.</p>

3b. Sustainable urgent and emergency care

Whilst we have made improvements in recent years to the way we deliver urgent and emergency care we recognise that we have more to do to so that we can place it on a sustainable, long-term footing. We want to ensure access to the right care, in the right place, first time; reducing pressure on our urgent and emergency care services and deal with seasonal demand pressures. This is one of the most significant priorities for the NHS in Gloucestershire and can only be achieved through close collaboration between system partners.

In 2022 a detailed diagnostic was undertaken highlighting the areas that are working well and

the areas that we need to focus on improving through a transformation programme. This work will not be limited to improving care in acute hospitals; much of it is about ensuring that out of hospital alternatives for urgent care are available. We will be taking forward the first stage of this significant programme of work in 2023/24 that will improve and underpin the way we deliver urgent and emergency care which, in the long-term, will involve further work in prevention, primary care, the community, at the hospital 'front door' and our work with partners to ensure the best use of the right discharge pathways when people leave hospital.

Transforming what we do - In the next 5 years we will	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Ensure a greater focus on prevention and anticipatory care ▶ Ensure that there are effective alternatives to hospital within the community so that care can be provided when it is needed most ▶ Ensure that our urgent and emergency care services are accessible and timely when people need it ▶ Ensure that effective discharge arrangements are in place with people discharged to the right pathway for them – and receiving the right care and support. 	<ul style="list-style-type: none"> ▶ Ensure 70% of urgent community referrals are responded to in 2 hrs ▶ Expand the number of people supported through Virtual Wards ▶ Ensure that 80% of A&E and MIU attendances are admitted, transferred or discharged within 4 hours ▶ Support a faster ambulance response time (Category 2 calls) ▶ Reduce the number of people ready, but unable to leave hospital and reduce inpatient stays longer than 21 days for all people ▶ Reduce general and acute bed occupancy in Gloucestershire Hospitals.

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Prevention	Focus on falls prevention and assessment, supporting people to remain independent within their own homes whilst preventing the need for urgent an emergency care.
Urgent Community Response	Ensure the urgent care system is easy to navigate through a Clinical Assessment Service (CAS), supported by continual improvement within our 2-hour community response offer.
Front Door	Streamline flow at hospital 'front door'. Prioritise the development of assessment and treatment services for people living with frailty and those who use urgent and emergency care services disproportionate to their need, to prevent admission to hospital and enable people to manage their health and wellbeing differently.
Hospital Flow	Focus on timely discharge decision making, optimising discharge pathways and reducing the number of people ready but unable to leave hospital.
Virtual Wards	Expand the existing model of virtual wards to provide more capacity for enhanced care in people own homes.
Discharge Pathway and Intermediate Care	Review and enhance intermediate care through further development of our Home First approach and review of our Discharge to Assess beds. We will work alongside our colleagues in social care regarding care packages to support people to return home where possible.

3c. Better population health in localities

In Gloucestershire we have localities that broadly align to District, Borough and City Council areas. These are already - and alongside Primary Care Networks will increasingly become - the footprint around which we organise community services. Importantly, our six *Integrated Locality Partnerships* (ILPs) bring together partners and communities to improve outcomes for local people.

We are committed to a population health-based approach within localities where partners and communities use robust, multi-agency data and local knowledge to identify what is important and are supported in taking ownership for tackling health and care challenges. Our Integrated Locality Partnership Strategy is in development

and will set out our shared ambition for ILPs within Gloucestershire. The current priorities in each ILP can be found at Appendix B.

We have already seen the impact that localities are having. They have started taking a population health management approach to enabling health and wellbeing and, through the *Strengthening Local Communities Grant* (and wider access to funding), increasingly localised initiatives are being delivered in a way that supports and enables communities. This approach will continue through 2023/24 with a particular focus on improving peoples' independence and improving health equity, including in relation to the Patient and Carer Race Equality Framework (PCREF).

5

Transforming what we do - In the next 5 years we will	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Ensure strong, mature partnerships in each locality with wide membership from partners and communities ▶ Support communities to be empowered to build on the strengths and assets they have ▶ Ensure that there is a close alignment between priorities and resource allocation within localities. 	<ul style="list-style-type: none"> ▶ Ensure a greater involvement of people, the Voluntary, Community and Social Enterprise (VCSE) sector and communities in priority projects across localities with a focus on improving independence and health equity ▶ Support strong local governance (as non-statutory partnerships) with accountability for transformational change over the medium to longer-term.

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Development of Integrated Locality Partnerships	In collaboration with system partners, publish an ILP Strategy setting out our shared vision for localities in Gloucestershire.
	Review ILP membership and support the development of governance arrangements within localities.
	Facilitate the coordination of the Strengthening Local Communities Grant to include support to hyper-local projects in localities & develop approach to evaluation



Our contribution to:
 Improving health and care services today (Pillar 3)
 & Transforming what we do (Pillar 2)

Theme 4:

Improving access and quality in the services we deliver

We know that for people requiring care and support that there needs to be both easy and timely access to services as well as good quality care in how those services are delivered. We are committed to delivering this across all our services.

Our [Gloucestershire ICS Quality Framework \(2022 – 2025\)](#) sets out our plans to ensure that everyone accessing health and care has the right to feel safe and have confidence in how services are planned and provided. Our plan focuses on ensuring that services are safe and effective, and that people who use them have the best possible experience.

Our commitment to improving access and quality is across all services. We are prioritising three areas of work that will benefit every resident of

Gloucestershire – diagnostics, primary care and medication safety.

Over the next five years we will assess our progress against this theme through the following markers of success:

- ▶ The services we provide across Gloucestershire consistently perform in the top quartile against other systems and organisations in England
- ▶ We deliver high quality services across Gloucestershire that are all rated by CQC as good or outstanding.

We will deliver this theme through the following three areas:

- ▶ Efficient and accessible diagnostics
- ▶ A sustainable and integrated primary care
- ▶ Safe and efficient use of medication.

4a. Efficient and accessible diagnostics

We are committed to improving both the number of available diagnostic tests and the way in which we deliver them for residents across the county. We want to ensure that diagnostic provision keeps pace with increasing demand and that patients are waiting the shortest time possible, and no longer than 6 weeks overall.

A key part of our programme of work includes the opening of our [Community Diagnostic Centre](#) in Gloucester at Quayside House in 2023. Our commitment is to ensure that the services delivered from here are accessible, high quality and clinically effective.

The location of Quayside House is also critically important in helping us to ensure accessibility of diagnostics for some of our more deprived communities in Gloucester City. This work is also helping to improve health equity across the county.

Alongside this, our work will focus on continued planning to ensure we can scale our diagnostic services to help us meet longer term population needs, develop the workforce, and ensure that our estates and equipment enable teams to deliver the best quality service.

Transforming what we do - In the next 5 years we will	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Continue to increase diagnostic activity which keeps pace with increased demand for diagnostics from the Gloucestershire population ▶ Continue to ensure that people receive diagnostics as quickly as possible (and as a maximum within 6 weeks) ▶ Ensure that diagnostic delivery is high quality and clinically effective. 	<ul style="list-style-type: none"> ▶ Ensure that 95% of people have a diagnostic assessment within 6 weeks by March 2025 ▶ Deliver diagnostic activity levels to support the addressing of backlogs in elective care (see section 3a) and cancer care (see section 1b).

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Diagnosics Workforce Plan	Ensure that we have the right diagnostic capacity to deliver future diagnostic provision as well as training and qualifications for those staff.
Diagnostic Demand and Capacity	Undertake a review of diagnostic future demand and capacity across Gloucestershire.
Community Diagnostic Centre	Open the Community Diagnostic Centre at Quayside House to support the delivery of diagnostics and ensure continued accreditation, and continue reviewing our diagnostic services in community hospitals.
Regional Diagnostic Networks	<p>Contribute towards regional diagnostic networks to support efficiencies - imaging, pathology, endoscopy and physiological science networks.</p> <p>Support regional work on genomics and ensure there is a clear plan for the Gloucestershire contribution to genomic medicine.</p>

4b. A sustainable and integrated primary care

We are fortunate that our primary care services are already highly valued and rated by our patients. However, our commitment in this Joint Forward Plan is to develop primary care further so that it is sustainable in anticipation of further increasing demand, and is integrated through GP Practices working together within [Primary Care Networks](#) (PCNs) and with wider community and voluntary sector partners.

We support the recommendations of the [Fuller Stocktake](#) with commitments to developing the primary care urgent care offer (same day emergency access) as well as integrating primary

care within neighbourhoods so that teams from different organisations work together to support people. Our Neighbourhood Transformation Programme will be critical in taking forward these ambitions and commitments over the next two years. From April 2023 we took on the responsibility for Gloucestershire’s pharmacy, optometry and dentistry from NHS England and are committed to identifying opportunities to improve health outcomes for residents with these partners.

Transforming what we do - In the next 5 years we will	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Maximise the benefits of primary care working at scale – both between GP Practices and with wider community partners ▶ To continue to improve access to primary care – including urgent primary care when it is needed ▶ To continue to work together to address population health needs within PCNs and improve outcomes for people ▶ To develop and expand the primary care workforce to support resilience. 	<ul style="list-style-type: none"> ▶ Maintain high levels of available GP appointments and continue to offer appointments based on clinical need, including same/next day ▶ Increase the percentage of regular / routine practice appointments taking place within 2 weeks ▶ Provide extended access in primary care and enable efficient appointment utilisation ▶ Support recruitment and retention of staff across primary care.

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Supporting primary care at scale	Support the delivery of national contracts for primary care (in 23/24) including additional roles recruitment.
	Develop a plan for integration of primary care and community services within Gloucestershire.
Improving the access and urgent care offer	Support primary care with extended access rollout (PCN 8-8 Monday to Friday and 9-5 on Saturday).
	Develop the primary care out of hospital offer including same day access hubs and redesign of GHAC (7-day urgent care service).
Improving Population health, improving quality and tackling inequalities	Take on delegated responsibility for pharmacy, optometry, and dentistry from NHS England
	Facilitate the coordination of the QI Improvement Projects to support hyper-local projects in Primary Care Networks & develop an approach to evaluation

4c. Safe and efficient use of medication

We are committed to the safe, effective and sustainable use of medication across Gloucestershire. We want to ensure a long-term approach which uses cost effective medicines to achieve better outcomes for our residents as well as improve health equity associated with the prescribing of medication.

This can only be achieved by partners working together in Gloucestershire and our Integrated Medicines Optimisation Committee is the means through which we do this.

Our 5-year plan for medicines optimisation is structured around the following areas of work:

- ▶ Safe and effective prescribing – Reduce avoidable harm associated with medications
- ▶ Deliver value and outcomes in medicines – ensure medicines are used appropriately to improve outcomes

- ▶ Sustainability – Ensure medicines are prescribed, used and disposed of in a way which supports our green and sustainability commitments
- ▶ Efficiency in prescribing – reducing costs by ensuring that cost effective medicines are prescribed appropriately
- ▶ Efficiency in service provision – Ensure that patients are seen by the right pharmacy professional at the right time
- ▶ Future of medicines optimisation systems – Ensure we keep abreast of new developments in medication and work together to achieve the benefits they can bring.

Transforming what we do - In the next 5 years we will	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Ensure safe, effective and sustainable medicines use across Gloucestershire ▶ Reduce harm associated with anticoagulants and overprescribing (including antibiotics). 	<ul style="list-style-type: none"> ▶ Support the transfer of appropriate activity (i.e. less clinically serious) from primary care to community pharmacies ▶ Continue to deliver financial savings through efficient purchase and use of medications.

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Efficiency in prescribing	Deliver medication efficiency and savings across the medicine optimisation programme.
	Deliver an over prescribing plan that supports organisations to work together to reduce the amount of over prescribing of medications.
Efficiency in service provision	Continue the rollout of the community pharmacy consultation service to support transfer of low acuity work from primary care to community pharmacies.
Safe and Effective Prescribing	Lead work to reduce harm associated with anticoagulants in Gloucestershire.



Our contribution to:
 Improving health outcomes and achieving health equity over the longer-term (Pillar 1)

Beyond 5 years:

Making Gloucestershire a better place for the future

This Joint Forward Plan describes the contribution that NHS partners in Gloucestershire will make to the delivery of the integrated care strategy. The plan so far sets out our commitment to improving health and care services today as well as transforming services to help deliver longer-term outcomes.

The Integrated Care Strategy also sets out outcomes to be delivered over the longer-term. The [Gloucestershire Health and Wellbeing Partnership](#) and closely aligned [Health and Wellbeing Board](#) (led by Gloucestershire County Council) is the primary arrangement for overseeing the delivery of these ambitions.

There are three areas where this Joint Forward Plan sets out our contribution towards longer-term outcomes. These are as follows:

- ▶ Resilient communities and a healthy Gloucestershire
- ▶ Achieving health equity in Gloucestershire
- ▶ Delivering a sustainable and green NHS.

Resilient communities and a healthy Gloucestershire

As partners together we recognise the impact that prevention and early intervention have on health and wellbeing. This is built on the foundation of moving towards a community-powered approach to health and wellbeing where local people are at the heart of defining what they need and would like to change. Our focus is on community-driven health priorities and individually identified personalised health goals. Our programme of work in this area is co-produced and co-delivered with wider system partners and is based on three key areas:

- ▶ Healthy lifestyles and behaviours - Supporting greater physical activity, weight management

and reducing tobacco dependency.

- ▶ Personalised care - Supporting delivery of the commitments to personalised care across Gloucestershire including supported self-management and social prescribing.
- ▶ Active and empowered communities - Supporting capacity building of local communities and building system wide partnerships.

Our role in this is acting as enablers and catalysts for system change. Our aim is to initiate change through different conversations, different perspectives and by developing trust and equity between organisations and communities.

Making Gloucestershire a better place for the future - Over the long-term we will:	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Seek to slow the growth in obesity amongst the population in Gloucestershire ▶ Seek to reduce smoking / tobacco dependency across communities in Gloucestershire ▶ Develop strong collaborative partnerships with civil society including VCSE and local communities. 	<ul style="list-style-type: none"> ▶ Increase the number of people being referred to digital weight management (healthy weights) service ▶ Increase the number of people supported through stop smoking programmes ▶ Continue strategic partnerships We Can Move (physical activity) ▶ Develop approaches to evaluation in partnership with the VCSE sector for our long-term work on improving health and wellbeing outcomes.

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Weight Management	Continue to expand referrals to weight management across all ages, including supporting digital weight management.
Children’s Integrated Weight Management Pilot	Pilot a new integrated service for children’s weight management
Tobacco Dependency	Continue to expand referrals to stop smoking / tobacco support programmes.
Community Wellbeing Service (CWS)	Recommission the Community Wellbeing Service, making changes to ensure it is most effective, as a core part of the work within the Personalised Care programme.
Work with the VCSE to embed a model of accountable representation	Work with the voluntary and community sector within the active and empowered communities programme to implement an approach that ensures a strong ICS voice.

Achieving health equity in Gloucestershire

We are committed to the ambitions of the Health and Wellbeing Strategy and Integrated Care Strategy to achieve healthy equity in Gloucestershire. Despite Gloucestershire being a relatively affluent county overall, some of our neighbourhoods have been among the 10% most deprived in the country for over a decade, suggesting some longer-term structural factors at play.

Improving health equity cannot solely be achieved by one organisation; in Gloucestershire we commit to take a leadership role in working with local communities in this area. This is not just a separate, discrete programme of work but an approach that are embedding across all we do. We are using [Core20Plus5](#) as a guiding approach for how we help improve health outcomes for

the most deprived of our populations, and are working with partners in our areas of higher deprivation. We are also committed to work on improving relationships and engagement with our diverse racial populations, working with them to identify and prioritise specific needs.

For adults we are working in the five highest clinical need areas - cancer, respiratory, hypertension, maternity and mental health. The commitment in the integrated Care Strategy to hypertension case-finding is also part of this work. Our work with children and young people is also a high priority for the next two years. We will ensure that there is system-wide visibility of our work to achieve healthy equity with sponsorship already in place from all partner chief executives and the leadership teams.

5

Transforming what we do - In the next 5 years we will	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Be able to evidence improved outcomes across the 20% of most deprived areas and for identified population groups ▶ Show improvements in outcomes across the 5 clinical areas of focus for children – asthma, diabetes, epilepsy, oral health and mental health ▶ Show improvements in outcomes across the 5 clinical areas of focus for adults – maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding / optimal management and lipid optimal management. 	<ul style="list-style-type: none"> ▶ Continue a focus on the prevention of ill health and primary and secondary prevention priorities including CVD, diabetes (<i>see section 1b</i>) and smoking cessation (<i>see enabling a healthy Gloucestershire</i>) ▶ Continue to deliver against the commitments outlined in Core20PLUS5 both for adults and children ▶ Continue to expand High Intensity Users Service (<i>see section 3b</i>) ▶ Develop the leadership capabilities across our workforce to take forward this area of work and embed reporting of Core20Plus5 across the ICS.

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Core20Plus5 - Adults	Make progress in the 5 clinical commitment areas – maternity, severe mental illness, chronic respiratory disease, hypertension and early cancer diagnosis.
Core20Plus5 - Children and Young People	Make progress in the 5 clinical commitment areas – asthma, diabetes, epilepsy, oral health and mental health.
20% most deprived areas	Through the ‘enabling a healthy Gloucestershire’ programme of work, support capacity building and work in the most 20% of deprived areas in Gloucestershire.
Health Inequalities Monitoring and Reporting	Embed an effective approach to monitoring and reporting of health inequalities across the system – incorporating key measures into the Integrated Performance Report.

A green and sustainable NHS

As partners we recently approved our [Green Plan](#) for 2022-2025. The Green Plan serves as our shared proposals for how we will collectively reduce our emissions and support the delivery of our wider sustainability objectives through to 2025. It sets out ambitious targets and commitments for how we will move the NHS towards net zero goals. As ‘[anchor organisations](#)’ we are committed to the two key targets:

- ▶ NHS Carbon Footprint: Reaching net zero by 2040
- ▶ NHS Carbon Footprint Plus: Reaching net zero by 2045.

Our six sustainability priorities to deliver against these ambitions are:

- ▶ **Transport and Travel**
- ▶ **Estates and Facilities**
- ▶ **Climate Adaptation**
- ▶ **Sustainable Models of Care**
- ▶ **Medicines and Procurement**
- ▶ **Workforce and System Leadership**

Making Gloucestershire a better place for the future - Over the long-term we will:	Improving health & care services today - In the next 1-2 years we will:
<ul style="list-style-type: none"> ▶ Carbon Footprint - reach net zero by 2040 ▶ Carbon Footprint Plus - Reach net zero by 2045. 	<ul style="list-style-type: none"> ▶ Complete the Forest of Dean community hospital, designed with a focus on sustainability aiming at an “Excellent” rating using the construction industry’s BREEAM standards ▶ Reduce business mileage and start moving towards electric vehicles ▶ Developing new models of care, including digital – including expansion of virtual wards ▶ Change medicine use to more sustainable models including the reduction of waste ▶ Develop a plan for reducing oil, waste and water usage ▶ Reduce recycled paper usage across the system ▶ Commence work to reduce single-use Personal Protective Equipment (PPE).

The key schemes that over the next 2 years will deliver this change:

Area	What we will do
Oil, Waste and Water Reduction Plan	Develop a proposal for how to phase out oil, waste and water usage cross the estate.
Climate Change Adaptation Plan	Develop a proposal to ensure resilience of the NHS to climate change - air pollution, extreme temperatures, flooding/drought and food security.
Green Space and Biodiversity	Increase opportunities for people to access and maintain/improve green spaces - & support referrals to nature activities through social prescribing.
Single use plastics	Reduce the use of single use plastics (including PPE) across all organisations in the NHS in Gloucestershire.
Travel	Develop a green travel plan following publication of the NHSE sustainable travel plan and start to implement across organisations.

Delivering this Joint Forward Plan

We are 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 will be as follows:

We want to make sure anyone and everyone can influence how health and care is provided and can get the advice or support they need to improve their own health and wellbeing and that of their communities in Gloucestershire. In 2022, to support the development of our priorities, the Integrated Care Strategy, and this plan, we engaged with and listened to local people and communities in several ways:

1. Delivery via ICS Transformation Programmes

Our ICS Transformation Programmes will have overall accountability for delivering the commitments within this Joint Forward Plan. Each programme has an accountable 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 that 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 that our review of progress in delivering this plan is 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 will report regularly to the Integrated Care Board against the commitments within this plan – and more regularly should there be a specific need to discuss progress in specific areas. We already have in place an Integrated Performance Report which provides information to the Board on progress towards our commitments. We will develop this to ensure that progress of 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.



Appendix A

Making Gloucestershire a better place for the future

Our commitment to delivering our Legislative Requirements

1. Describe health services the ICB proposes to arrange to meet needs

This Joint Forward Plan broadly describes the health services we have in place, and will arrange, to meet the needs of our population as set out in the Integrated Care Strategy. More detailed information about services can be found on our websites:

- ▶ [Gloucestershire Health and Care NHS Foundation Trust](#)
- ▶ [Gloucestershire Hospitals NHS Foundation Trust](#)
- ▶ [South Western Ambulance Service NHS Foundation Trust](#)
- ▶ [Voluntary, Community and Social Enterprise \(VCSE\) partners](#)
- ▶ [Gloucestershire County Council](#)
- ▶ [Gloucestershire Integrated Care Board](#)

Each year we also produce an Operating Plan that provides more detail about the planned performance of services; the Operating Plan should be read in conjunction with this annually refreshed Joint Forward Plan.

The combined information in this Joint Forward Plan, the Operating Plan, and on our websites fulfils our duty to describe the current and planned health services to meet the needs of our population, including the improvements and transformation activities to ensure these services anticipate and adapt to changing needs.

2. Duty to promote integration

We are committed as an ICB to provide health services in an integrated way with our system partners. Partner organisations including Gloucestershire County Council are part of decision making across all levels of the ICS. In practice, we deliver this duty through:

- ▶ Gloucestershire County Council (Public Health, Children’s Social Care, Adult Social Care) as well as wider health partners are represented on NHS Gloucestershire Integrated Care Board.
- ▶ In partnership with Gloucestershire County Council we have a well-established Joint Commissioning Partnership Board and Joint Commissioning Partnership Executive that is responsible for joint commissioning and the management of funds within Section 75, 76 and 256. The Joint Commissioning Partnership Board and Executive also have responsibility for collectively overseeing management and delivery of the Better Care Fund (as well as other funds such as discharge funding) that is used in Gloucestershire to support integrated services across health and social care.
- ▶ The ICB integrated commissioning team is a joint team in partnership with Gloucestershire County Council and is responsible for services that are jointly commissioned or delivered in partnership. This includes services such as mental health, learning disabilities and autism, children and young people and older people. Included within this area is the health and housing team who have led on our innovative warmth on prescription programme and are working with the 6 Districts on creative use of the Disabilities Facilities Grant.
- ▶ At an operational level we are committed towards bringing services and teams together to deliver integrated care. The Neighbourhood Transformation work (as described in section 4b) as well as our work to improving population health in localities describes some of the ways in which we will continue to promote integration across Gloucestershire.

Our commitment to delivering our Legislative Requirements

3. Duty to have regard to wider effect of decisions

We will ensure all our transformation and development focuses on the ‘triple aim’, which underpin the full range of the operational activities and transformation programmes that will make Gloucestershire a healthier, better place for the future:

- ▶ The health and wellbeing of the people of Gloucestershire, including achieving health equity, are golden threads throughout this joint forward plan to meet the aims set out in the Integrated Care Strategy - at system level through our providers’ services, in our six ILPs, and at neighbourhood level through the work of GP practices and the fifteen Primary Care Networks.
- ▶ The quality of our services and the benefits this provides to people is assessed through robust risk management processes in all our organisations through to system level at the Integrated Care Board, based both on data and our system intelligence. Quality of our services is managed through our established framework and risk strategy (see Duty 5 below) and goes beyond performance metrics by focusing on patient outcomes (including through Population Health Management), our preventative work (for example see 1b. Better care for major health conditions), and consistent focus on the Core20PLUS5 approach for both [adults](#) and [children](#).
- ▶ The sustainable and efficient use of our resources has been improved in recent years for example through the Fit for The Future Programme (section 2c), which will see completion of its second phase over the coming two years. We enter the period of the five-year plan on a foundation of significant cost improvement programmes across all partners in recent years, and robust financial management and probity go in hand-in-hand with the best possible clinical care.

In 2023/24 we intend to re-establish our evaluation steering group and due diligence, bringing partners together to ensure that we can effectively evidence and assess the impact of our work on both outcomes and benefits for our population, and ensuring the best value for money for public finances.

4. Financial duties

The national financial framework requires a collective responsibility to not consume more than the agreed share of NHS resources. Gloucestershire ICS believes that working together towards common goals rather than competition is the best way to join up services to meet people’s needs, tackle inequalities and improve outcomes.

We have worked to a set of guiding values and behaviours which have ensured that decisions around how we manage the financial position and risk have been made collectively together. We know that the budgets of all organisations within our partnership are going to be challenging over the coming years given the challenging economic position and that demand for services is likely to increase across all ages.

Joint working has been successful due to the way in which we work together across our partnership to a common vision, the level of trust we have and the relationships we have built. We will continue to do this to ensure that we can use our resources to reduce health inequalities and improve health and wellbeing in our population. The financial plan will follow the service plan and will, through a collective approach, look at:

- ▶ how we are utilising our current resources, testing the value of current services and transforming services where better value can be identified, including through the due diligence of our procurement approaches and supply chain management, ensuring that benefits are delivered from each of the programmes of work within the Joint Forward Plan
- ▶ focus on improving the productivity of services and how we release cost reductions where appropriate
- ▶ managing unwarranted variation.

This will help us to manage growing demand within limited resources. In addition, investments will be focussed increasingly in areas of prevention plus where we can secure increased benefits through joint working with partners such as the Local Authority, the voluntary sector or with other organisations to enable us, over time, to move our services to a more preventative approach.

Our commitment to delivering our Legislative Requirements

5. Duty to improve quality of services

Everybody has the right to feel safe and have confidence in the services provided across Gloucestershire. We are committed to securing continuous improvement and will strive to ensure that our services, and those we commission, are of appropriate quality and that we have robust mechanisms in place to intervene where quality and safety standards are not being met or are at risk.

In 2022 we published our first [ICS Quality Strategy](#) and [Quality Framework](#). These two documents describe how we will arrange ourselves to deliver on our ambition for the services we commission or provide to be safe, effective and that people who use them have a good experience.

The Quality Strategy describes our shared commitment to improving quality across services in Gloucestershire and outlines both Executive and Non-Executive leadership for quality across the system, primarily through the ICB Quality Committee and System Quality group. The primary function of the ICB Quality Committee is to provide assurance to the ICB of the quality of care across the system. It does not duplicate the functions of partner quality committees which remain the primary mechanism for them to assure their own respective boards.

The ICB Quality Committee is supported by the System Quality Group which provides an important strategic forum through which partners can share and coordinate intelligence, insight and learning on quality matters across the ICS and identify and develop shared responses to concerns or risks.

We introduced a new Integrated Performance Report for NHS Gloucestershire Integrated Care Board in 2022 which gives oversight for the system in how we are improving quality across services in Gloucestershire. This report includes a series of metrics based around the three themes of safety, effectiveness and patient/service user experience.

6. Duty to reduce inequalities

As a system we are prioritising our work on to improve health equity. Gloucestershire's good overall level of health and wellbeing conceals large disparities. We know that we have a persistent, long-term health inequalities gap in our county, and that this has not improved despite at least a decade of effort.

This is therefore a core commitment within the Integrated Care Strategy and within this five-year Joint Forward Plan. We want to ensure that achieving health equity forms a part of everything we do across our organisations. Our work in this area aligns with the national commitment to CORE20Plus5 – with three local priorities:

- ▶ **Prioritising our work in the 20% of most deprived areas in Gloucestershire (CORE20)** Of the 373 Lower Super Output Areas (LSOAs) in Gloucestershire, 31 count amongst the most deprived 20% in England (8.2% of our county's population). This is why we have priorities working with communities in Gloucester City – including provision of funding for voluntary and community organisations working in these areas such as Music Works who are providing music activities for children and young people.
- ▶ **Prioritising work on race relations across Gloucestershire (PLUS)** Following an independent Commission report into race relations in Gloucester City we are prioritising work in this area. The Commission carried out reviews in several areas, including three supported by health and care colleagues: workforce, diabetes and mental health. We know that COVID-19 has had a heightened impact on marginalised groups. The Commission made calls to action that we will work with partners on taking forward – recognising this requires long-term sustained efforts.
- ▶ **Prioritising work to improve outcomes across 5 clinical areas for adults & children** We are coordinating work in this area although recognise this is a priority for us for the next 2 years as outlined in the section 'achieving health equity in Gloucestershire'. For example, in the area of diabetes we are taking forward the rollout of continuous glucose monitoring in a way that ensures we prioritise deprived areas of the county and marginalised groups of people. Our LMNS Equity and Equality Plan will also appropriately prioritise ethnic minority communities and those living in the most deprived areas of Gloucestershire.

Our commitment to delivering our Legislative Requirements

	<p>We set out elsewhere in this plan the work we are taking forward to address the 5 priority actions including restoring NHS services inclusively (see 3a) and accelerating preventative programmes (see 1b). In this first year of the Joint Forward Plan we will also finalise our Executive Leads for Safeguarding, Down’s Syndrome, Learning Disabilities and Autism across all age groups.</p>
<p>7. Duty to promote involvement of each patient</p>	<p>We are committed to promoting personalised care across all the services we deliver across our organisations. We have nominated a senior executive to facilitate a peer network of system leaders and experts by experience to work collaboratively, pledging commitment to coproduce innovative approaches and collect evidence to demonstrate effectiveness on implementing a universal recognise approach to personalised care through the One Gloucestershire Personalised Care Programme Board.</p> <p>Across our organisations we are updating our pledge commitment to use plain language and foster a culture shift for health and care professionals and people, valued as equal partners, providing choice and control on the way their health and care is delivered based on ‘what matters to you’ conversations, recorded in easily accessible care plans, digitally interoperable between system partners, held in a universally recognised folder owned by a person living with a complex/long term condition.</p> <p>Our approach is based on the seven components of the comprehensive model of personalised care. This includes:</p> <ul style="list-style-type: none"> ▶ Shared decision making – we are committed to ‘what matters’ conversations and have procured accredited training with the Personalised Care Institute to upskill our workforce in competencies associated with the model of personalised care ▶ Personalised care and support planning – we have made good progress in mobilising branded personalised care and support plans (<i>Me at My Best</i> and <i>ReSPECT</i>) for people living with complex/long term conditions, hosted in a ‘What Matters to Me’ folder across services which enables us, with people, to capture information about what matters to them. Areas such as frailty, end of life care and maternity are regularly using these with continued expansion plans across the whole life cycle and we are exploring opportunities across clinical programmes as part of Living Well and Waiting Well in elective care. ▶ Enabling choice including legal rights to choice – see duty to patient choice ▶ NHS @ Home – exploring the use of digital tools to support people maintain their unique wellness at home including Virtual Ward for Frailty and Respiratory care. ▶ Social prescribing and community-based support and personal budgets – these are a core part of our service offer to residents. For example, one-off personal wellbeing support budgets being used in partnership with AgeUK to support timely hospital discharge. ▶ Supported self-management – with patients we are committed to continue to support self-management of health and care conditions. This includes the use of digital tools such as <i>GetUBetter</i> – a digital solution to support patients with a range of musculoskeletal conditions and <i>My Concerns & Wellbeing</i> (MyCaW) being deployed for people living with frailty. Other offers include peer coaching through the HOPE Programme and Live Better Feel Better. <p>Other interdependent work includes personalised proactive (anticipatory) care working to co-develop risk stratification tools to support NHS partners to profile vulnerable people; facilitate multi-disciplinary (agency) team meetings to discuss and agree to proactively reach out to people; arranging to hold ‘what matters’ conversations and coproduce personalised care and support plans.</p>

Our commitment to delivering our Legislative Requirements

8. Duty to involve the public in decisions about services

In 2022 we published our [ICB Working with People and Communities Strategy](#) which sets out our principles, how we will work and the mechanisms we are putting in place to ensure that the people and communities of Gloucestershire are at the heart of all that we do. Our strategy aligns with the 10 [national principles of partnership involvement](#) published by NHS England. We have taken these within Gloucestershire and turned them into five areas of focus. Against each of these we have published a set of commitments within our Strategy.

- ▶ Involving people and communities (governance)
- ▶ Involving you
- ▶ Working with people and communities to tackle inequalities
- ▶ Working with Healthwatch Gloucestershire and with voluntary and community organisations and groups
- ▶ Communicating with you

Our work on involving the public in decisions about services includes work that we have underway to introduce a new Citizens Panel that will be representative of the Gloucestershire population (including ensuring we hear from different groups of people) and will further help us to shape health and care services. We are also introducing an Insight Hub that will be an online library that will collate feedback from local people and communities. We will also use the learning from involvement activities such as Fit for the Future and a new community hospital in the Forest of Dean.

The delivery of the strategy is being overseen by our Working with People and Communities Advisory Group that is made up of community and public voice partners. However, we believe that this is everyone’s responsibility, and we are committed to hear local people’s voices across health and care in Gloucestershire.

9. Duty as to patient choice

We support our GPs to offer meaningful choice to people registered with their practice, as set out in the [NHS Constitution for England](#) and the [NHS Choice Framework](#). This also forms a core part of our work on promoting the comprehensive model of personalised care.

We are working towards doing this at point of referral from GPs by providing accurate and accessible information on waiting times across local providers. This supplements the waiting time and service information available through public-facing digital tools which we will continue to update and expand with further supporting information for people accessing services.

People are given a full choice list of providers (including the independent sector where available) at the point of referral, or a subset of providers where highly specialised tertiary care is required such as fertility services. We are working towards keeping GPs up to date with the shortest waiting times to ensure open and transparent information, and the ability and scope for patient choice is well publicised across the system including on the [ICB website](#). NHS England have commended the detail and information we make available to our population.

We ensure our contracting of providers is done through open procurement, meeting all legal statutory requirements and guidance. This enables both quality of service and best value for money to underpin the choices people can make about their care, and we encourage active development of our provider market.

Our commitment to delivering our Legislative Requirements

10. Duty to obtain appropriate advice

One Gloucestershire ICS has developed our [Clinical and Care Professional Leadership Framework](#). The focus of this work has been to ensure that there is a strong clinical and care professional voice in advice and decision making across the system.

The formation of this framework was informed by an external peer review carried out in 2022 and the subsequent action plan is being overseen by Clinical and Care Professional Council which brings together a range of clinical and care leaders from across organisations in Gloucestershire. We are committed to ensuring that in decisions we make we obtain appropriate advice. This includes:

- ▶ Our Integrated Care Board includes clinical leaders from across the NHS in Gloucestershire including Chief Medical Officer, Chief Nurse as well as representation from primary care, adult social care and children’s social care.
- ▶ We have appointed clinical and care professional leaders to our transformation programmes who are providing advice to improvements to health and care that we are making across Gloucestershire. This includes clinical leaders in areas such as urgent and emergency care as well as achieving health equity.
- ▶ We have a range of professionals involved in Integrated Locality Partnerships, leading population health changes in their local areas.
- ▶ We continue to develop our clinical and care forums that bring together professionals in their relevant professional fields – including medical professionals, nurses and allied health professionals.

We are committed to continuing this work through delivery of our framework and action plan through the course of this Joint Forward Plan.

11. Duty to promote innovation

Patients benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery. Research and innovation are also important for the local economy, bringing investment and jobs. During the lifespan of this plan we intend to advance Gloucestershire’s innovation profile and standing by actively seeking to adopt and spread new opportunities. We will also work with education and public sector organisations such as the University of Gloucestershire and Gloucester City Council in their regeneration of Gloucester City [King’s Quarter](#) and the new [Forum](#) digital, innovation and social hub.

NHS organisations in Gloucestershire are active partners of the West of England Academic Health Science Network (AHSN). This partnership provides a pipeline of opportunities to take part in ‘adopt and spread’ initiatives, taking innovations that have already been tested in other health and care systems and shown to have benefits, and implementing them for the benefit of the residents of Gloucestershire following our own local due diligence. We act as a pilot system for some of these innovations, again ensuring we are confident in the safety and potential benefit. This approach provides other systems with evidence to do their own adopt and spread and provides us with early benefits for our patient care.

We will prioritise research and innovation projects that address the health needs of our population and continue to harness support for the discovery, development and deployment of innovation provided by the AHSN and through this the wider opportunities available from the national AHSN Network and the Accelerated Access Collaborative. The pipeline also incorporates research outputs that are ready for development and benefits from established partnerships with the Universities, with NIHR Applied Research Collaborative (ARC) West and with NIHR West of England Clinical Research Network, as well with Academic Health Science Centre. Gloucestershire also benefits from a range of existing locally commissioned innovation projects supported by the AHSN that tackle both healthcare challenges and improve our health equity.

We also listen carefully to the good ideas that come from our own staff about how to improve their areas of work, or the wider life of their organisation and the system overall. Our approach and commitment to Quality Improvement helps take these ideas, clearly articulate the evidence for them, and helps implementation and monitoring of their benefits.

Our commitment to delivering our Legislative Requirements

12. Duty in respect of research and use its evidence

The ICB is committed to taking forward [Maximising the benefits of research: Guidance for integrated care systems](#) by building on and developing further the ICS research activities. *Research for Gloucestershire (R4G)* was launched in 2019 to enable health and social care partners to join forces with the University of Gloucestershire and Cobalt Health to bring together people across the county with an interest in, or involvement in research as well as those able to drive the research agenda within their own organisations.

R4G reports directly to the Quality Committee of NHS Gloucestershire Integrated Care Board with executive ownership from the Chief Nurse for the ICB. In 2023/24 the group will develop a work plan to understand current research activity in the county and identify opportunities and priorities for progress. This will also draw on the impact of the Festival of Health and Social Care Research held in March 2023. We are committed as organisations to furthering research across the system, building on our strong relationships with nearby universities including the University of Gloucestershire and the University of Worcestershire. In 2023/24 we intend to re-establish our evaluation steering group as a means of bringing partners together to ensure that we can effectively assess the impact of our work through research and evidence.

The research unit based at Gloucestershire Hospitals actively supports numerous clinical research trials such as biophotonics, endoscopic surveillance for detecting early signs of oesophageal cancer and a range of cancer clinical trials. The unit – and our wider workforce – were particularly active in COVID-19 research projects in the earliest stages of the pandemic, and the research team supports clinicians delivering research studies in up to twenty different specialist areas. We ensure posters and other materials are available in patient areas on our sites to raise awareness about participating in clinical research opportunities.

13. Duty to promote education and training

Education and training underpin our whole system, both for our staff and our patients and the public. We will ensure our staff receive the development and opportunities they need to continue providing the best possible care and will deliver more education to patients to help with prevention and self-care, and to support their loved ones.

- ▶ Our commitment to create ‘One workforce for One Gloucestershire’, developed through shared work in recruitment, retention, health & wellbeing and growing our future workforce, is underpinned with education and training opportunities both to deliver high-quality care and support every day and invest in career development. See section 2a for more detail.
- ▶ The ICS has developed strong relationship with nearby universities including the University of Gloucestershire and the University of Worcestershire. New pre-registration courses are starting, increasing the supply of newly qualified staff to the ICS in the coming years.
- ▶ Staff from different parts of the system educate each other, for example hospital-based specialist teams providing high-quality materials including podcasts, videos, and formal training sessions.
- ▶ We will enable services to work together better across mental health, care, and education to ensure children and young people can quickly and easily find and get the support they need.
- ▶ Complex respiratory disease management is supported by lifestyle, exercise and medication education programmes for patients.
- ▶ All patients with cancer diagnoses are offered education and information about the services and support we offer.

Our commitment to delivering our Legislative Requirements

14. Duty as to regard to climate change and adaptation to impacts

As partners (NHS Gloucestershire ICB, Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust) we approved our [Green Plan](#) in 2022. The Green Plan serves as our central document for how we will collectively reduce our emissions and support the delivery of our wider sustainability objectives between now and 2025. As ‘anchor organisations’ we are committed to the two key targets that extend beyond the duration of this Joint Forward Plan:

- ▶ **NHS Carbon Footprint:** Reaching net zero by 2040
- ▶ **NHS Carbon Footprint Plus:** Reaching net zero by 2045

The plan (which also sets out individual organisational targets) does not replace green plans published by individual organisations but is intended to confirm common and collaborative actions and timelines. Our sustainability priorities to deliver against these ambitions are:

- ▶ Transport and Travel
- ▶ Estates and Facilities
- ▶ Climate Adaptation
- ▶ Sustainable Models of Care
- ▶ Medicines and Procurement
- ▶ Workforce and System Leadership

The ICS Sustainability Steering Group will oversee delivery of these ambitions.

15. Addressing particular needs of children and young people

Within the ICB leadership we have an Executive Lead for children and young people as well as for Special Educational Needs and Disabilities. We have two system wide transformation programme that are particularly focused on the needs of children and young people:

1. **Children and Young People’s Physical Health:** This is described in 1a). better care for every age. The aim of this work over the next 5 years is to improve access, early intervention, prevention in order to reduce pressure on specialist and urgent care services. Through this programme we have invested more in supporting medical care for children in care as well as medical needs training in schools. There is a particular focus on particular population groups such as Children and Young People with Special Educational Needs and Disabilities and Children in Care. The programme is also focused on achieving health equity (in particular coordinating requirements of Core20Plus5 for children and young people) to ensure we improve outcomes for all. Co-production with parent carers, children and young people and joint working with education and social care partners are central to all workstreams.
2. **Children and Young People’s Mental Health:** Our [Children and Young People’s Mental Health Plan \(2022-24\)](#) sets out our 4 point plan and the areas of work that we will take forward in collaboration with wider system partners. This includes:
 - Providing more support and training to parents and everyone working with children and young people
 - Enabling services to work together better across mental health, care and education to ensure children and young people can quickly and easily find and get the support they need
 - Promoting good mental health and wellbeing and enabling mental health support in schools and with diverse communities
 - Getting help with urgent mental health needs when you need it

Our work is described in 1c). better care for different population groups. This is collaborative work with a wide range of system partners including schools and expansion of the work on mental health support teams in schools. We have well established arrangements in place across the ICB to support the safeguarding through joint work with police, social care and wider health partners.

Our commitment to delivering our Legislative Requirements

16. Addressing particular needs of victims of abuse

Strategic leadership and partnership working are key elements to proactively support the effectiveness of Gloucestershire's Safeguarding System. We work with health providers and partners to ensure the ICB and our commissioned services comply with the NHSE Safeguarding Assurance and Accountability Framework and have regard for our duty to protect and safeguard against abuse.

This includes a comprehensive ICB Safeguarding Primary Care Offer to General Practice and their GP Safeguarding Leads. The PCO is a block contract which is in place with all GP surgeries and includes all safeguarding information sharing requirements, quality assurance visits, completion of an annual safeguarding assurance audit, attendance at safeguarding adult and children training and other safeguarding duties. The ICB is exploring the additional responsibilities following the delegation of Pharmacy, Dental and Optometry services from NHSE in April 2023.

We also deliver our safeguarding statutory requirements through the following:

- ▶ The ICB Executive Chief Nurse continues as Chair of the Gloucestershire Safeguarding Children Partnership (GSCP), as well as Board level membership at the Gloucestershire Adult Safeguarding Board (GSAB). The Associate Director Integrated Safeguarding is also an active member of both groups alongside other team members. This work is underpinned across the Safeguarding Partnership working groups, via engagement of the ICB Designated and Named Safeguarding and Children in Care Professionals.
- ▶ The ICB (including the Safeguarding Team) are members of the Safer Gloucestershire Partnership including the Domestic Abuse Partnership Board (DAPB) and are signed up to the delivery of the Domestic Abuse Delivery Plan and Strategy alongside our partners. This group will support us in delivering our health duties within the Domestic Abuse Act 2021. This includes the commissioning of health services to meet the needs of victims of all ages in both acute and community services. The DAPB will work in conjunction with the OPCC to lead on delivery plans for the new Serious Violence Duty placed on ICBs. A Partnership agreement will be in place locally followed by a Response Strategy which the ICB will work with partners to influence.
- ▶ The ICB (including the Safeguarding team) are members of the Sexual Violence Strategic Board and are signed up to the overarching Delivery Plan and Strategy. The Gloucestershire Sexual Violence (SV) Strategy 2022-2025 aims to ensure that the reduction in experienced SV and sexual harassment and increased support for those who experience it, continues to be a priority within Gloucestershire. This Strategy builds on the work of the Sexual Violence Partnership (SVP) and works in conjunction with the County Domestic Abuse Local Partnership Board (DA LPB) and Strategy (2021-2024). In addition, the ICB will continue to support the work of the child exploitation subgroup with our ICS partners, and further work on the transition between child and adult health services for those with vulnerabilities.
- ▶ The ICB safeguarding team 5-year priorities include:
 - Continued commitment to the integration of core functions within the current three safeguarding services of the Integrated Care Board (ICB), Gloucestershire Hospitals Foundation Trust (GHFT) and Gloucestershire Health and Care Trust (GHC). This will include continued implementation of the common function pathways, identified via the Gloucestershire ICS Integrated Safeguarding Group.
 - We will further embed integrated safeguarding supervision across the ICS and monitoring compliance of mandatory safeguarding and children in care training at all levels across the ICB.
 - In 5 years, we will have in place a well embedded rolling programme of safeguarding assurance visits to all commissioned providers.

Our commitment to delivering our Legislative Requirements

- Embedding learning from adult and children’s statutory safeguarding reviews to ensure we prevent further harm to our most vulnerable.
- Establish a local safeguarding webspace/interactive forum for health professionals interested in safeguarding
- Effective succession planning to ensure the ICB meets the statutory requirements for key safeguarding and children in care roles now and in the future.

The continued commitment of the ICB and its Safeguarding team as members of our Partnerships and Boards will support the people of Gloucestershire who use our health services, to live in safety and prevent harm experienced through abuse and neglect. We endeavour to work towards a health system that provides trauma informed person-centred care.

17. Implement the joint local health and wellbeing strategy

The Gloucestershire Health and Wellbeing Board is responsible for overseeing the development and delivery of the [Joint Health and Wellbeing Strategy](#) which aims to improve the lives of people in Gloucestershire. The Health and Wellbeing Strategy is focused on seven key objectives – physical activity; adverse childhood experiences; mental wellbeing; social isolation and loneliness; healthy lifestyles; early years and best start in life and housing.

The NHS in Gloucestershire has a role to play in all seven of these priority areas to a greater or lesser extent. This plan describes how we will contribute to areas such as physical activity and healthy lifestyles (see our commitment to “ensuring a healthy Gloucestershire”, mental wellbeing (see our commitment to “better care for different groups of people” as well as early years and best start in life (see our commitment to “better care at every age”).

Appendix B

Our locality priorities

In each locality (non recurrent funding)

- ▶ Strengthening Local Communities
- ▶ Community Capacity Building (NHS Charities Together) e.g. projects around CYP and befriending
- ▶ PCN/Neighbourhood Quality Improvement

Cheltenham

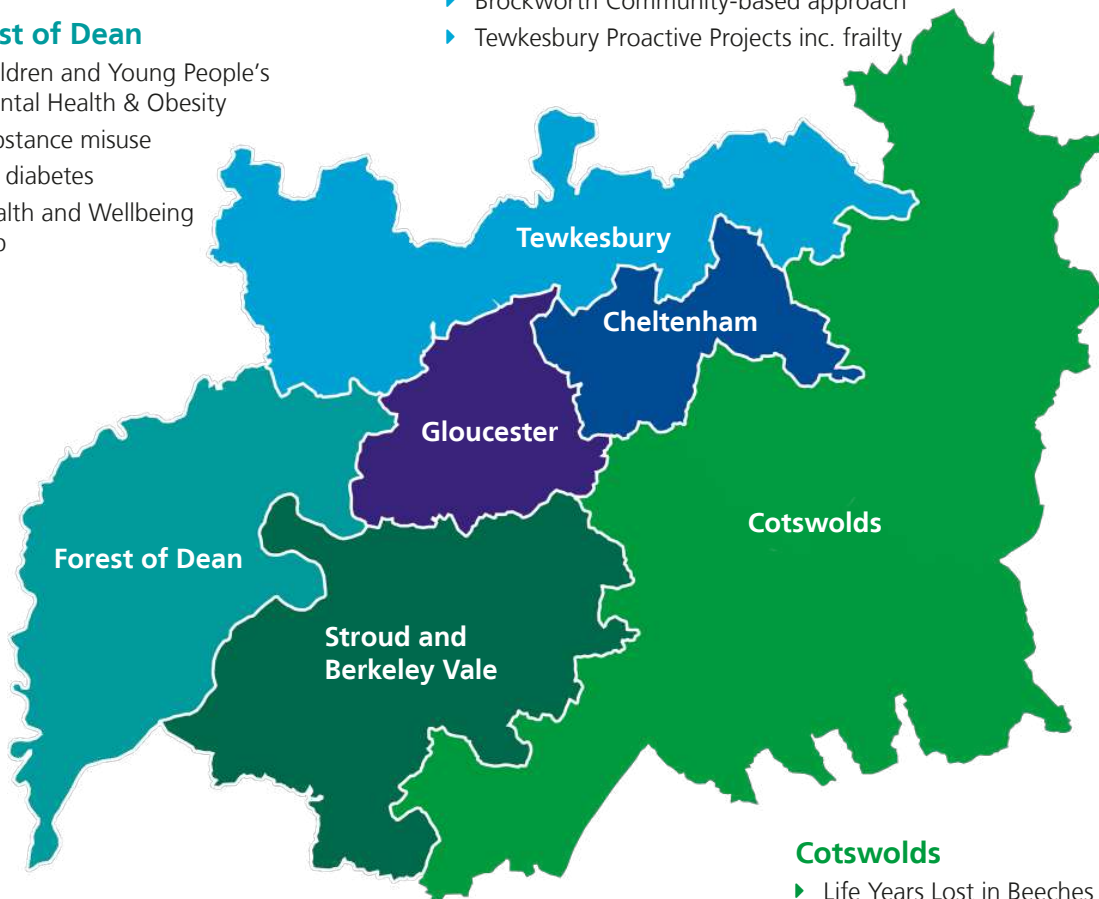
- ▶ Children and Young People’s Mental Health including Bluebell worker
- ▶ Proactive respiratory
- ▶ Frailty
- ▶ Substance Misuse
- ▶ West Cheltenham Health Equality
- ▶ Health and Wellbeing hub

Tewkesbury

- ▶ Children and Young People’s Mental Health & Wellbeing
- ▶ Employment
- ▶ Hypertension
- ▶ Brockworth Community-based approach
- ▶ Tewkesbury Proactive Projects inc. frailty

Forest of Dean

- ▶ Children and Young People’s Mental Health & Obesity
- ▶ Substance misuse
- ▶ Pre diabetes
- ▶ Health and Wellbeing hub



Gloucester

- ▶ Health Equality in Matson
- ▶ Poor Housing and Respiratory
- ▶ Coney Hill Community-based approach
- ▶ Active Communities
- ▶ Health and Wellbeing Hubs (Barton & Tredworth area and Inner City)

Stroud and Berkeley Vale

- ▶ Children and Young People’s Mental Health & Wellbeing
- ▶ Frailty & Dementia and carers

Cotswolds

- ▶ Life Years Lost in Beeches ward
- ▶ Children and Young People’s wellbeing: young carers, body image and wellbeing
- ▶ Building a better community of support: Social Isolation, Loneliness & Frailty

Appendix C

Our Markers of Success

NHS Gloucestershire Integrated Care Board has a commitment to delivering against our statutory functions. We have described below what we will do over the next five years to deliver against these statutory functions. The NHS Gloucestershire ICB annual report and future publications of this Joint Forward Plan will describe the progress we are making in delivering against these requirements.

Area	Markers of success	Measures
Theme 1: Improving care for the people we serve	<p>The people who use our services are positive about their experience of using them</p> <p>People in Gloucestershire show high levels of self-reported wellbeing</p>	<ul style="list-style-type: none"> ▶ Percentage of people positive with their experience of all health services in Gloucestershire (aggregated) as measured by the Friends and Family Test ▶ Proportion of the population with a low satisfaction for self-reported wellbeing as measured by the Public Health Outcomes Framework, collected via Annual Population Survey (ONS)
Theme 2: Supporting our people across the ICS and beyond	<p>Our workforce in Gloucestershire would recommend their organisation as a place to work</p> <p>We deliver on the NHS People Promise commitments to our staff</p>	<ul style="list-style-type: none"> ▶ Percentage of people who would recommend their organisation as a place to work as measured by the NHS Staff Survey ▶ Number of "People Promise" measures in the NHS Staff Survey performing above the median in the benchmark group
Theme 3: Working together in an integrated way for all	<p>Our partners feel the ICB is working effectively with them to support improvements in health and wellbeing</p> <p>We work together to improve outcomes for local people</p>	<ul style="list-style-type: none"> ▶ Percentage of people on the Health and Wellbeing Board saying that the ICB has worked "very effectively" in implementing the Joint Local Health and Wellbeing Strategy measured by annual survey carried out annually by NHS England South West ▶ CQC assessment ratings for Gloucestershire ICS: quality statement scores / theme scores and overall ICS scores and rating as measured by the forthcoming CQC ICS assessment framework
Theme 4: Working together in an integrated way for all	<p>The services we provide across Gloucestershire consistently perform in the top quartile against other systems and organisations in England</p> <p>We deliver high quality services across Gloucestershire that are all rated by CQC as good or outstanding</p>	<ul style="list-style-type: none"> ▶ Percentage of indicators within the NHS Oversight Framework that are in the top quartile ▶ Percentage of ICS services rated as 'good' or 'outstanding' as measured by the CQC



To discuss receiving this information in large print or Braille please ring: **0800 0151 548**

To discuss receiving this information in other formats please contact:

এই তথ্য অন্য ফর্মাটে পেতে আলোচনার জন্য দয়া করে যোগাযোগ করুন

如需以其他格式接收此信息，请联系

V případě, že potřebujete obdržet tuto informaci v jiném formátu, kontaktujte prosím

આ માહિતી બીજા ફોર્મેટમાં મળવાની ચર્ચા કરવામાટે કૃપાકરી સંપર્ક કરો

Aby uzyskać te informacje w innych formatach, prosimy o kontakt

По вопросам получения информации в других форматах просим обращаться

Ak si želáte získať túto informáciu v inom formáte, kontaktujte prosím

FREEPOST RRYY-KSGT-AGBR

One Gloucestershire Integrated Care System (ICS),
Sanger House, 5220 Valiant Court, Gloucester Business Park,
Gloucester GL3 4FE

@One_Glos
www.onegloucestershire.net

June 2023

Joint Forward Plan

2023-28

Appendix D

Our Key Milestones and Measures

Appendix D

Our Key Milestones and Measures

The following tables provide detail on how we will measure our delivery of the commitments in our Joint Forward Plan. These include:

- ▶ The aspirations for Gloucestershire we have determined locally based on the needs of our population.
- ▶ Metrics from the [NHS Oversight Framework](#) (marked **OF** in the tables below).
- ▶ Measures from the Core20Plus5 approach to reducing health inequalities for both [adults](#) and [children and young people](#) (marked **Core2Plus5** in the tables below).

1a. Better care at every age

Key metrics to measure success		
Reduce waiting time for assessments for children and young people in key services (such as weight management; eating disorders)		
Maintain 70% of urgent community response cases responded to in 2 hrs (OF)		
Increase percentage of people dying in their preferred place		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Children and Young People	Pilot and evaluate an approach to the integration of mental and physical health services for children in need of protection and those in in care	Pilot from September 2023 to March 2024
	Pilot a new integrated service for children’s weight management	Commence December 2023 and evaluate in 2024/25
Ageing Well and Frailty	Provide tailored support to independent care homes that enable people to remain well	Ensure tailored support is in place by April 2024
	Develop a system wide strategy for proactive care that supports people to remain independent at home for longer	Co-produce proposed approach by March 2024
	Continue to deliver 70% 2-hour urgent community response service through community services e.g. Rapid Response.	By March 2024
End of Life	Develop a proposal to provide advice and support for families and carers to adults at end of life through the urgent care hub, and crisis support in people’s own homes	Enhance support in the hub by March 2024 and provide out of hours advice by March 2025

1b. Better care for major health conditions

Key metrics to measure success		
Maintain at least 75% of patients receiving a diagnosis / all clear in 28 days of referral on a suspected cancer pathway (OF)		
Reduce the number of patients on the waiting list for cancer treatment beyond 62 days to less than 180 by March 2024 (OF)		
Increase the percentage of patients receiving treatment within 62 days of referral on a suspected cancer pathway		
Increase percentage of cancer cases diagnosed at stages 1 or 2 (Core20Plus5)		
Increase the uptake rates for Cervical, breast and bowel screening (OF)		
Increase the percentage of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug therapy (OF)		
Increase the percentage of hypertension patients who are treated to target as per NICE guidance (OF)		
Increase the percentage of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins (OF)		
Diabetes and Respiratory (<i>additional measures to be confirmed</i>)		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Cancer	Improve cancer pathways to reduce the time it takes for patients to get a diagnosis and start treatment	Review specific pathway areas and implement recommendations (e.g. urology, gynae) March 2024
	Work with the public to increase knowledge of cancer signs and symptoms to enable earlier diagnosis	Develop a plan for targeted communication related to specific cancer staging December 2023
Diabetes	Continue to promote services that support people both at risk and who are living with Type 2 diabetes	Evaluate impact of National Diabetes Prevention Programme by March 2024 Ongoing delivery of the Low-Calorie Diet Programme in 2023/24
	Implement wider access to Continuous Glucose Monitoring (Core20Plus5: CYP)	Evaluate impact in March 2024
Respiratory	Develop a proposal to increase uptake and completion of Pulmonary Rehabilitation and the Respiratory Local Enhanced Service (LES) in primary care	Develop proposal by September 2023
CVD and Circulatory	Implement plans to identify and optimise treatment for hypertension	Recruit CVD champions June 2023 Implement plans from September 2023
	Improve treatment provision for patients in the areas of heart failure and stroke	Implement initial plans for stroke and develop future pathway improvement plans (December 2023) Develop proposals for integrated heart failure service (December 2023)

1c. Better care for different groups of people

Key metrics to measure success
Increase the percentage of pregnant women accessing perinatal mental health services (OF)
Meet the reduction in stillbirth, neonatal mortality and brain injury rates set out in the LTP (OF)
Increase the percentage of women on a continuity of carer pathway (<i>including breakdown for BAME communities: Core20Plus5</i>)
Increase the number of patients accessing IAPT in year by 3% on 22/23 levels by March 2024 (OF)
Maintain the percentage of patients entering recovery following IAPT at 50% or higher
Ensure that at least 75% of people on the GP learning disability register over the age of 14 have had an annual health check and health plan in 23/24 (OF)
Reduce reliance on inpatient care for patients with a learning disability and/or autism per million head of population to meet an overall target of less than 30/million (total population) (OF)
Improve waiting times for assessment for Autism and ADHD diagnosis
Reduce inappropriate mental health out of area placements to no more than 50 bed days/ quarter by Q4 2023/24 (OF)
Maintain the access rates for of children and young people accessing mental health services (OF / Core20Plus5)
Increase the percentage of people receiving annual health checks who are living with serious mental illness (Core20Plus5)
Increase access rates to community mental health services for adults and older adults with severe mental illness in line with the mental health transformation programme (OF)
Increase the percentage of the estimated eligible population receiving a formal dementia diagnosis to 66.7% by March 2024 (OF)

What we are doing to deliver it		
Area	Key Scheme	Milestone
Maternity and Neonatal	Ensure safe maternity & neonatal services delivery against the recommendations identified in the Ockenden Reports	Ongoing delivery according to action plan
	Review the approach to providing continuity of carer for women and birthing people receiving coordinated care	Review approach by September 2023 Implement changes to March 2024
Learning Disabilities and Autism	Bring together Autism and ADHD pathways for 0-18s and adults over the age of 18	March 2025
	Develop the dynamic keyworker service to support children with learning disabilities and autism at risk of hospital admission	New pathway developed by September 2023
	Act to prevent avoidable deaths through implementing actions from learning from lives and deaths reviews	Annually - ongoing
Mental Health	Continue rollout of the Mental Health in Schools Trailblazer programme to provide early support to schools	September 2023
	Implement a place-based community mental health model particularly for people experiencing severe mental health	Rollout locality teams March 2024
	Implement improvements in the pathway for eating disorders to reduce waiting times	Implementation of training & new pathways December 2023
Dementia	Develop proposals to expand the dementia co-diagnosis approach based on learning from the Forest of Dean	Evaluate Forest of Dean pilot and develop extension proposals September 2023

2a. An empowered and valued workforce

How we will measure success		
Metric		
Reduce vacancy rates as determined by partner organisations		
Reduce staff turnover rates as determined by partner organisations		
Reduce sickness-related absence rates as determined by partner organisations		
Reduce expenditure on third party staffing agencies as determined by partner organisations		
Improve Staff Survey measured as determined by partner organisations		
Improve Equality, Diversity and Inclusion measures (e.g. WRES , WDES , Staff Survey) as determined by partner organisations		
Maximise our use of the Apprenticeship Levy as determined by partner organisations		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Workforce	Promote international recruitment and continue joint recruitment events	Expand recruitment into key areas e.g. nursing in 2023/24
	Mobilise a campaign to promote Gloucestershire as a destination to live and work, starting with the GP workforce	Campaign to be launched by December 2023
	Carry out retention diagnostics in key service areas and put action plans in place to reduce staff turnover	Carry out in 2 areas (including nursing) in 2023/24 and consider expansion for 2024/25
	Develop options to simplify the sharing of staff including bank and agency	Develop initial options by March 2024
Organisational Development	Promote coaching, talent management and succession planning including regional offers	Continue to promote opportunities during 2023/24
	Continue the development of system leaders including further cohorts of our 'systems thinking' programme and coordinating the One Gloucestershire Leadership Development (OGLDP) alumni programme for the ICS	Deliver planned systems thinking programmes in 2023/24 for cohorts 2, 3 and 4 and deliver the next OGLDP alumni sessions in 2023/24
	Continue development of the reciprocal mentoring scheme and deliver additional inclusion allies training	Deliver planned sessions in 2023/24
Education and Development	Continue to work with partners (including University of Gloucestershire) to shape the offer and facility for health and care training in Gloucester	Ongoing throughout 2023/24
	Increase the number of people that benefit from an apprenticeship across the system	Ongoing throughout 2023/24

2b. A data and digital-led healthcare

Key metrics to measure success		Trajectory/Target	Date
Measures to be developed			
What we are doing to deliver it			
Area	Key Schemes	Milestone	
Delivery Framework	Publish the Digital Strategy setting out our key priorities and deliverables	Publish plan Q2 2023/24 and implement from 2023/24	
Levelling Up	Ensure there is a comprehensive understanding of levels of digital maturity across the NHS in Gloucestershire	Develop plan to improve digital maturity by March 2024	
Data and Information Sharing	Transition to the next version of the Shared Record in Gloucestershire (Joining Up Your Information) and optimise usage	Transition by Quarter 4 2023/24 and optimise in 2024/25	
	Implement a strategy and plan for a Person Held Record to give patients access to the information about them	Development of plan Quarter 2 2023/24	
Population Health Management	Support transformation work in key areas (urgent care and children and young people) through expansion of the linked dataset	Develop proposals for technical architecture to support PHM	

5

2b. An effective and efficient use of our estate

Key metrics to measure success		Trajectory/Target	Date
Measures to be developed			
What we are doing to deliver it			
Area	Key Schemes	Milestone	
Safe and compliant buildings	Across organisations, prioritise capital (including estates) commitments and deliver against this – including backlog repairs maintenance	Ongoing review and delivery	
Continuation of estates development programme	Support transformation programmes with key estates initiatives including	Community Diagnostic Centre Q3 2023/24	
	<ul style="list-style-type: none"> ▶ Forest of Dean Hospital ▶ Community Diagnostic Centre ▶ Gloucestershire Hospitals NHS Foundation Trust Strategic Site Development ▶ Primary Care premises 	Cheltenham Theatre Q3 2023/24 Gloucester ED works Q2 2023/24 Forest of Dean Hospital Q4 2023/24 Quedgeley Medical Centre Q2 2023/24 New Minchinhampton surgery Q2 2024/2025 New Coleford Primary Care Centre Q2 2025/2026 New Brockworth Surgery Q2 2025/2026	
Fit for the Future	Work across the system to complete Fit for the Future Phase 1 and 2 and ensure benefits are realised	Monitoring of benefits in 2023/24 Programme closure by March 2024	

3a. Accessible and timely planned care

Key metrics to measure success	Trajectory/Target	Date
Eliminate waits for treatment over 65 weeks for elective care (RTT) by March 2024 (OF)	0 (eliminate)	March 2024
Increase Value-Weighted activity output to 109% of 2019/20 levels in 23/24 (OF)	109% of 2019/20	March 2024
Increase the percentage of all outpatient appointments moved or discharged to PIFU	Trajectory and target to be confirmed	
Maintain theatre utilisation at or above 85% for elective theatres throughout 23/24	Maintain theatre utilisation at or above 85%	Throughout 2023/24

What we are doing to deliver it

Area	Key Scheme	Milestone
Waiting Times & Waiting List Management	Through the elective care hub, continue to proactively contact patients waiting for elective treatment to offer support whilst they wait	Overdue follows up in the top 10 target specialities reviewed and contacted March 2024
Outpatient Transformation	Continue to develop advice and guidance to improve access to specialist opinion and ensure patients are treated in the right place at the right time	Review of 'Advice First' in top 12 target specialities completed and improvement actions implemented March 2024
	Optimise follow up appointments to ensure that all appointments add value for the patient making progress towards the national ambition to reduce follow up appointments by 25%	Patient-Initiated Follow-Up (PIFU) rolled out to all major specialities by June 2023
Inpatient and Day Case Services	Increase theatre productivity ensuring that the national ambition to achieve 85% capped utilisation is consistently delivered	Full implementation of theatre productivity recommendations by September 2023
	Move procedures to the most appropriate setting of care including moving to day case as default wherever clinically appropriate	Implementation of ambulatory hip and knee pathway September 2023

3b. Sustainable urgent and emergency care

Key metrics to measure success		
Increase the percentage of emergency attendances at A&E/MIIUs treated and discharged or admitted within 4 hours to 80.4% by November 2023 (OF)		
Maintain 70% of urgent community response cases responded to in 2 hrs (OF)		
Increase available Virtual Ward beds to 223 and increase utilisation to 80% by December 2023 (OF)		
Improve the average Category 2 ambulance response time to 30 minutes by March 2024 (OF)		
Reduce the number of inpatients with No Criteria to Reside (NCTR) to 160 or less by November 2023 (OF)		
Reduce the percentage of inpatients with a length of stay of 21 days or longer to 15% or less by November 2023		
Reduce the inpatient occupancy rate for General & Acute (G&A) beds to 92% or less by November 2023 (OF)		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Prevention	Ensure that capacity available with the Rapid Response Service is maximised to support people in the community who experience a fall	Review in 2023/24
	Develop a system wide proposal for proactive care services that support people to remain independent at home for longer	Co-produce proposed approach by March 2024
Urgent Community Response	Develop proposals for a Clinical Assessment Service	By Quarter 3 2023/24
	Continue to deliver 70% 2-hour urgent community response service e.g. through use of Rapid Response	Ongoing
Front Door	Review assessment and treatment services at the front door (all hospitals – CGH, GRH, CATU)	Review in 2023/24
	Expand the high intensity users service to ensure coverage of identified need in all areas across the county	By quarter 3 2023/24
Hospital Flow	Carry out a review of internal hospital pathways – including the hospital discharge lounge and early access to diagnostics and/or medications	Ongoing
	Undertake a review and development of the System Control Hub	Review in 2023/24
Virtual Wards	Rollout the virtual ward model to all pathways	Through to March 2024
Discharge Pathway and Intermediate Care	Review the Discharge to Assess bed approach to improve efficiency and reduce demand for bed base options	By March 2024
	Increase capacity within Home First to increase starts for people leaving hospital	By October 2023

3c. Better population health in localities

Key metrics to measure success		
Measures in development through 2023/24		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Development of Integrated Locality Partnerships	In collaboration with system partners, publish an ILP strategy setting out our collective vision for localities in Gloucestershire	Review in 2023/24
	Review ILP membership and support the development of locality governance arrangements	Co-produce proposed approach by March 2024
	Facilitate the coordination of the Strengthening Local Communities Grant to include support to hyper-local projects in localities & develop an approach to evaluation	Across 2023/24

4a. Efficient and accessible diagnostics

Key metrics to measure success		
Reduce the percentage of patients waiting over 6 weeks for a diagnostic test to 15% by March 2024 (5% by March 2025) <i>(OF)</i>		
Increase the number of diagnostics carried out to address backlog in elective care in line with sub-specialty split in the operational plan		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Diagnostics workforce plan	Ensure that we have the right diagnostic capacity to deliver future diagnostic provision as well as training and qualifications for those staff	Develop action plan Q1 2023/24
Diagnostic demand and capacity review	Undertake a review of diagnostic future demand and capacity across Gloucestershire	Endoscopy redevelopment proposals Q1 2023/24 Forest of Dean hospital includes new diagnostic service provision Q1 2024/25
Community Diagnostic Centre	Open the Community Diagnostic Centre at Quayside House to support the delivery of diagnostics and ensure continued accreditation, and continue reviewing our diagnostic services in community hospitals	Go-live Q3 2023/24
Regional Diagnostic Networks	Contribute towards regional diagnostic networks to support efficiencies - imaging, pathology, endoscopy and physiological science networks	Ongoing involvement
	Support regional work on genomics and ensure there is a clear plan for the Gloucestershire contribution to genomic medicine	Over the next 1-3 years continue to transform clinical pathways and service models to embed genomics

4b. A resilient and integrated primary care

Key metrics to measure success		
Increase percentage of regular GP practice appointments within 14 days <i>(OF)</i>		
Increase direct patient care staff in GP practices and PCNs per 10,000 weighted patients <i>(OF)</i>		
Increase units of dental activity delivered as a proportion of all units of dental activity contracted <i>(OF)</i>		
Maintain number of attended GP appointments		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Supporting primary care at scale	Support the delivery of national contracts for primary care (in 23/24) including additional roles recruitment	Through 2023/24
	Develop a plan for integration of primary care and community services within Gloucestershire	Throughout 2023/24

Area	Key Scheme	Milestone
Improving the access and urgent care offer	Support primary care with extended access rollout (PCN 8-8 Monday to Friday and 9-5 on Saturday)	Throughout 2023/24
	Develop the primary care out of hospital offer including same day access hubs and redesign of GHAC (7-day urgent care service)	Throughout 2023/24
	Take on delegated responsibility for pharmacy, optometry, and dentistry from NHS England	From April 2023
Population Health, Improving Quality and Tackling Inequalities	Facilitate the coordination of the QI Improvement Projects to support hyper-local projects in Primary Care Networks & develop an approach to evaluation	Throughout 2023/24

4c. Safe and efficient use of medication

Key metrics to measure success		
Antimicrobial resistance: Reduce total prescribing of antibiotics in primary care (OF)		
Antimicrobial resistance: Reduce proportion of broad-spectrum antibiotic prescribing in primary care (OF)		
Increase referrals to Community Pharmacy Consultation Service in line with operational plan		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Efficiency in prescribing	Deliver medication efficiency and savings across the medicine optimisation programme	Delivery of planned annual savings Q4 2023/24 and Q4 2024/25
	Deliver an over prescribing plan that supports organisations to work together to reduce the amount of over prescribing of medications	Develop overprescribing strategy March 2024
Efficiency in service provision	Continue the rollout of the community pharmacy consultation service to support transfer of low acuity work from primary care to community pharmacies	Promote to Practices until full coverage has been achieved into 2024/25
Safe and Effective Prescribing	Lead work to reduce harm associated with anticoagulants in Gloucestershire	Implement changes in 2023/24 and reduce anticoagulant related harm in 2024/25

Achieving health equity in Gloucestershire

Key metrics to measure success		
<p>Core20Plus5 – Adults: See areas earlier in this document related to continuity of carer rollout; annual health checks for people living with serious mental illness; seasonal flu vaccinations; early cancer diagnosis for stages 1 or 2 and hypertension finding / minimise the risk of myocardial infarction and stroke.</p>		
<p>Core20Plus5 – Children: See areas earlier in this document related to asthma, diabetes, epilepsy, oral health and mental health</p>		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Core20Plus5 – Adults	Make progress in the 5 clinical commitment areas – maternity, severe mental illness, chronic respiratory disease, hypertension and early cancer diagnosis	See earlier sections of this Joint Forward Plan
Core20Plus5 – Children and Young People	Make progress in the 5 clinical commitment areas – asthma, diabetes, epilepsy, oral health and mental health	See earlier sections of this Joint Forward Plan
20% most deprived areas	Through the ‘enabling a healthy Gloucestershire’ programme of work, support capacity building and work in the most 20% of deprived areas in Gloucestershire	Ongoing
Health Inequalities Monitoring and Reporting	Embed an effective approach to monitoring and reporting of health inequalities across the system – incorporating key measures into the Integrated Performance Report	December 2023

A green and sustainable NHS

Key metrics to measure success		
Measures in development through 2023/24		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Oil, Waste and Water Reduction Plan	Develop a proposal for how to phase out oil, waste and water usage cross the estate	Measures in development
Climate Change Adaptation Plan	Develop a proposal to ensure resilience of the NHS to climate change - air pollution, extreme temperatures, flooding/drought and food security	Measures in development
Green Space and Biodiversity	Increase opportunities for people to access and maintain/improve green spaces - & support referrals to nature activities through social prescribing	Measures in development
Single use plastics	Reduce the use of single use plastics (including PPE) across all organisations in the NHS in Gloucestershire	Measures in development
Green Travel Plan	Develop a green travel plan following publication of the NHSE sustainable travel plan and start to implement across organisations	Measures in development



To discuss receiving this information in large print or Braille please ring: **0800 0151 548**

To discuss receiving this information in other formats please contact:

এই তথ্য অন্য ফর্মাটে পেতে আলোচনার জন্য দয়া করে যোগাযোগ করুন

如需以其他格式接收此信息，请联系

V případě, že potřebujete obdržet tuto informaci v jiném formátu, kontaktujte prosím

આ માહિતી બીજા ફોર્મેટમાં મળવાની ચર્ચા કરવામાટે કૃપાકરી સંપર્ક કરો

Aby uzyskać te informacje w innych formatach, prosimy o kontakt

По вопросам получения информации в других форматах просим обращаться

Ak si želáte získať túto informáciu v inom formáte, kontaktujte prosím

FREEPOST RRYY-KSGT-AGBR

One Gloucestershire Integrated Care System (ICS),
Sanger House, 5220 Valiant Court, Gloucester Business Park,
Gloucester GL3 4FE

@One_Glos
www.onegloucestershire.net

June 2023