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**NHS Gloucestershire ICB Board – Questions from Members of the Public and Answers**

***From July 2022 to January 2024***

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| **Date** | **Questions** | **Answers** |
| **27th March 2024** | **How does Gloucestershire Integrated Care Board seek/have assurance, and re assurance, that any risk(s) from patient discharge from Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust is managed and proportionate. What health and social care measures, along with robust  evidence, are used to seek/have assurance and re assurance that risk(s) impacting on people and communities from the global majority are mitigated for/adequately managed.** | As part of our commitment to ensuring that discharge processes are safe we have dedicated teams at both Gloucestershire hospitals NHS foundation trust (GHFT) and Gloucestershire Health and Care Trust (GHC) who support discharge, these teams provide specialist support to ward teams in collaboration with colleagues from social care to ensure that patients are discharged home where at all possible, or to a setting best placed to meet their immediate needs with ongoing input from the system wide multidisciplinary team as required.  Our Urgent and emergency care improvement programme also includes a number of dedicated workstreams to improve patient’s timely transition between our services in order to meet their health and social care needs and improve the effectiveness of our discharge pathways and provision within Gloucestershire. One of the key focuses of this programme is also prevention work and supporting people to stay well at home and access a wide range of services to support their independence. Concerns regards discharge or discharge processes are reviewed through a number of urgent care governance forums with patient specific examples reviewed regularly; we receive feedback from our Urgent and Emergency care patient reference group who ensure that we remain appraised and focussed on issues affecting our wider population.  As an ICB we review a number of different sources of evidence in collaboration with system partners to ensure that our discharge processes are as robust and patient centred as possible, some of these include; re-admission rates, patient outcomes post discharge, individual service targets relating to discharge, complaints and concerns, risk reports, as well as receiving feedback from organisations such as Healthwatch and the voluntary sector. We are able to review our data by a range of population characteristics to understand the needs of different population groups. We do have a focus on personalisation of care including through use of the ‘what matters to me’ folders which are used to support patients across a range of care pathways. |
| **27th March 2024** | **Is this Board aware of the lack of communication between itself and the neighbouring BNSSG  ICB?**  **How this lack of communication impacts on those people living in South Gloucestershire but registered with a GP outside the area but with a Wotton under Edge GP.**  **How service users have difficulty in getting patient assessments, Hospital@Home services, and other services which may be available to them because there appears to be no communication between the two authorities.**  **Is there and who provides the care pathway for these people leaving hospital and how do you. work together to provide this?**  **What is the ICB doing to address these issues where everything is a battle to get some service provision for vulnerable people and people are not dealt with in an equitable manner?** | Sue Hope has agreed to meet with the ICB to gain responses to her questions. Helen Goodey and her team will meet Sue via MS Teams (Sue does not drive) and a date has been offered 22nd April. The ICB is waiting to hear back from Sue if this is convenient. |
| **27th March 2024** | 1. **Do the Gloucestershire County patient data for the North Cotswolds (and overall County data generally) include patient information from patients living within Gloucestershire who attend a GP practice outside Gloucestershire?  (I do; my GP practice is Meon Medical Centre, Upper Quinton, Warks)**     **If not then this would be a deficiency both in using County data to reflect the true health state, assessing the position of Gloucestershire data in national comparisons, and would not allow true, required and appropriate local care to be assessed accurately and delivered.**     1. **The Gloucestershire Integrated Care System (ICS) Primary Care Strategy makes no mention of any collaborative healthcare between Counties. Is there any? If so, please provide appropriate details and internet links.**     **If not then this will almost certainly lead to delays across county boundaries and health jurisdictions affecting patients and their families / practices adversely  e.g. in assessing, deciding, agreeing cross-County and implementing a Care Plan for elderly hospital discharge from an adjacent County facility, etc.**     1. **If a formal collaborative healthcare policy between adjacent counties does not formally exist, what are the thoughts of the Gloucestershire ICB members on this, and can or will anything be done to consider adopting and agreeing binding cross-County healthcare collaboration to protect and improve patient welfare around the margins of Gloucestershire?** | 1. For the purposes of population analysis, the population of Gloucestershire can be defined in two ways. The definition used depends on the question being asked and the purpose of the analysis: 2. A registered population which counts any person registered to a Gloucestershire GP Practice 3. A resident population which is based on the person's address being with in the county borders.  * If the purpose is a Primary Care-based intervention for example, the registered population will be used as this is the population the intervention will be targeting/available to. * If the intervention is geography-based (for example, something targeting patients in a particular district or ward), then the resident population will be used. * To ensure comprehensive coverage, data for both registered and resident populations is available for the Gloucestershire system, and the lens through which any reporting or analysis is carried out is dependent on the purpose and therefore considered at the start of any request for data.  1. We fully support national patient choice arrangements which allow patients to receive treatment in different parts of the country, whether in neighbouring systems or further afield.  * The ICS and its component partner organisations belong to a number of formal and informal arrangements for the provision of healthcare, many of which cross county boundaries. These can be broadly group into: * Provider Collaboratives – a range of legal entity collaboration types between two or more providers in a regional geography to deliver both economies of scale and high-quality services.   1. Gloucestershire is a member of 4 Mental Health collaboratives.   2. While we are not formal members of any Acute Hospital collaboratives we have individual service-based agreements in place for out of county and specialist services, primarily with Wales, Herefordshire and Worcestershire, Wiltshire, Wye Valley, Bristol, and Swindon. We have a range of much smaller, low-financial value agreements in place with other organisations. * Networks – condition or speciality-based professional collaborations across broader geographical areas. These bring together clinical leads from different counties and systems to work together on improving care and pathways for patients. Gloucestershire is a member of:   1. 15 Operational Delivery Networks   2. 3 South West Clinical Networks   3. 2 Alliance networks   4. 2 Diagnostic Imaging and Pathology networks   5. South West Clinical Senate * In recent years, we have undergone a significant transformation programme called ‘Fit For The Future’ (FFTF) to improve the efficiency and effectiveness of a set of our clinical services. As part of this programme we considered two main cross-border impacts (i) With neighbouring systems and NHS England Specialised Commissioning, and (ii) Blue Light travel impact with South West Ambulance Service NHS Foundation Trust. In accordance with national guidance, and following review of our data and proposals by these organisations, we received letters of support. More detail is available on request. * Our Primary Care Strategy is currently being refreshed, and we will reflect cross-boundary considerations in the revised version.   3) In addition to the detail in the question 2, the ICS and its component partner organisations work informally to share best practise and experience in our transformation and improvement efforts, notably through our relationships with neighbouring provider collaboratives in the South of England (Mental Health Quality and Patient Safety Improvement Network), South West (BSW Acute Hospitals Alliance) and across Worcestershire and Warwickshire (Worcestershire Hospitals and The Foundation Group).   * All our cross-boundary working is supported by the NHS England regional office structure. * We actively contribute to and are involved in the delivery of co-ordinated region-wide plans and strategies to improve health and care for patients and address health inequalities. * Our work across county borders is underpinned by payment, performance and activity reporting information flows. * As required, we also work in close collaboration with neighbouring systems to ensure patients being cared for outside of Gloucestershire (notably following episodes of unscheduled, urgent and emergency care) are in the most suitable place for their care and support and arrange for ‘repatriation’ close to home and transport at the most suitable clinical point through operational relationships. * In order to ensure that patients are safely cared for as an ICS we work within health and social care legislation to ensure that patients have equitable access to services within their county, we do this by working closely and collaboratively with neighbouring county health and social care services to ensure that patients needs are met not solely based on location. |
| **31st January 2024** | **What awareness, education, training and support does the Gloucestershire Integrated Care System have in place in relation to menopause for staff. What measure(s) and evidence does the Gloucestershire Integrated Care Board have in place, to have assurance and re assurance that the structures in place (awareness, education, training and support) are positively impactful for the staff across the Integrated Care System.** | The Integrated Care System’s Health and Wellbeing Group comprising system partners including GHFT, GHC, ICB, GCC and Gloucestershire Care Providers Association have collaborated on a range of measures made relevant to their own staff with regard to the Menopause; the following list provides examples of the work undertaken.   * Menopause Policy - Working Well Occupational Health Services run by GHC has produced a system wide Menopause policy adopted by GHC and GICB and GCC has its own Menopause policy. * Intranet resources on the Menopause and women’s health issues – GHC, GICB, GHFT. * Lunchtime drop-in sessions on the Menopause and regular Health and Wellbeing sessions and drops in for staff on the Menopause etc – GHC, GHFT and GICB. * The Occupational Health Service called Working Well which GHC run, provides occupational health support to GHT and the ICB as well as GHC (and to many GP/dental surgeries/care homes on a private basis) which means managers (for those organisations who subscribe) can refer to OH for advice and guidance to support those who may be impacted at work with symptoms of menopause etc. * The Electronic Staff Record allows the reporting of menopause symptoms as a reason for sickness which allows health organisations to monitor the occurrences and tailor measures and actions accordingly. * The ICS promoted the Menopause World Heath Day last October – GHFT, GHC, ICB etc. * Women’s Health Day organised on 18th October Menopause World Heath Day at the ICB. * E-learning for health have a new education programme that staff have access to on the Menopause promoted by GHFT and GHC etc. * Social care – Skills for Care held a menopause awareness session last year. Riki Moody presented flexible working and the menopause at the regional retention event in 2023. * Bitesize menopause webinars which run from 17th October to February 2024 have been promoted across the system.   Additionally, all organisations promote work-life balance and flexible working as a mechanism to help women with managing the menopause at work. |
| **29th November 2023** | **What assurance and re assurance does Gloucestershire Integrated Care Board have that mental health services commissioned and provided to people from the local Gypsy, Roma and Traveller Community meet their needs and are of an : 1. equitable access 2. exceptional experience 3. optimal outcome for this community. What evidence does Gloucestershire Integrated Care Board have that can demonstrate this is the case for this local community?"** | Mental Health services commissioned by the ICB are required to be accessible and provide equity of experience and outcomes for all. The ICB commission a range of community services (both clinical/non-clinical) that are aligned to specific geographies of Gloucestershire and that work closely in partnership with different communities/organisations within these localities. Providers are required to capture data in line with Equality legislation to be able to demonstrate this. As an ICB we have local data feeds which enable us to analyse community/hospital activity and, where collected, outcomes measure data. Both locally and nationally there remains an issue with recording and coding of data which impacts on our ability as a system to fully understand how different communities access and experience our local mental health services. Work that is being undertaken to address includes:   * Implementation of the **Patient Carer Race Equality Framework** which includes the commitments to deliver services that are culturally competent, improve data collection and clear feedback mechanisms/process to act on feedback. The commitment to cultural competence, inclusivity, improved data collection is crucial in providing comprehensive and tailored support for diverse communities in Gloucestershire. * **Research Engagement Network Development (locally known as Get Involved in Research Gloucestershire**: Our goal is to build a sustainable evolving research network reaching all people and communities in Gloucestershire. Such a network would facilitate the codesign of inclusive, creative, shared community-based participatory research, which will enable * Understanding of how health services can become more accessible and responsive to people from the local community from all protected characteristic groups. * **Insight**: The ICB, working through the Insights Manager (ED&I) Natalia Bartolome Diez has worked over the past year to establish trusting links with the traveller community in the county. This has resulted in monthly visits to The Willows by the Info Bus (with relevant clinical teams) to discuss and raise awareness of health and wellbeing issues that matter to the community. We have good routine engagement with colleagues across health and social care (including GHC NHSFT). We can of course ask if the community would like to have a focus on emotional wellbeing/mental health. * **Data reporting/Coding:** There is ongoing work to improve the data quality in this area, including how to best include additional characteristics that have previously not been captured, including patients who wish to self-identify. There is work to do to build trust in communities about giving us demographic data and have recently attended a national learning event where some other systems fed back on co-producing appropriate questionnaires for capturing this information |
| **29th November 2023** | **In line with the Nolan Principles, and working in the spirit of the Nolan Principles, what governance arrangements are in place at the Gloucestershire Integrated Locality Partnerships, and, Gloucestershire Primary Care Networks to capture, record and act on any declaration(s) of interest(s) and any conflict(s)?** | **Integrated Locality Partnerships**  Agendas of each meeting of Gloucestershire’s Integrated Locality Partnerships (ILPs) include a standing item requesting any Declarations of Interest. Any interest declared is recorded in the minutes of the meeting. The Chair of the meeting is responsible for managing the agenda in relation to any interest declared and for noting how the interest was managed in the minutes. If there are no interests  :  declared or no new interests declared, then that is recorded in the minutes of the meeting.  **Primary Care Network**  PCN meetings are chaired by Clinical Directors appointed by the PCN which comprises general practices within their area. There are PCN individual network  agreements which cover conflicts of interests and require PCN to manage conflicts of interests in line with the following requirements:  Conflicts of Interest PCN Network Agreements  41. The Core Network Practices and the Clinical Director will develop arrangements for managing conflicts of interest.  42. The conflicts of interest arrangements will include arrangements for identifying and declaring interests, maintaining a register of interests, and the management of any conflicts of interest.  43. Once agreed by the Core Network Practices, the arrangements will apply to all Members.  This is the link to NHSE draft template: [https://www.england.nhs.uk/wp-content/uploads/2019/05/mandatory-network-agreement-updated-may-2019.pdf](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2019%2F05%2Fmandatory-network-agreement-updated-may-2019.pdf&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C09a29f56c89345a32dbd08dbf021cd0e%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638367800182168890%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=R3N9lg%2BJBFm3s4gnOXauWVTzwNdGW%2Bhm7XXvcRYpl7Q%3D&reserved=0) |
| **27th September 2023** | **What assurance and re assurance does the Gloucestershire Integrated Care Board have, beyond the Executive board members that publicly state their declarations of interest, that governance is in place for all staff within the Gloucestershire Integrated Care Board who they/their families may have outside interests in organisations that are commissioned through the Gloucestershire Integrated Care Board.**  **Further, what governance is in place for NHS staff who sit on boards, organisations, forums, committees, external bodies that may have declarations/conflicts of interests within the staff's present roles and their external roles outside of their employment with NHS Gloucestershire.  What process(s) are there in place that formally capture any declaration of interest/conflict of interest for assurance/re assurance in regards to transparency and governance purposes?** | The ICB ensures that its governance arrangements adhere to the laws and regulations pertaining to the NHS. Its governance structures, policies and procedures have been written in accordance with national guidance and are available on the ICB website. The following documents describe the process for handling Conflicts of Interests within the ICB   * The ICB Constitution reference s.6.2.1 <https://www.nhsglos.nhs.uk/wp-content/uploads/2022/01/NHS-Gloucestershire-ICB-Constitution-01.07.22.pdf> * Standards of Business Conduct policy incorporating conflicts of interests policy and procedure <https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/governance-handbook-2/> * Committee Terms of Reference describe the process for handling conflicts of interests <https://www.nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/governance-handbook-2/> * Annual Report 2022-23 Corporate Governance Report from page 59 onwards <https://www.nhsglos.nhs.uk/wp-content/uploads/2023/07/Annual-Report-22-23_9m.pdf>   The ICB uses a non-line platform to collate all staff members conflicts of interests including the ICB Board. All staff are required to register if they have or do not have  any interests to declare. There are regular briefings reminding all staff about registering their interests on an annual basis.  All new staff attend a corporate induction which describes the ICB’s policy and process for declaring interests.  The ICB has appointed a Conflicts of Interests Guardian the Chair of the Audit Committee who has a confidential mailbox where any staff member or stakeholder or partner can email their concerns to.  All board members including executive directors, non-executive directors and partners are informed of the ICB requirements regarding conflicts of interests which is outlined in role profiles and job descriptions. The requirements pertaining to conflicts of interests is described in the ICB Constitution made available to all board members and those who regularly attend the board and committee meetings see the Governance Handbook  Registers of interests relating to those in managerial positions AFC bands 8A and above are published on the ICB website  Register of interest for Board members is published on the ICB website  <https://www.nhsglos.nhs.uk/about-us/how-we-meet-our-duties/using-your-information/register-of-interests/>  At each meeting all members and attendees are asked to declare any interests they have in any agenda items. On declaring those interests the chair decides if the staff member, partner or stakeholder can participate in the meeting or asked to leave based on the extent and type of interest declared.  There are strict rules with regard to procurement and each panel member and those involved in the procurement process have to complete a Declarations of Interests form which is vetted by the procurement team and chair of panel.  Specialist training is also provided to anyone who is involved in a procurement on conflicts of interest in addition to the annual training all staff complete.  All staff in the ICB have to complete annual training in Conflicts of Interest and compliance is monitored by the Executive Team and Audit Committee.  Each year the ICB Internal Auditors BDO undertake a Conflicts of Interest audit and publish a report. For the past two years the ICB has been given substantial assurance on the design and effectiveness of our CoI processes. Please see the ICB Annual Report <https://www.nhsglos.nhs.uk/wp-content/uploads/2023/07/Annual-Report-22-23_9m.pdf> |
| **27th September 2023** | **I have 3 interrelated questions;**   1. **I would like to know the rationale behind this policy, why are we only given a limited number of clinics to go to? For fertility assessment, each patient has different history and conditions, therefore it is imperative that we do our own research and find a clinic and doctors that know how to tailor their protocol to respective cases, to ensure public/NHS funds are used in the most meaningful way. Fertility is also a uniquely emotional journey, and being able to choose a care provider is one important way to ensure wellbeing of patients during such a difficult time.** 2. **I am aware that in some cases “exceptional funding” can be granted to go to a clinic which is not listed in the policy with the NHS funding from the Gloucester ICB. We have spent the last few weeks trying to identify the process of making a request, timeframe and eligibility criteria**   **with no luck, despite directly contacting Gloucestershire NHS. Where can we find this information?**   1. **Lastly, what is the timeframe for making a decision on this “exceptional funding”, or exceptional circumstances where the NHS funding for IVS/ICSI could be taken to a clinic of patients’ choice? As you can imagine fertility is a treatment where time delays matter a great deal. We ask because, should we make a request for this, we would not want to risk being in a position where we are waiting weeks or months for a response.** | I think it would be helpful to start by clarifying that patient choice of provider under the NHS constitution only applies in certain circumstances, including a first outpatient appointment for a consultant led service.  Therefore, any couple experiencing fertility problems can, at the point of referral by their GP, ask to be referred to an infertility specialist at any hospital offering an NHS commissioned infertility service in England.  As such Gloucestershire ICB does not limit the number of clinics patients can go to for fertility assessment.  Once a couple has been assessed by the secondary care (hospital) infertility service of their choice (and any necessary treatments undertaken), if they subsequently require (and qualify for) Assisted Conception Treatment (ACT) they would then be referred on to a tertiary ACT service and this referral is not subject to patient choice of any provider in England.  With regards to the number of ACT providers available to couples for treatment, Gloucestershire ICB (previously CCG) conducted an “any qualified provider” procurement exercise in 2019 to offer contracts to providers (NHS or independent) who could meet our requirements both in terms of quality standards, patient  pathways, outcomes and price.  Four providers submitted bids and all four were awarded a contract by the ICB.  When a couple have been identified as needing  ACT they are then offered the choice of one of these four providers and are able to do their research on which one they wish to go to. The four providers commissioned to deliver ACT for Gloucestershire residents are: Care Fertility  Group (Bath); Create Fertility (Bristol); London Women’s Clinic (Cardiff) and TFP Oxford Fertility (Oxford).  There are some circumstances where patients have been able to receive treatment at an alternative ACT provider.  This usually occurs when a patient has moved into Gloucestershire but has already commenced ACT in another part of the country.  In this circumstance we recognise that it is beneficial for the couple to continue to receive care and ongoing treatment with their current provider and the team who have been looking after them.  Another situation is when there are clinical complexities such as a heart condition or other factor that may complicate ACT such that it would be clinically inappropriate to treat them at one of our commissioned providers.  The process to make a request for ‘exceptional funding’ is set out on the ICB website.  However, applications are only accepted from clinicians involved in a patient’s care and not from patients themselves.  The application is to demonstrate clinical exceptionality from others with the same medical condition.  This application process is only used if a couple do not meet the eligibility criteria for treatment as set out in the policy and is not used for couples requesting treatment at a specific clinic. The standard response time for dealing with an exceptional funding request, is 40 working days from receipt of the fully completed application to the funding decision.  Gloucestershire ICB is sensitive to the individual needs and wishes of patients and we aim is to ensure the best possible health outcomes balanced against value for money.  I am not sure who at the ICB you have already spoken with but I am very happy for me or one of my team to have a conversation to better understand your particular circumstances and answer any questions. |
| **27th September 2023** | **My question is in two parts. Firstly we’re you aware that it is now almost impossible to get a GP to accept shared care for ADHD and secondly, we’re you aware that is the LMC that is advising GPs not to enter into shared care agreements with private providers under any circumstances?** | At a national level there already exists guidance on the sharing of care between a provider and GP - the [Shared Care for Medicines Guidance](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sps.nhs.uk%2Fwp-content%2Fuploads%2F2020%2F01%2FRMOC-Shared-Care-for-Medicines-Guidance-A-Standard-Approach-Live-1.0.pdf&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C479f78d1a2f043e173e108dbbdd55ed5%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638312496331008449%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=q1yl1g%2FrKb8sTgHMUhPUdQHgMALx0X7U%2FH3W%2Fp8bnSI%3D&reserved=0). However, GPs are not obliged to accept shared care arrangements and  can decline accepting shared care if, for instance, they do not feel they have the expertise or confidence to do so. Some GPs who have the relevant experience and expertise in this field will feel confident to take on SCAs and others not.  We recognise that the management of patients accessing private care, and in particular, patients who access NHS provision under choice guidance but using private providers, has been confusing for professionals; the ICB also works closely with the Local Medical Committee on any guidance we are drafting that affects primary care to ensure we have their input. We have recently produced draft guidance regarding Patient Choice and Private diagnostic assessments for ADHD for GPs covering adults & children as well as information for patients and carers. We hope to release this guidance across primary care shortly.  Additional funding has been secured for the re-organisation of delivery of diagnostic Autism and ADHD services. There is a common aim to have one neurodiversity pathway across the age range, with one route for referrals and a consistent approach to assessment and diagnosis with clear governance and oversight.  This will offer sustainable improvement to the experience of children, young people, and adults. This neurodiversity service development delivers a stepped change in improvements to the pre-diagnosis, diagnosis and post diagnosis offer, working with system partners. |
| **26th July 2023** | **How is Gloucestershire Integrated Care Board assured, and reassured, that it is actively reaching people from Black Asian and Minority Ethnic communities to promote employment opportunities across health and social care now, and for the future?  What measurable evidence does the Gloucestershire Integrated Care Board have for this happening, along with the measures to demonstrate impact?** | As an ICS we seek to genuinely embrace diversity in all of its dimensions and aim to ensure that our workplaces are free from discrimination and that our workforce at all levels is representative of the populations we serve. This extends beyond legally protected characteristics into social deprivation. As an ICS we have made a commitment to ensuring that the principles of Equality, Diversity and Inclusion are embedded as the personal responsibility of all members of staff. We are working to ensure all our policies, procedures, systems and practices are reviewed and are free of bias and incorporate best practice. We are focusing our efforts on improving staff experience of work so that they operate within organisations and teams where they are treated fairly and inclusively that are open and free of any form of discrimination.  We track a range of metrics on ED&I across the ICS by sharing data and information on each organisation’s Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap audits and staff survey data.  The specific metrics that we monitor that tells us how we are performing in relation to the employment of people from Black Asian and Minority ethnic communities are: -   * *WRES indicator 1*: Measures BME representation in the workforce overall and across clinical and non-clinical pay bands. We compare our position against the local, South West and national position.   We also monitor the relative likelihood of individuals from a BME background being appointed from shortlisting across all posts.  We have over the past 2-3 years implemented a range of ED&I initiatives and programmes across the ICS that aim to improve recruitment of those with protected characteristics and to provide a positive working environment in which all staff can thrive, free from discrimination and prejudice including:   * Each of the ICS partners has continued to offer cultural awareness and EDI programmes to managers and staff. * Allyship & Reciprocal mentoring programmes have been organised to help leaders across the system develop greater understanding and empathy. * Several cohorts of the Flourish talent management programme were taken-up by staff with protected characteristics (race, disability, sexual orientation) and their line managers. We are planning to follow up with participants of these programmes to understand the programmes long term impact on their development and roles. * Support Programme for EDI Network chairs * Joint working on the Equality Delivery System (EDS). * The ICB is supporting the 10,000 Black interns’ project * Woking towards supporting aspirant Non-Executive Directors from a BME background through a SW Insight programme   However, we know we have much more to do to increase representation.  On the 8th June a national Equality, Diversity and Improvement Action Plan was published setting out 6 high impact actions that providers and systems should undertake to address the widely known inter-sectional impacts of discrimination and bias.  Action 2 specifies that providers and systems should focus on overhauling recruitment processes and to embed talent management processes with 6 identified success metrics: -   1. Relative likelihood of staff being appointed from shortlisting across all posts 2. Access to career progression and training and development 3. Improvement in race and disability representation leading to parity 4. Improvement in representation senior leadership (Band 8C upwards) leading to parity. 5. Diversity in shortlisted candidates 6. National Education & Training Survey Indicator Score metric on quality of training of Internationally recruited staff.   Whilst the EDI Action Plan builds on existing programmes of work, and we are re-assessing our position against this to understand opportunities to further strengthen our approach. |
| **29th March 2023** | **I am contacting the ICB as a member of and representative for a Gloucestershire Type1 diabetic community group. Within the group we have found that members are reporting that when they have sort to enact patient choice between real time and intermittent Continuous Glucose Monitoring (CGM) as detailed in the updated NICE guidelines (2022), they have been informed that although the clinicians acknowledge that real time CGM would be beneficial for the patient, there currently is no funding for them.**  **Therefore, what the group would like to ask the ICB is what is the funding strategy, in Gloucestershire, with regards to upholding the 2022 NICE guideline revisions for type 1 diabetics in Gloucestershire – specifically:**  **1.6.10 1.6.10 Offer adults with type 1 diabetes a choice of real-time continuous glucose monitoring (rtCGM) or intermittently scanned continuous glucose monitoring (isCGM, commonly to as 'flash'), based on their individual preferences, needs, characteristics, and the functionality of the devices available. See box 1 for examples of factors to consider as part of this discussion. [2022]** | The National Institute for Clinical Excellence (NICE) have recently updated their guidance for Continuous Glucose Monitoring (CGM) in relation to Diabetes treatment and care. This means that that there is an increase in the number of people with type 1 and type 2 diabetes who NICE have recommended should now be eligible to receive CGM funded by the NHS. In Gloucestershire we recognise that this technology will offer significant advantages to patients.  Gloucestershire ICB is continuing to work closely with the hospital, community and GP services to consider the guidelines and update our local CGM policy. Our revised policy will consider the new NICE recommendations so that this CGM technology is given to as many of the appropriate individuals to ensure and achieve the best outcomes for them.  An element of this local review will be to consider the significant resource implications of this change within an already limited budget which will include funding required to implement the revised policy.  Once it has been agreed the diabetes teams will start to inform the patients it will affect, taking into consideration risk stratification to ensure we address health inequalities.  We know that some patients have been eagerly anticipating these NICE recommendations and are very keen to be able to access the technology quickly, however the process we are undertaking will ensure that we are able to offer it to as many people as possible with the appropriate education and support required. |
| **29th March 2023** | **I understand that the current Covid Medicines Delivery Unit will cease to function from the end of March/beginning of April. As the NHS moves from a pandemic to an endemic response to COVID-19 infections, ICBs will be at the forefront of providing timely access to COVID-19 therapeutics to their local populations. I am interested to know for the population of One Gloucestershire what new provisions are being planned to ensure that those at high risk of developing severe COVID-19 will continue to be identified, notified and have access to appropriate treatments in the community ?** | All ICBs in England have been asked by NHS England to review their pathways and commissioning arrangements for CMDUs. The ask is not to stop the provision of therapies for patients at high risk of developing severe Covid-19, but to align them to a more BAU (Business As Usual) model. Gloucestershire ICB is currently working with providers to develop a new pathway which will ensure that patients who are at high risk of Covid-19 infections continue to have access to appropriate local services if they become covid positive. These new arrangements are unlikely to start until later in the year. Until then the current service provision will remain. |
| **29th March 2023** | **What Assurance/reassurance does One Gloucestershire Integrated Care Service have that health and social care services delivered for the population of Gloucestershire meet the needs of the patient/resident. How is this measured in terms of quality and performance so as to meet the needs of the patient at weekends and public holidays in an equitable way to that of Mon, Tues, Wed, Thurs and Fri..?** | We report upon a wide range of quality and performance measures within the Integrated Performance Report which is included within the public Board papers. In addition, a more detailed review of performance takes places within the Board sub-committees and key operational and strategic meetings.  The performance of the health and social care system against these measures is also independently monitored by a number of regulators.  In addition to this weekly/monthly information, we also receive daily information feeds on performance within our key provider partners, these are provided 7 days a week including public holidays. As well as being reported to the ICB we report upon these to regional and national teams. We also have an automated system which provides a regular status update in relation to the urgent and emergency care system which is shared with all partners.  In addition we prepare plans each week which are designed to maintain performance over weekends/public holidays/periods of industrial action, these are overseen by our on call teams out of hours/at the weekend.  There are range of quality assurance mechanisms and meetings in place working where we work with our system partners to ensure that health and social care services are delivered for the population of Gloucestershire and include   * Reports to the Board on quality of services / quality measures included in the Integrated Performance Report and in the minutes of the Integrated Care Board (ICB) System Quality Meeting minutes other examples are the update on Care Quality Commission (CQC) inspections and Maternity and Neonatal Services, Frailty Strategy etc reported to the Board. * Meetings held with system partners including those on quality matters i.e. System Quality Meetings held on a bi-monthly basis * A range of quality reports are received from our providers on service developments and issues including complaints/Patient Advice Liaison Service (PALS) (people soon tell us when not meeting their need), Friends & Family Test (FFT), Attendance at System Quality Committee, CQC, Serious Incident and Datix monitoring, Healthwatch. * Gloucestershire Health & Care NHS Foundation Trust (GHC) Quality Dashboard, GHC Quality Committee, Non-Executive Director (NED) quality visits, annual quality account. * Performance Monitoring * Monthly data re Key Performance Indicators (KPI’s) and exception reports, national reporting, Commissioning for Quality and Innovation (CQUIN).   Meeting needs at weekends and ensuring equity with weekdays   * We still have some way to go around ensuring equity of service provision during the weekends and will need national financial envelope for 7 day working week. * Urgent care services at GHC – Minor Injury & Illness Unit (MIIU) – KPI’s in place. * Rapid Response – 2hr community response targets. * CRISIS Team is operational during the weekdays and weekends * Community Hospitals |
| **30th November 2022** | **Will Glos ICB endeavour to meet all the above objectives of “Our Plan for Patients”?**  **In implementing “The National Endeavour” will all known volunteers (and their support organisations) be retained and expanded?**  **"What is GLOS ICB proposing for services to meet the published "NHS Plan for Patients and National Endeavour'' in relation to much needed action following the latest "PHE Prescribed Medicines Review and a Key Recommendation - To Improve the support available from the healthcare system for patients experiencing dependence on, or withdrawal from, prescribed medicines"? "As a family carer, I would stress that such involuntary dependence affects several other persons as well as the sufferer".**  **What progress is being made in Glos ICB on the STOMP (Stopping the Over-Medication of People with a Learning Disability, Autism, or both)**  **Project? Can Glos ICB obtain statistics on the number eligible for withdrawing, and the number actually receiving appropriate help from Glos Health & Care NHS, GP’s, pharmacists, and other prescribers?** | NHS England developed a national campaign called STOMP.  This stands for “Stopping overmedication of people with a learning disability, autism or both”. STOMP is about making sure people get the right help for ***challenging behavior or sometimes referred to as behaviours of distress***.  This means getting psychological and other interventions first or at the same time as medicine.  It is about encouraging people to have regular medication reviews if they are given medicine, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved. Medications that are often given for ***behaviours of distress*** include antipsychotics, antidepressants, anti-anxiety medications, sleeping medications and antiepileptics (when they are used purely for a person’s mood).  Gloucestershire as a system has been working as a multi-disciplinary team e.g., GPs, Community Pharmacists and [Community Learning Disability Team](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FrxwINdfu4-k&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=34zaRELiljnbT6uAljWTf%2BUaP9E2UaE3UAry1AN%2FrYg%3D&reserved=0) (CLDT) to ensure anyone on medication (outlined above) is reviewed annually either as part of the primary care Annual Health Check or if still known to secondary care by the CLDT, to ensure a continued health need to remain on the medication or alternatives to be considered.  Based on an audit completed of GP Learning Disabilities Registers in 2017/2018 19.2% of people were prescribed antipsychotic medications and 3% of this number were coded in the system with ***challenging behaviour***. *Unfortunately, due to covid, this audit has not been able to be repeated recently, but work continues as a system to address the ambitions set by NHS England*.  The [STOMP Toolkit](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fpublication%2Fstopping-over-medication-of-people-with-a-learning-disability-autism-or-both%2F&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=9%2FlcfycvZ%2BL0Cqhn9vVJW7%2BfGhW1KbfCk1FLqiBMkYE%3D&reserved=0) produced in 2017 is used by health care professionals to ensure a person centred approach is taken to these reviews (see the algorithm in the toolkit for further details).  Care providers are also encouraged to support people in their care through a number of key areas, which will help holistically to manage behaviours that are deemed challenging for services;   1. **Support for physical health** – as we know people with a learning disability have poorer physical health than other people and often live shorter lives (LeDeR, Public Health England Fingertips data etc),  Many of the powerful medications prescribed for behaviour that challenges can often make this ill health worse.  If someone feels ill, is in pain, cannot do things the way they usually do or feels uncomfortable then they are more likely to engage in behaviour that is seen as challenging.  Health Check Action Plans and [Annual Health Checks](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fg-care.glos.nhs.uk%2Feducation%2F650&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=xVZo2wgGTtnOth1ptMDCzgZ%2Bt54bOE1j%2Fw%2F98VSMSIs%3D&reserved=0) with a GP and more recently ensuring a [RESTORE2 mini documentation](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FSOOJjF8bCmY&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=64vk%2F%2BHy9V8UnGSv8OVvn%2FQKi76nOLddb%2ByboubH1XM%3D&reserved=0) (Unique Wellness)are three ways of helping people maintain and improve their physical health. 2. **Communication** - A lot of people with a learning disability and/or autism have some level of communication difficulty. Training for care providers on total communication is available through Learnpro. 3. **Activities** - Keeping busy with meaningful activities is an important part of life for most people.  People with learning disabilities often need to find, access and take part in activities they would like to do.  If they are not given support to do this, they can feel anxious, frustrated, and confused, which may make it more likely that they will engage in behaviours that can be seen as challenging. Care providers are encouraged to provide meaningful activities and the [You’re Welcome Website](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.yourewelcomeglos.org%2F&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=fAqu%2Bzo6OIEHADX3XG1oIOU0K8t3PLtmq%2BYDOzc8Igc%3D&reserved=0) is a resource they can utilise to find accessible things to do. 4. **Support for mental wellbeing** – The CLDT offers a dedicated pathway for professionals to access help and support for people with a learning disability who are displaying behaviours of distress.  [Information for healthcare professionals](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fg-care.glos.nhs.uk%2Fpathway%2F1093&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=btn2wCr5bldnuuki72YPFU50k0AcWQHF305C2nzH6yk%3D&reserved=0) is available through G:care website.  This pathway is a person-centred framework for providing long term support.  This pathway alongside Positive Behaviour Support (PBS) framework helps us understand the reason for the behaviour so we can better meet people’s needs, enhance their quality of life, reduce the likelihood that the behaviour will happen. 5. **Positive Behaviour Support (PBS)** - PBS is a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours of distress. It is a blend of person-centred values and behavioural science and uses evidence to inform decision-making. Behaviour happens for a reason and may be the person's only way of communicating an unmet need. PBS helps us understand the reason for the behaviour so we can better meet people's needs, enhance their quality of life, and reduce the likelihood that the behaviour will happen.  A [useful introductory video](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2Fepjud2Of610&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=IJAErVnmW02xGHxZx7bl6v3iWiHoM8BXriL96cRRMHw%3D&reserved=0) about PBS is available on G:care.  CLDT and the Local Authority PBS Team have set up [PBS Clinics](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fg-care.glos.nhs.uk%2Fuploads%2Ffiles%2FPositive%2520Behaviour%2520Support%2520Consultation%2520Clinics.docx&data=05%7C01%7Cchristina.gradowski%40nhs.net%7C9fbdaa1d723d41a3d8a008daceeae9cd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638049805589263707%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=UEuWHvjPg8TAM15dK1%2F50KAU%2BlRYuPL27wObROF7SoU%3D&reserved=0) for care providers to get help in managing behaviours of distress.   It is right that some people remain on this medication due to their assessed health needs and we would not advocate for anyone to stop taking the prescribed medication with advice as this could be dangerous.  Some medicines can be very effective in treating some people with learning disabilities or autistic adults when used appropriately.  **Question 2 relating to volunteers - the Health Action Group**  STOMP – there is a Health Action Group which is attended by family and carer representatives.  *We are planning to invite a pharmacist to come along to the Health Action Group to provide* an update for everyone. An overview of the work being undertaken around involving volunteers and carers in this work was given at the Board meeting. |
| **27th July 2022** | **As a citizen, born, working and living in Gloucestershire what health inequality measures, and approaches to measuring health inequalities, will One Gloucestershire Integrated Care System Board seek insight and oversee so as to be fully assured, and fully re assured, that as a system, One Gloucestershire Integrated Care System Board  is consistently addressing health inequalities in a meaningful, timely and sustained way in serving all the people and communities, now and into the future?"** | Improving equality, and equality of health outcomes is a core aim of the Integrated Care System and understanding the progress we are making – and the impact that has on people’s lives in Gloucestershire – is both a vital part of our assurance and a measure of our success.  The way we seek insight and oversee this work falls into two categories: quantitative/linear data monitored over time to understand the short, medium and long term shift at both macro (policy) and micro (service, clinical pathway, community) level; and qualitative/relational data and insight, grounded in what meaningful change looks like from the point of view of people and communities.  The first category, as you would expect, encompasses more data- and policy-driven dimensions and includes the following:   1. A countywide Health Equalities dashboard showing long- and medium range statistical metrics for the county and districts against key Marmot Policy areas including:    * Inequality in life expectancy and healthy life expectancy    * Under 75 mortality rates    * Prevalence of smoking, obesity, physical inactivity and anxiety 2. A regular Integrated Performance Report to Integrated Care Board (ICB) providing an assessment against both nationally-set[[1]](#footnote-1) as well as locally important inequalities related metrics which are aligned to our ICS programmes of work. This includes areas such as:    * Number of people supported through the diabetes prevention programme    * Number of referrals to the NHS digital weight management services per 100k head of population    * Proportion of acute or maternity inpatient settings offering smoking cessation services    * Vaccination and screening population coverage targets 3. Integrated within the report above, “Core20Plus5”: data which allows us to understand the relative experience, access and outcomes of key populations compared with that of the general county population (also part of the 22/23 NHS Oversight Framework). The populations are:    * ‘Core20’ – citizens who live in areas that count within the 20% most deprived nationally, as defined by the national Index of Multiple Deprivation    * ‘Plus’ – the ICB has chosen to focus on citizens from racially minoritized communities, regardless of where they live   As well as understanding and acting on the disparities in general between what happens for these groups versus the wider population, we are also developing monitoring against five (more recently six) health themes:   * + maternity – continuity of carer   + severe mental illness   + chronic respiratory disease   + early cancer diagnosis   + hypertension   + across all of these, smoking rates and access to support to stop smoking   The second category is different but equally important because tackling the underlying causes of inequality and inequalities of health outcomes requires us to work in sustained, meaningful, respectful and equal partnership with the communities and individuals affected.  We understand that real change will happen “at the speed of trust”, and any measures we use need to be grounded in what meaningful change looks like from the point of view of people and communities. Our quantitative metrics rarely tell this story and – at worst – can mask very real disparities in experience and outcome.  Some examples of the work we are doing to ensure we are making progress in this dimension, and that the ICB is assured of this, are:   1. Development of the Integrated Care Partnership Board, who will be responsible for setting strategic priorities for the Board and associated expectations on impact monitoring which we would expect to encompass the existing countywide health and wellbeing priorities as well as other dimensions to be agreed; 2. Development of our [Working with People and Communities Strategy](https://www.nhsglos.nhs.uk/have-your-say/working-with-you/strategy-and-insight/), which sets out how we will collaborate to tackle inequalities. This includes the commitments below, for which we will expect to be held accountable:    * Support Core20PLUS5 priorities, ensuring insight informs action    * Work with Integrated Locality Partnerships to develop bespoke involvement to support projects to tackle health inequalities    * Work towards ‘continuous engagement’ to build relationships of trust    * Accept that, with good intent, we will sometimes fail when we work with communities; we will be open and transparent when this happens, discuss together how we can address issues. We will avoid blame. 3. Continued delivery of the ICB Enabling Active Communities and Individuals Programme, focusing on building the partnerships to support strengths-based individual and community-centred action on prevention and health inequalities; 4. Focus on place-based working through the Integrated Locality Partnerships and a population health management approach; 5. Development of a Memorandum of Understanding, and underpinning infrastructure and policy, which supports an equal partnership with the county’s VCSE sector. This work leads naturally to better articulation of statutory partner duties as Anchor Institutions, for example in our workforce practices, asset-sharing and social value policies; 6. The Healthy Communities Together Programme, sponsored by the Kings Fund and funded by the National Lottery Community Development Fund, where we are building our understanding on how to define and capture – and be assured – that we are *building trust for fairer health* |

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