

Joint Forward Plan Appendix

**Delivering our Legislative
Requirements**

2025-2030

Appendix

Delivering our legislative requirements

This is the third Joint Forward Plan (JFP) published by NHS Gloucestershire Integrated Care Board (ICB), Gloucestershire Health and Care NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHFT). It demonstrates the contribution that the NHS in Gloucestershire is making to the [Integrated Care Strategy](#).

This document describes how we are delivering the legislative requirements placed upon Integrated Care Systems by the Health and Care Act 2022. It illustrates our contribution to our making Gloucestershire a better place for the future.

The updates outlined below include reflections on what we have achieved through 2024/25 and what is planned for 2025/26 against our legal requirements.

Duty	How we have / are delivering this requirement
1. Duty to promote integration	<p>We remain committed to providing health services in an integrated way with our system partners. Our long-term plans are set out within this Joint Forward Plan in response to our ambitions in the Integrated Care Strategy.</p> <p>In 2024/25 we have:</p> <ul style="list-style-type: none"> ▶ Supported delivery of the Integrated Care Strategy and Joint Local Health and Wellbeing Strategy (JLHWS). This includes our contribution to the seven priorities in the JLHWS and delivery against the three unifying themes of the Integrated Care Strategy – employment, smoking and blood pressure. ▶ Continued the rollout of our work on Neighbourhood Health and Care with a focus on supporting people living with moderate and severe frailty. This includes working with local communities (including Primary Care Networks) to proactively identify people at risk of deteriorating health and care. This remains an area of focus for 2025/26. ▶ Continued our commitment to bring services together around the needs of local people. For example, we have continued our neighbourhood transformation for people living with Severe Mental Illness (SMI), bringing together multi-disciplinary teams within communities. ▶ Continued pathway transformation in areas such as diabetes, respiratory, cancer or cardiovascular disease (CVD) / circulatory. This work across shared pathways brings together clinicians and care expertise from across a range of partner organisations. In 2024 One Gloucestershire ICS won the Health Service Journal (HSJ) Integrated Care Initiative of the Year for the work on the Integrated Respiratory Programme. ▶ Continued to show our commitment to addressing health inequalities. Our ICS Transformation Programmes are working with specific population groups or communities with identified needs, for example, mental health work in schools in areas of higher deprivation. ▶ Continue to work together as system partners at a strategic level. Gloucestershire County Council and wider health partners are represented on the Integrated Care Board. We also have well established Joint Commissioning Partnership arrangements that are responsible for the management of shared commissioning funding. ▶ We remain committed to this in 2025/26 and beyond.

Duty	How we have / are delivering this requirement
<p>2. Describing the health services for which the ICB proposes to make arrangements</p>	<p>In 2024/25 we continued to monitor delivery of this plan through the Integrated Performance Report to the NHS Gloucestershire Integrated Care Board.</p> <p>The refresh of this Joint Forward Plan describes what we are doing to improve the health needs of the population in Gloucestershire.</p> <p>Our NHS Operating Plan provides more detailed information on the planned performance of our services. In addition, more detailed information can be found on our websites:</p> <ul style="list-style-type: none"> ▶ 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 (VCS Alliance) ▶ Gloucestershire County Council ▶ NHS Gloucestershire Integrated Care Board <p>In April 2025 we will also take on delegated responsibility for services previously under the management of NHS England 'Specialised Commissioning'. These services largely align with Regional Operational Delivery Networks and Clinical Networks and will enhance our local integrated planning and improvement work in these areas.</p>
<p>3. Duty to consider wider effect of decisions</p>	<p>In 2024/25 we continued to ensure that our transformation and development focused on the triple aim of improving population health, improving quality and improving value.</p> <p>This year our System Resources Committee has led work on shaping our approach to value. As a system we have defined value as <i>"achieving our priority outcomes within the resources that are available to us"</i>.</p> <p>Our approach continues to focus on:</p> <ul style="list-style-type: none"> ▶ Improving population health: This Joint Forward Plan sets out the work we have done and the outcomes that we have achieved to improve population health for our local communities. Our six Integrated Locality Partnerships are central to this work alongside the role of GP Practices and Primary Care Networks. ▶ Improving quality of healthcare services: Our Quality Committee and System Quality Group continue to assess the quality of health and care services across Gloucestershire based on the three principles of experience, effectiveness and safety. This is underpinned both by quantitative and qualitative data. ▶ Improving value (sustainable and efficient use of resources): Our System Resources Committee provides both support and challenge on our approach to delivering value across the system. We are refreshing our approach to evaluation of strategic transformation programmes to ensure our resources are allocated to work that makes the most positive impact possible.

Duty	How we have / are delivering this requirement
4. Implementing any Joint Local Health & Wellbeing Strategy	<p>The Gloucestershire Health and Wellbeing Board is responsible for overseeing the development and delivery of the Joint Local Health and Wellbeing Strategy which aims to improve the health and wellbeing of people in Gloucestershire.</p> <p>The Gloucestershire Health and Wellbeing Strategy is focused on seven strategic priorities – physical activity; adverse childhood experiences; mental wellbeing; social isolation and loneliness; healthy lifestyles; early years and best start in life and housing and health.</p> <p>The NHS in Gloucestershire, as a member of the Health and Wellbeing Board and a wider system partner, continues to play a role in all seven of these priority areas.</p> <p>Our Joint Forward Plan describes how we are contributing to the seven priorities that include:</p> <ul style="list-style-type: none"> ▶ physical activity and healthy lifestyles (see strategic objective 1) ▶ mental wellbeing (see strategic objective 2) ▶ early years and best start in life (see strategic objectives 2 & 4).
5. Financial duties	<p>Last year we demonstrated our commitment to meeting the financial duty requirements of Integrated Care Boards.</p> <p>The national financial framework requires a collective responsibility to not consume more than the agreed share of NHS resources. We believe 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. Furthermore, all partners have signed up to a System Financial framework.</p> <p>In 2024/25 we continued to work towards a set of guiding values and behaviours, making decisions collectively around the financial position and risk. Budgets in all our organisations are going to be challenging given the economic position and demand on our services.</p> <p>Our System Resources Committee has played an important role in providing support and challenge to delivery of our financial duties in 2024/25 and we have undertaken work across the system to define and develop our approach to values-based healthcare.</p> <p>In 2025/26 we will collectively continue to prioritise:</p> <ul style="list-style-type: none"> ▶ Reviewing current resources, testing the value of current services and transforming services where better value can be identified. ▶ Monitoring the benefits from programmes of work within the Joint Forward Plan to ensure that financial and non-financial outcomes are delivered. ▶ Improving the productivity of services through benchmarking, identifying opportunities which can then lead to improvements in the way that we use our collective resources and release cost reductions where appropriate. ▶ Prioritising and challenging any investments so that they are delivering the strategic priorities outlined within our Joint Forward Plan. ▶ Ensuring that we have effective governance and controls in place across the system to ensure resources are managed appropriately.

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<p>6. Duty to improve the quality of services</p>	<p>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 high quality and that we have robust mechanisms in place to intervene where quality and safety standards are not being met or are at risk.</p> <p>In 2022 we published our first ICS Quality Strategy and Quality Framework. These two documents describe how we have arranged 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.</p> <p>Our Quality Strategy describes our shared commitment to improving quality across services in Gloucestershire.</p> <p>Over the last year, our System Quality Group and Committee has continued to ensure good governance is in place to assure the ICB of how we meet this statutory duty.</p> <p>In 2024/25 we have:</p> <ul style="list-style-type: none"> ▶ Successfully moved the entire ICS over to the new Patient Safety Incident Response Framework (PSIRF). As the new framework matures and moves to business as usual, we are committed to ensuring that it is embedded and strengthens our approach to patient safety. ▶ Continued reporting on quality objectives through to System Quality Group and Quality Committee, along with reporting against the themes of Experience, Effectiveness and Safety to Boards through the Integrated Performance Report. ▶ Carried out preparatory self-assessment work of our documented policies, procedures, plans, and protocols supporting integration. <p>In 2025/26 we will:</p> <ul style="list-style-type: none"> ▶ Monitor progress against the metrics (processes and outcomes) within our Joint Forward Plan with a specific focus on quality. This includes supporting the metrics and performance in relation to ill health and health inequalities. ▶ Further embed our approach to Quality Impact Assessments (QIAs) and Engagement and Equality Impact Assessments (EEIAs) so that any changes to services are considered from these perspectives. ▶ Review the Quality Strategy and Framework in time to publish in 2026 (the previous Strategy and Framework had a lifespan of three years). While many elements have served us well since the 2022 transition from the CCG to ICB, there are now many more opportunities to be realised, which will be reflected within the refresh of the Quality Strategy and Framework for 2026.

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7. Duty to reduce inequalities	<p>We remain committed to work across the system to reduce health inequalities and take seriously our statutory duty to lead oversight and assurance for the system.</p> <p>Our Joint Forward Plan sets this as one of our strategic priorities and we will continue to embed work to reduce health inequalities into our transformation programmes. We are committed to focusing our work on seeing tangible changes and improvements.</p> <p>In 2024/25 we:</p> <ul style="list-style-type: none"> ▶ Launched the Gloucestershire Health Inequalities Framework and Strategic Planning and Review process, which aims to help us to organise the work that we are doing to improve health equity, and to understand the contribution that different parts of the system are making to overall health inequalities outcomes over time. ▶ Published our first Gloucestershire Health Inequalities Information Review, in line with the requirements set out in NHS England's statement on information on health inequalities, which includes data and analysis of indicators that align to the Core20PLUS5 framework, information on associated programmes of work and areas where further analysis is required. ▶ Held a leadership conference with a focus on health inequalities, which gave current and future leaders from across the One Gloucestershire ICS an opportunity to share learning and collaborate to achieve our commitments to health equity. ▶ Embedded the Prevention and Health Inequalities Hub virtual resource to help the One Gloucestershire ICS workforce to better understand and take action to reduce health inequalities in their areas of work. ▶ Were involved in the testing and development of the CQC's ICS Engagement Framework, which supports ICSs to measure how well they involve stakeholders, people, and communities in their work with a view to reducing health inequalities. ▶ Built information on health inequalities into the ICBs Project Management training to ensure that our workforce is aware of our system commitments and approach to reducing health inequalities. <p>In 2025/26, we will:</p> <ul style="list-style-type: none"> ▶ Review the Gloucestershire Health Inequalities Framework and Strategic Planning and Review tool, and work with Health Inequalities leads and champions to develop a set of shared strategic objectives for improving health equity across the system. ▶ Identify priority areas for health inequalities analysis that align to the Joint Forward Plan metrics. The aim is to understand the key drivers of variation in the population and to inform priority actions where a measurable impact can be achieved. ▶ Support the development of a One Gloucestershire Health Inequalities Community of Practice, which will enable members of the workforce with an interest in health inequalities to come together, share the work that they are doing and examples of good practice, and learn from each other. ▶ Work with Health Inequalities and Engagement Leads to implement the CQC's ICS Engagement Framework to ensure that we are taking a consistent and strategic approach to engagement with a view to reducing health inequalities.

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<p>8. Duty to promote the involvement of each patient</p>	<p>We are committed to promoting a personalised care approach across all health and care organisations in Gloucestershire. We have a network of system leaders and experts working collaboratively, co-producing innovative approaches, and collecting evidence to demonstrate effectiveness, with a senior executive and a 'One Gloucestershire Personalised Care Programme Board' in place.</p> <p>Across our organisations we are updating our commitment to use plain language and improving the relationships between health and care professionals and people, to be valued as equal partners. This will provide choice and control on the way future care is planned and delivered. Implemented through 'What Matters' conversations, accessible personalised care, and support plans, and 'What Matters to Me' folders, owned by a person living with complex or long-term conditions and are digitally shared between system partners.</p> <p>In 2024/25 we have delivered against the Comprehensive Model of Personalised Care:</p> <ul style="list-style-type: none"> ▶ Shared decision-making – We are using SDM-9 or CollaboRATE survey tools to gain insight on the relationship between professionals and people. We are continuing to promote training via the Personalised Care Institute with clinical and non-clinical frontline staff. ▶ Enabling choice, including legal rights to choice – See the duty relating to patient choice. ▶ Social Prescribing – We have continued to deliver community-based support through implementation of personalised care roles across primary care and Voluntary sector. ▶ Personalised care and support planning – We have continued the roll out of branded personalised care and support plans ('Me at My Best' and 'ReSPECT') held in 'What Matters to Me' folders. ▶ NHS @ Home – We have been using digital tools to support people to maintain their health and wellbeing closer to home as part of Virtual Wards. ▶ Supported Self-Management – We are continuing to promote the use of digital tools to help people build knowledge, skills and confidence to manage their health condition. ▶ Personal Health Budgets and 1-off Personal Wellbeing Budgets – We have a core service offer available to eligible people across the 4 'right to have's'; Children Continuing Care, Adults Continuing Healthcare, S117 Mental Health Aftercare and Wheelchair. We have also continued the use of one-off Personal Wellbeing Budgets in areas such as supporting timely hospital discharge. <p>In addition to the work outlined above, in 2025/26 we will:</p> <ul style="list-style-type: none"> ▶ Shared decision making – Explore the use of digital tools to reporting on real-time patient reported experience measures and patient reported outcome measures. ▶ Personalised Care and Support Planning (PCSPs) – Explore opportunities across clinical programmes to procure a technology solution for Digital PCSPs, whilst making reasonable adjustments for people living with digital poverty and digital capability challenges. ▶ NHS @ Home – Explore the use of digital tools to support people to maintain their unique wellness at home.

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	<ul style="list-style-type: none"> ▶ Personal health/wellbeing budgets – Continue to expand Personal Health Budgets and trial Frailty & Dementia Proactive Care Personal Wellbeing Budgets supporting our commitment to Neighbourhood Health and Care. ▶ Supported self-management – Continue the delivery of offers for peer coaching such as the Digital HOPE Programme, Live Better Feel Better and the Digital 'MyCaw Tool'. ▶ Upskill OneGlos Workforce – Support staff to attain accredited competencies with the Personalised Care Institute through the Southwest Health Coaching Collaborative and create sustainable capabilities through 'train the trainer' training model.
9. Duty to involve the public	<p>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.</p> <p>In delivery of this strategy, in 2024/25 we have:</p> <ul style="list-style-type: none"> ▶ Introduced a new Citizens Panel with over 1,000 people, representative of the Gloucestershire population. This Panel is providing us with an opportunity to hear from different groups of people to shape health and care services in the County. We have engaged the Panel this year on priority areas for our strategy. ▶ Undertaken focused engagement within our Core 20 communities as part of our commitment to tackle health inequalities. ▶ Built and maintained relationships with previously underserved communities with the input of a dedicated staff resource. This working alongside partner organisations to collect individual and group experiences and liaise with ICS colleagues to ensure the insights gathered inform service development, delivery, and evaluation of reducing health inequalities programmes. <p>Looking to 2025/26 we will be:</p> <ul style="list-style-type: none"> ▶ Continuing to expand the engagement with the Citizens Panel on new areas that will support the delivery of our Integrated Care Strategy and Joint Forward Plan ▶ Promoting the new Joining up Insight in Gloucestershire (JIG) Hub, an online collection that collates qualitative reports focussing on experience/engagement feedback from local people and communities <p>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.</p>
10. Duty as to patient choice	<p>We remain committed to supporting our GPs to offer meaningful choice to people registered with their practice, as set out in the NHS Constitution for England and the NHS Choices Framework.</p> <p>In 2024/25 we have:</p> <ul style="list-style-type: none"> ▶ Worked to raise awareness amongst GPs of the national changes to the Electronic Referral System (eRS) which enables GPs to offer patients a mixed shortlist of both Directly Bookable and Referral Assessment Services.

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	<ul style="list-style-type: none"> ▶ Promoted the expectation that referrers should routinely offer patients an average of 5 choices of provider, including building this expectation into our Primary and Secondary Care Interface Principles and updating our MSK triage Standard Operating Procedures to ensure that patients are consistently offered 5 choices of provider when referred on to consultant led service. ▶ Commissioned additional providers of elective care services through the NHS Provider Selection Regime (PSR) to increase choice. <p>Looking ahead to 2025/26:</p> <p>The national elective care reform plan, 'Reforming Elective Care for Patients', sets out clear commitments to increasing patient awareness of, and access to, choice at the point of referral. During 2025/26 we will:</p> <ul style="list-style-type: none"> ▶ Continue to work with our GPs to raise awareness of patient's right to choose, to ensure that patients are consistently offered 5 choices of provider. ▶ Develop patient facing resources to increase patient awareness of their right to choose in line with the expectations set out in 'Reforming Elective Care for Patients'. ▶ Continue to utilise the Provider Selection Regime to commission additional capacity to enhance choice. <p>Implement any additional specific national requirements set out in any supplementary guidance to support delivery of the priorities set out in 'Reforming Elective Care for Patients'.</p>
<p>11. Duty to obtain appropriate advice</p>	<p>The value and contribution of the Clinical and Care Professional Council (CCPC) voice at system level has been strengthened over the last year with leadership from the ICB Chief Medical Officer (CMO) and ICB Chief Nursing Officer (CNO). The Council brings together clinical and care leaders from across Gloucestershire including Local Authority and Adult Social Care.</p> <p>Gloucestershire's published Clinical and Care Professional Leadership Framework continues to provide a guide for areas of future focus and supports a culture of inclusive, open engagement and discussion.</p> <p>Both the CMO and CNO share responsibility for reporting of CCPC activity into Executive Board, which is committed to retaining the vital contribution of the clinical and care sector expertise to help shape and drive Gloucestershire's ambitions.</p> <p>In addition to the intentions of the existing framework, a focus for 2025/26 is to:</p> <ul style="list-style-type: none"> ▶ Utilise the breadth of expertise held within CCPC to contribute to the Joint Forward Plan, including further development of the Clinical and Care Model. ▶ Refresh membership to ensure a wider representation of roles and programmes. ▶ Continue to ensure a strong clinical and care professional voice is embedded through transformation work across Gloucestershire. <p>There is clear commitment to ensure the partnership working within CCPC continues to enrich the collective leadership across the system.</p>

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12. Duty to promote innovation	<p>Patients and our population benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes, and faster recovery.</p> <p>We remain committed to advance Gloucestershire's innovation profile and actively seek to adopt and spread new opportunities.</p> <p>Looking to 2025/26 we are:</p> <ul style="list-style-type: none"> ▶ Working 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. ▶ Playing an active role with Health Innovation West of England (HIWE). This partnership provides a pipeline of opportunities to take part in 'adopt and spread' of new medical technologies and approaches. We act as a pilot system for some of these innovations, again ensuring we are confident in the safety and potential benefit. ▶ Prioritising research and innovation projects that address the health needs of our population drawing on the expertise of HIWE and other groups such as the National Health Innovation Network and the Accelerated Access Collaborative. ▶ Working closely with NIHR Applied Research Collaborative (ARC) West and NIHR West of England Clinical Research Network to learn from and spread innovation. Gloucestershire also benefits from a range of existing locally commissioned innovation projects supported by HIWE that tackle both healthcare challenges and improve our health equity. <p>We also listen carefully to the good ideas that come from our 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.</p>
13. Duty in respect of research	<p>Gloucestershire system partners jointly approved the Research, Evaluation and Audit Strategy in June 2024.</p> <p>In 2024/25 we:</p> <ul style="list-style-type: none"> ▶ Extended the Research Engagement Network to six VCSE organisations and produced the Cultural Competency Toolkit (expected completion July 2025). ▶ Recruited three Knowledge Mobilisation Fellows, funded by ARC West, in place to put research evidence into practice. <p>In 2025/26 we will:</p> <ul style="list-style-type: none"> ▶ Share back-office research functions across the ICB and two NHS Trusts. ▶ Open an Arts, Health and Wellbeing Centre in September 2025 which will provide learning and development opportunities for health and care professionals and people and communities in research, social prescribing, and creative health. ▶ Evaluate the impact of introducing five Research Champion GP practices, the primary care research tool kit, the COVID vaccination programme (via The Kings Fund) and the impact of a GP Fellowship to address health inequalities in the Forest of Dean. ▶ Launch a Gloucestershire Research Repository, to showcase published research across the county, and a Research Hub, as a place to learn and discuss research being undertaken in the county. ▶ Fund an additional three PhDs through the University of Gloucestershire, and allocated £200k in small grants for research, evaluation, and innovation.

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14. Duty to promote education and training	<p>Education and training underpin our whole system; for staff, patients, and the public.</p> <p>We will ensure our staff receive the development and opportunities they need to continue providing the best possible care. We will also deliver more education to patients to help with prevention and self-care, and to support their loved ones.</p> <p>For our staff:</p> <ul style="list-style-type: none"> ▶ We are continuing to deliver system-wide training opportunities to support the development of our staff. This includes Oliver McGowan training at Tiers 1 and 2; Trauma Informed Care; Health Coaching, and Equality and Diversity related training. ▶ We remain committed to ensuring that statutory and mandatory staff training is delivered across health and care services. ▶ System partners are working towards alignment to the Core Skills Training Framework to aid training passporting for staff, with the aim of signing up for the national digital staff passport. The first step is to align our approach to statutory and mandatory training. ▶ We are developing a sustainable talent pipeline to support employers and staff in future years. This includes a comprehensive system wide careers and outreach programme with all secondary schools, SEND provision, care experienced individuals, and those with protected characteristics. VCSE and groups such as GARAS are benefiting from careers coaching and application support. ▶ Apprenticeships are embedded across the system with many staff considering these as career development opportunities. We will continue to promote apprenticeships a part of a career pathway. ▶ There will be continued growth in T-Level industry placements across the system in both clinical and non-clinical roles, supporting our young people to experience careers within health and care. ▶ We will be developing a system wide approach to experience of the workplace opportunities working with our system partners, schools, Further Education (FE) colleges and Higher Education Institutions (HEIs) to facilitate. We continue to participate in national initiatives like St John's Ambulance NHS Cadet Scheme. <p>For Patients/public:</p> <p>We will enable services to work together better across mental health, community, care, and education to ensure people can quickly and easily find and get the support they need.</p> <p>We will continue to provide support and education programmes for patients that include:</p> <ul style="list-style-type: none"> ▶ Stay Well This Winter ▶ Complex respiratory disease management supported by lifestyle, exercise and medication education programmes. ▶ Perinatal Pelvic Health Classes ▶ Managing Memory Together Information Sessions, now Information and Education Service (IES) in conjunction with Gloucestershire Libraries ▶ All patients with cancer diagnoses are offered education and information about the services and support on offer. ▶ 'Know your Numbers' campaign to reduce heart attacks and stroke.

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<p>15. Duty as to regard to climate change and adaptation to impacts</p>	<p>We will publish a system Green Plan in Summer 2025, based on partners' individual plans and our shared sustainability programme. 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 in the next three years.</p> <p>As 'anchor organisations' we are committed to the two key targets that extend beyond the duration of this Joint Forward Plan:</p> <ul style="list-style-type: none"> ▶ NHS Carbon Footprint: Reaching net zero by 2040. ▶ NHS Carbon Footprint Plus: Reaching net zero by 2045. <p>Our sustainability priorities to deliver against these ambitions are:</p> <ul style="list-style-type: none"> ▶ Transport and Travel ▶ Estates and Facilities ▶ Climate Adaptation ▶ Sustainable Models of Care ▶ Medicines and Nutrition ▶ Workforce and System Leadership <p>The Joint Forward Plan "Green and Sustainability" section highlights some of our achievements in 2024/25.</p> <p>The ICS Sustainability Steering Group oversees delivery of these ambitions.</p> <p>In 2025/26 we will:</p> <ul style="list-style-type: none"> ▶ Complete and publish new three-year Green Plan. ▶ Implement e-bike and e-cargo bike trial projects to reduce our vehicle emissions in our urban centres. ▶ Complete work to understand and further plan our electric vehicle (EV) charging infrastructure, supporting our increasing move towards fleet electrification. ▶ Further promote and enable staff options to purchase or lease electric and ultra-low emission vehicles. ▶ Increase how closely we work together to make our individual green plans seamless and shared.
<p>16. Addressing the particular needs of victims of abuse</p>	<p>Strategic leadership and partnership working are key elements to proactively support the effectiveness of Gloucestershire's Safeguarding system.</p> <p>Joint working between health providers and partners ensures the ICB and our commissioned services comply with the NHSE Safeguarding Accountability and Assurance Framework and have regard for our duty to protect and safeguard against abuse.</p> <p>In 2024/25 we:</p> <ul style="list-style-type: none"> ▶ Continued to provide a comprehensive ICB Safeguarding Primary Care Offer to General Practice and their Safeguarding Leads, including safeguarding information sharing requirements, quality assurance visits, completion of an annual safeguarding assurance audit, facilitating safeguarding adult and children forums and other statutory safeguarding duties.

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	<ul style="list-style-type: none"> ▶ Continued to deliver our safeguarding statutory requirements, including our health lead responsibilities at the Gloucestershire Safeguarding Children Partnership (GSCP) and Board level membership at the Gloucestershire Adult Safeguarding Board (GSAB). ▶ Continued to play an active role in the Safer Gloucestershire Partnership, including the Domestic Abuse Partnership Board (DAPB) and supporting delivery of the Domestic Abuse Delivery Plan and Strategy. This includes the commissioning of health services to meet the needs of victims of all ages in both acute and community services. ▶ Supported the delivery of Sexual Violence Delivery Plan and Strategy through the Sexual Violence Strategic Board, building 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. ▶ Refreshed our work plan; to reflect our local, regional, and national safeguarding priorities as outlined in the Joint Forward Plan. ▶ Developed and published an ICB Domestic Abuse Staff policy. ▶ Attended Anti-Social Behaviour (ASB) Case Reviews, as health system leads. <p>Looking to 2025/26, our ICB safeguarding priorities and areas of focus include:</p> <ul style="list-style-type: none"> ▶ Further progress of the integrated safeguarding supervision offer across the ICS, including monitoring compliancy of mandatory safeguarding and children in care training at all levels across the ICB. ▶ Effectively embedding learning from adult and children's statutory safeguarding reviews to ensure we prevent further harm to those most at risk of abuse and neglect. ▶ Establishing a local safeguarding webspace/interactive forum for health professionals interested in safeguarding. ▶ Review the safeguarding dataset to ensure it is focused, not onerous on provider services and meets our collective needs. ▶ Effective succession planning to ensure the ICB meets the statutory requirements for key under resourced safeguarding and children in care roles. ▶ In three years, a well embedded rolling programme of safeguarding assurance visits to all commissioned large providers, including Primary Care to support the adherence to safeguarding NHSE standards in contracts will be in place. <p>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.</p>

Duty	How we have / are delivering this requirement
17. Addressing the particular needs of children and young people	<p>Addressing the needs of children and young people remains a high priority. Our ambition for children, young people and their families in Gloucestershire is for them to experience integrated services that are holistic in their approach, supporting their mental, physical, emotional, and social needs.</p> <p>Our Joint Forward Plan sets out a summary of what we have achieved and our ambitions in this area. Within the ICB leadership we have an Executive Lead for Children and Young People, Safeguarding (including looked after children), Learning Disabilities and Autism, Down Syndrome as well as for Mental Health and Special Educational Needs and Disabilities (SEND).</p> <p>In 2024/25 we have:</p> <ul style="list-style-type: none"> ▶ Invested in services to improve outcomes for children and young people including continuing our commitment to Early Language and Support for Every Child (ELSEC). ▶ Supported the development and implementation of wider system plans for children and young people, resulting in the publication of the One Plan for children and young people in Gloucestershire 2024-2030 and a SEND programme to deliver improvements across health and care for children and young people ▶ Worked in partnership across health and education as part of the Section 19 pathway to support children and young people who are experiencing barriers to their education as a result of mental health difficulties. ▶ Sought feedback from parent carers, young people, and education settings around their experience of healthcare services. ▶ Commissioned a review into the medical needs of children in special schools. ▶ Strengthened ICB governance through the expansion of a 0-25 CYP Mental Health & Neurodiversity Board to drive forward our local commitments and oversee progress of work programmes. ▶ Explored a single point of contact pilot harnessing multi-agency working with partners across health, social care, education, and voluntary sector to ensure children and young people get the right support at the right time for mental health difficulties endorsing the “no wrong door” approach. ▶ Continued to promote our online mental health support finder, providing Children, Young People & their families with personalised signposting to mental health support based on their needs. <p>In 2025/26 we will be:</p> <ul style="list-style-type: none"> ▶ Building on the One Plan, developing a local strategy with system partners for Children & Young People in response to Operational Planning & Long-Term Plan guidance. ▶ Working to develop viable delivery models for a county-wide single point of contact for children and young people experiencing mental health difficulties, streamlining navigating, and accessing help. ▶ Continuing to embed co-production with parent carers, children and young people and joint working with education and social care partners. This includes building on our recently established CYP Participation Community of Practice to share insights and best practice across the system.

Duty	How we have / are delivering this requirement
	<ul style="list-style-type: none"> ▶ Continuing to deliver the SEND programme alongside our system partners, with a key focus on quality assurance. ▶ Continuing our focus on waiting well for children and young people awaiting support from health services. ▶ Expanding Mental Health Support Teams in Schools in line with the national ambition of 100% coverage by 2029/30.

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