One Gloucestershire
Transforming Care, Transforming Communities

NHS

Joint Forward Plan
2025-30

Our delivery plan to meet the health needs of local people

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Foreword

Everyone who lives in Gloucestershire deserves the best possible start in life, healthier and longer lives, and access to the right expert support when it is needed. This is the third annual refresh of our five-year Joint Forward Plan setting out how health and care organisations in Gloucestershire are delivering and improving services to meet the needs of people in our county.

This plan been developed by NHS organisations (NHS Gloucestershire Integrated Care Board, Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust) and demonstrates our collective commitment to the One Gloucestershire Integrated Care Strategy.

However, it is more than just an NHS plan. It is about how the NHS is working with councils, charities, education and the voluntary sector to combine skills and resources to jointly improve the lives and communities of local people. Our work with the six localities in Gloucestershire remains a priority for us.

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

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

We remain committed to supporting the delivery of the Gloucestershire Joint Health and Wellbeing Strategy and the seven priorities set out within the plan and have a strong commitment to improving health and wellbeing for children and young people through the One Plan for Children and Young People.

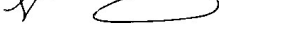
As we look back on 2024 / 25 we have made progress across the three core aims described above. This includes improvements in urgent care and flow through the Working as One programme as well as continued efforts to improve the timeliness of treatment we offer to our patients.

We know that this coming year is going to be even more challenging as collectively we face increased pressure on our finances and we will need to make some difficult choices. However, we are committed as partners to continue improving health and care services today – whilst also looking to the long-term.

A key priority for us this year will be the work we undertake to develop our approach to Neighbourhood Health and Care. We already have some excellent examples of integrated team working and proactive care in primary care networks and localities. We are ambitious about working together to expand this work across the county with a focus on people living with moderate to severe frailty.

Looking forward, we also know that plans are being developed for bringing more powers from Central to Local Government through devolution and Local Government reorganisation. These will shape the future of how we work together.

This Joint Forward Plan will be reviewed and refreshed annually. We are awaiting the publication of the 10-Year Health Plan that will influence the shape of our local planning next year. However, we already have strong foundations in place and are demonstrating innovative working across the county, putting us in a good place to deliver the ambitions set out within this plan.



Dame Gill Morgan
Chair, NHS Gloucestershire Integrated Care Board

Statement from Gloucestershire Health and Wellbeing Board

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

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

The Health and Wellbeing Board and the Health and Wellbeing Partnership work as aligned committees with a largely common membership. Over the last 12 months, we have continued to take opportunities for collaborative working in the alignment and delivery of priorities identified in the One Gloucestershire Integrated Care Strategy and the Gloucestershire Joint Health and Wellbeing Strategy. Ongoing development work has highlighted how much system partners value the Board and Partnership meetings as a space for collaboration and shared vision setting for the county.

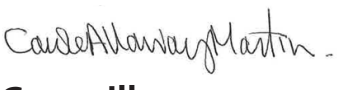
We have recently undertaken a mid-point review of the 10-year Gloucestershire Joint Local Health and Wellbeing Strategy. This has provided an opportunity to reflect on progress to date, and our shared focus for the next five years across the priorities contained in the strategy.

As part of the development of the updated Joint Forward Plan, the Integrated Care Board have engaged with our Health and Wellbeing Board members to seek across the sectors and settings represented, that the Joint Forward Plan takes account of the priorities set out in the Joint Local Health and Wellbeing Strategy. This builds on an ongoing process of engagement through formal meetings and development sessions.

The updated plan continues to build on the priorities of the Integrated Care Strategy; and the Board welcomes the strategic focus on prevention and early intervention to improve long term health outcomes and build resilient communities. The plan reaffirms a commitment to putting people and communities at the heart of the ICS' work; and taking a locality-based approach to delivering health and care services. Crucially, the plan recognises the importance of improving equity in access, experience and outcomes across health and care. This has been at the heart of our collective system work on the Health Inequalities Framework. It is essential that we also remain focused on 'upstream interventions' to address the wider determinants of health and wellbeing.

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

We look forward to continued engagement and collaboration on the shared commitments reflected in the Joint Forward Plan, and the delivery of the Health and Wellbeing Board's vision that Gloucestershire is a place where people can live well, be healthy and thrive.



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

The purpose of this plan

This is the third Joint Forward Plan published by NHS Gloucestershire Integrated Care Board (ICB) and partner Trusts (Gloucestershire Health and Care NHS Foundation Trust and Gloucestershire Hospitals NHS Foundation Trust). It demonstrates the contribution that the NHS (including Primary Care) is making to the Integrated Care Strategy.

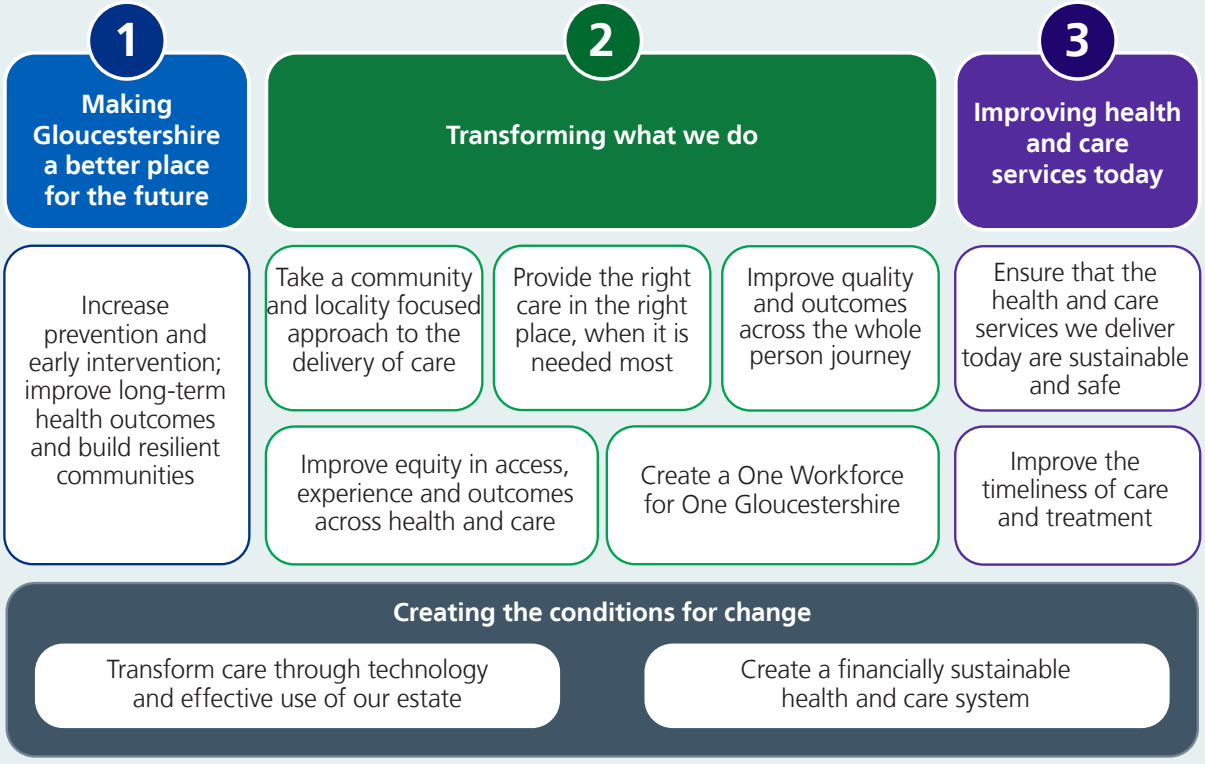
This Joint Forward Plan builds on the previous version published for 2024/25. We are continuing to ensure that there is a clear alignment with the three pillars of the Integrated Care Strategy:

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

This plan also supports delivery of the Gloucestershire Joint Health and Wellbeing Strategy and the seven priorities. This includes our contribution to areas such as physical activity, mental wellbeing, social isolation and loneliness and healthy lifestyles.

This Plan is intentionally high level, pointing towards the areas that we are prioritising as partners for people of all ages. Each strategic objective provides a summary of progress we have made in 2024/25 as well as areas that we are focusing on next.

This plan describes the priorities for healthcare in Gloucestershire and our collective contribution to the Integrated Care Strategy published in December 2022, summarised below:



There are six Transformation Portfolios that will take forward the commitments set out within this plan. We are also publishing an accompanying document that sets out how we continue to meet our legal requirements in 2025/26.

The publication of the 10-Year Health Plan in 2025 will lead to a larger refresh of this plan for publication in March 2026.

About Gloucestershire

Gloucestershire is a great place to live, learn and work. Our communities enjoy a variety of town, village and city life with access to countryside which provides a great environment to stay healthy and happy.

We serve a population of over 698,000 people across our urban and rural areas in Gloucestershire, most of whom enjoy relatively good health. Average life expectancy at birth is 80.0 years for males and 83.8 years for females which are both above the average for England. On average people in Gloucestershire enjoy 64 years in good health, which is also above the national average.

While Gloucestershire has good outcomes from health services compared with the rest of the country, we know that there are unfair differences in outcomes and wellbeing for different people. Our Integrated Care Strategy describes the disparity between those living in the wealthiest areas of the county and the least wealthy areas as well as disparities in average life expectancy for different groups of people, such as people living with learning disabilities and/or autistic people.

57,900 (8.3%) of the population in Gloucestershire live in the 20% of most deprived areas in England. These are mainly within areas of Gloucester and Cheltenham but also includes parts of the Forest of Dean and Tewkesbury. We have set out a commitment within this plan to improving health equity as we know good health outcomes can be lower amongst people living within these communities

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

Primary Care	• GPs, Pharmacies, Optometry and Dentists • Diagnosis, treatment and care of illness • Refer patients to specialist services • Long-term care and supporting self-care, including Social Prescribing
Integrated Urgent Care Service	• NHS 111 • Advice, clinical review and booking into urgent care services • Out of hours GP services
Community Physical Health Services	• Community nursing • Community therapies • Community health services and clinics, including rehabilitation, hospice and inpatient care • Urgent care including Minor Injury and Illness Units
Mental Health & Learning Disabilities Services	• Assessment and crisis prevention • Talking therapies, treatment and care • Specialist inpatient services • Hospital admission prevention services for learning disabilities • Intensive and assertive treatment review
Adults and Childrens Social Care	• Health assessments for children in care • Fostering and Adoption • Social care assessments and support • Domiciliary care supporting people where they live • Carer assessments and short breaks
Patient Transport	• Non-emergency transport of patients • Commonly used to help patients return home after a hospital stay
Ambulance Service	• 999 call handling • Hear and Treat, See and Treat • Ambulance and paramedic attendance and care • Transfer patient care to hospital services
Acute/ Secondary Care	• Diagnostics (samples, imaging and expert analysis) • Specialist medical treatment, surgery and care • Provision of Emergency Care • Referral to specialist tertiary care centres

About health and care services in Gloucestershire

- Serving 698,761 people, projected to rise to 728,030 people by 2030.
- Over 30,000 staff working in health & social care.
- This includes over 14,500 staff providing direct care and over 7,000 professionally qualified staff (nurses, medics and Allied Health Professionals).
- 1 Integrated Care Board
- 1 Acute Hospital Trust (2 sites)
- 1 Mental Health and Community Trust
- 1 County Council with responsibility for education, public health, adult social care and children's social care
- 6 District Councils
- Approximately 430 CQC registered adult social care providers.
- 6 Integrated Locality Partnerships
- 16 Primary Care Networks
- 64 GP Practices
- 65 Dental contracts & 10 Orthodontist contracts (of which 3 are combined contracts).

The context we are working within

Gloucestershire in 2025 faces three key healthcare challenges.

Challenge 1:

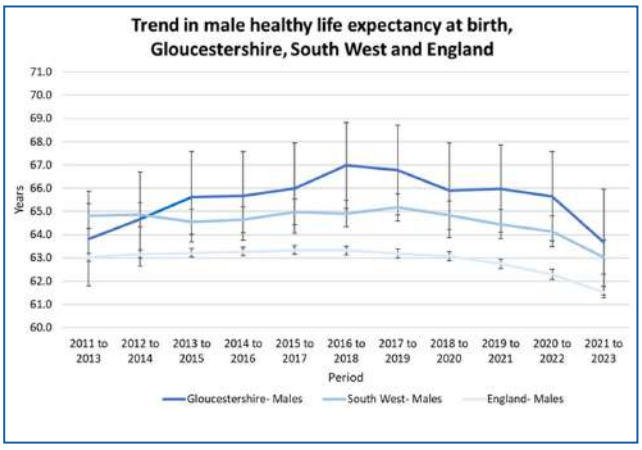
More people living into older age with long-term health conditions.

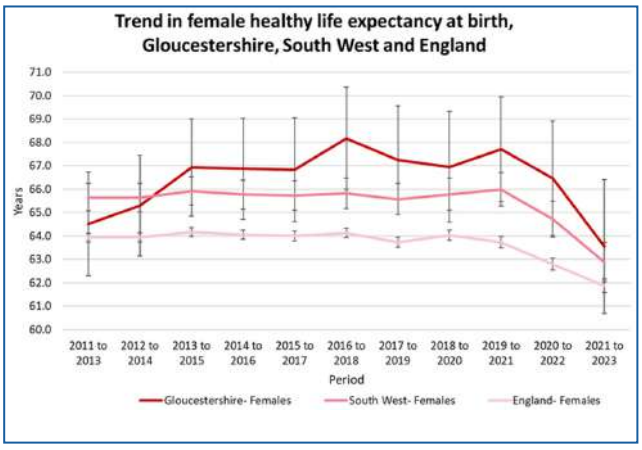
Across Gloucestershire our population is increasing. We expect to see an 8% increase in county population from 2028-2043 with greatest population growth in the Cotswolds and Tewkesbury. Planned housing developments and economic growth plans over the next 20 years will also add to migration into the county.

It is positive that people are living older. As highlighted above, across the County life expectancy at birth remains higher than the national average (80.0 years for males and 83.8 years for females: 2021-2023). This however masks variation of just under 3 years for females and 3.5 years for males between the areas with highest life expectancy (Cotswolds) and areas with the lowest (Gloucester).

The highest growth in the population is amongst people living over the age of 65 with a 52.5% growth expected between 2018 to 2043 which is higher than England (44.7%). With increasing age comes more people living with long-term health conditions. Almost 1 in 5 people in Gloucestershire (130,000) live with multiple long-term conditions (186 per 1,000 of the population) - increasing in older age (736 per 1,000 of the population for people living over 85).

Our overall ambition in Gloucestershire is to see every person in Gloucestershire having more years spent in healthy life (what we term "healthy life expectancy"). Whilst the overall trend in Gloucestershire has been improving since 2011-2013, like other areas in the country we have seen a drop in healthy life expectancy since the pre-COVID period (2017-2019) - a drop of 3.6 years reported amongst females at birth and 3.1 years in males. Whilst data is not available at neighbourhood level, we anticipate there will be variation in areas of the county. This is a trend we are committed to reversing by working with our partners.





Challenge 2:

Increasing workforce challenges across the NHS and our partners.

Our people are our greatest asset. This has been the case since the NHS was founded over 75 years ago and demonstrated by health and social care colleagues in our response to the pandemic. We have over 13,000 staff working in the NHS in Gloucestershire (across acute, mental health and community as well as General Practice) and over 14,000 staff working in social care and other providers such as Community Pharmacy and Dentistry.

However, if we are to meet the demands and expectations of our local population then we need to ensure that we have the right staff in the right places to deliver high quality care. There are parts of the health and care workforce where we find it challenging to recruit (particularly specialist roles in the NHS and some frontline social care roles) to support the delivery and recovery of services. Coupled with the increasing health complexity we are seeing (as more people are living with multiple long-term conditions) we are going to need to work differently in the future. We need to extend working in multi-disciplinary teams, including supporting the further development of integrated neighbourhood teams as well as leveraging opportunities presented by digital and technology.

Addressing these challenges remains a key priority for us and our One Gloucestershire ICS People Strategy sets out the work we are doing to deliver this.

Challenge 3:

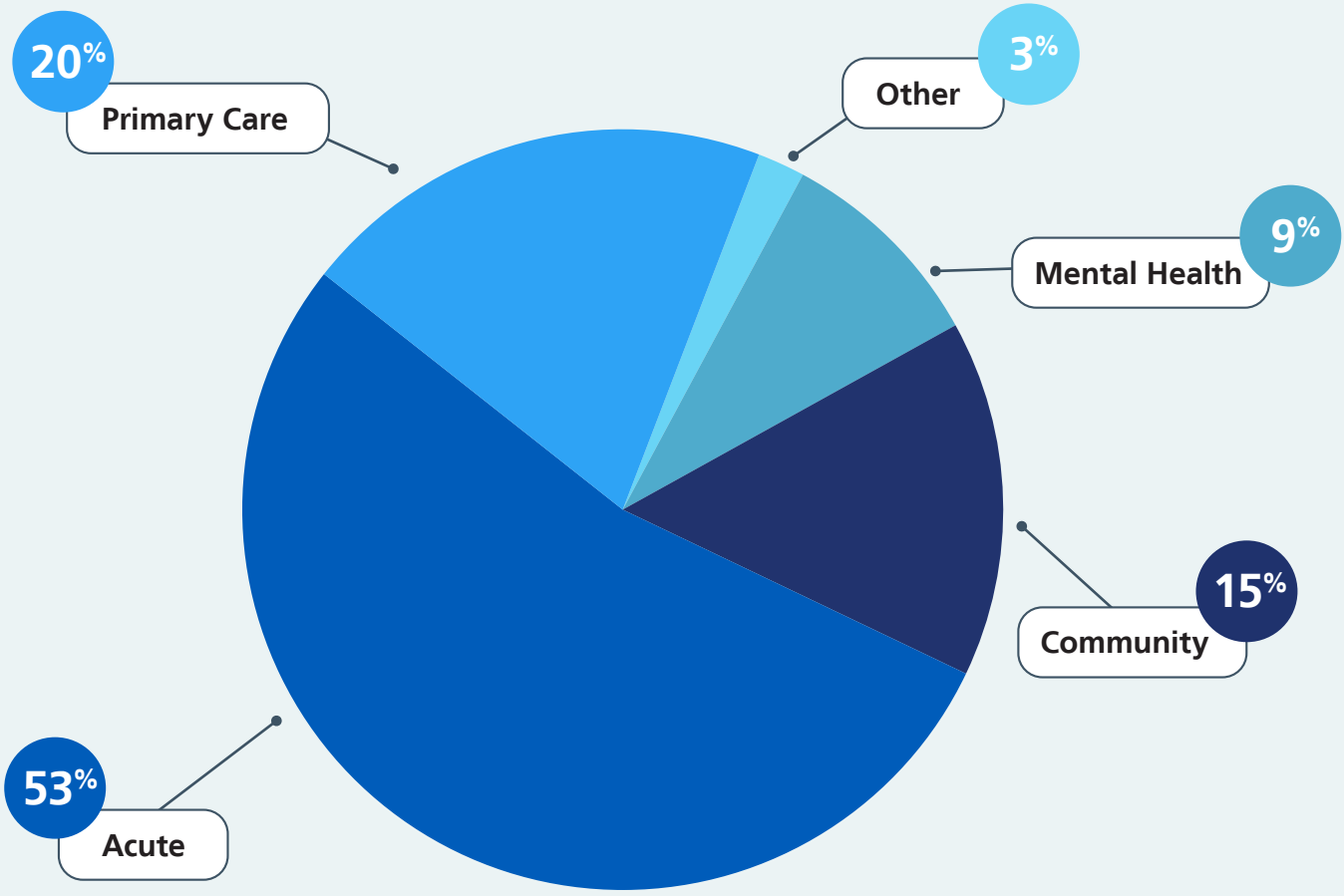
More pressure on NHS budgets

As we look to 2025/26, our total budget is increasing to £1.46bn, a change of £44m. However, this allocation needs to fund new drugs and devices including those mandated by NICE, meet increasing population health needs, cover recent pay changes including increased employer national insurance contributions and meeting national performance expectations. This equates in effect to 1% real terms cut in funding. This means that we need to go further to reduce our costs and achieve improvements in productivity that deal with the demand growth that we are seeing across many services.

- 53% of our system expenditure in 2023/24 went towards acute services in the county.
- 24% of expenditure went towards Community and Mental Health Services
- 20% of expenditure went towards primary care (including GP services, Pharmacy, Optometry and Dental)
- The remaining 3% of expenditure went to other services (including Adults and Children's Continuing Healthcare and Corporate Services).

We remain committed to working within our means in the context of a difficult financial climate. This coming year will be even more challenging, and we will need to make some difficult choices. Our priority remains to make effective use of the resources that we have to best meet the needs of our local population. We remain committed to ensuring that services we provide are safe and deliver good quality care for local people.

Gloucestershire ICS System Expenditure - 2023/24



Our Clinical and Care Model

We need to change the way that we deliver health and care. Through this Joint Forward Plan, we are committed to delivering against the Government three shifts of:

Shift 1: Moving more care from hospitals to communities.

Shift 2: Making better use of technology in health and care (moving from analogue to digital).

Shift 3: Focusing on prevention rather than sickness.

We describe the work we are doing to change the model of care below. Our collective aim is to promote a 'left shift', enabling people to live as independent and as healthy a life as possible in a place they call home. A '**left shift**' will help more people to live in years of good health for longer. We want people to feel well, even when they may be living with long-term conditions and/or differences.

This starts from early childhood through to adulthood and older age. We want to enable this through strong community networks and relationships. We recognise that this is best achieved by working with others – including Education, Local Government and importantly the voluntary and community sector.

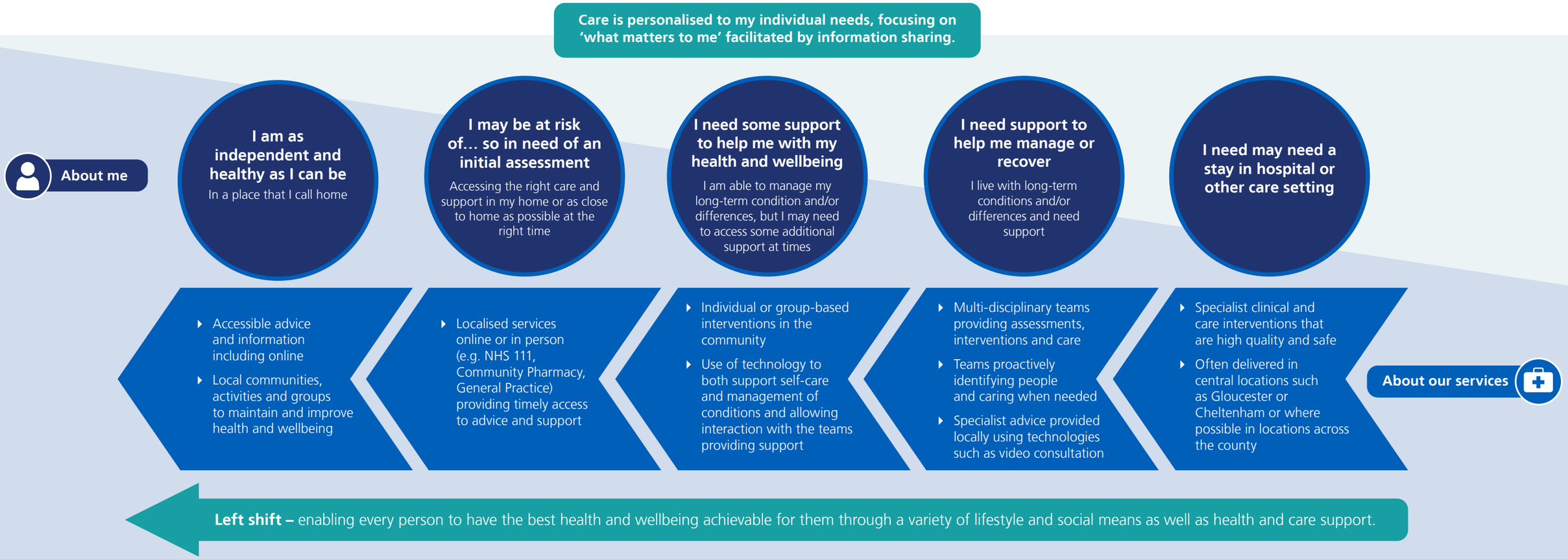
We know that when people have health needs they want accessible and timely assessment.

We believe that enabling people to have the best health achievable for them is best achieved when care and support is delivered closer to home. Our joint principle of '**local where possible, centralised where necessary**' reflects our commitment to delivering services that are close to where people live where that is possible.

This includes healthcare services that provide early and accurate assessment, as well as supporting people with health needs, complex long-term conditions and differences. We want this to start with a 'what matters to me' conversation so that care and support is personalised. Our work on Neighbourhood Health and Care will bring multi-disciplinary teams together to proactively identify and support people with complex care needs in the community. This new care approach, starting with a focus on people living with moderate to severe frailty, will be underpinned by better use of digital technologies as well as data sharing to provide more seamless care around what matters to individuals.

We also know that there are good reasons why we may need to provide some services centrally in locations such as Gloucester or Cheltenham. The development of specialist services at Cheltenham General Hospital and Gloucestershire Royal Hospital into 'Centres of Excellence' is a good example. We remain committed to engaging and involving local people as we design future services.

We will continue to develop the Clinical and Care Model over the next year, working with clinical and care leads, as well as people with lived experience.



Pillar 1

Making Gloucestershire a better place for the future

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

This is about making changes now to improve population health outcomes, including the contribution we can make to improving life expectancy, years spent in healthy life as well as narrowing the life expectancy gap across the county; whilst recognising that these changes may take time to materialise.

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

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

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

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

Why is this important?

We want to live in communities where everyone plays an active role in their own health and wellbeing.

We are actively promoting healthy lifestyles by helping people to reduce obesity (one of the seven priorities of the Joint Health and Wellbeing Strategy), and smoking. The NHS cannot tackle this alone, but working in partnership with others like the Voluntary, Community and Social Enterprise (VCSE) sector and the people of Gloucestershire through our six localities and communities we can make a much greater difference. This supports one of the **Government 3 shifts – from Sickness to Prevention**.

What did we achieve in 2024/25?

We kept our commitment to invest in local communities, building and fostering relationships with local communities and the VCSE sector. In 2024/25 we have completed a grants award process (see box) which is building capacity in local communities and continuing our focus on preventing serious conditions before they occur (primary prevention) through work with the VCSE sector.

We are continuing to prioritise support for people in areas such as tobacco dependence, expanding support in acute settings and establishing new approaches in mental health inpatient settings and continued work in maternity services. This is supporting one of the three unifying themes of the Integrated Care Strategy.

We also remain committed to supporting programmes such as 'We Can Move' that is working with communities and local people to understand and change the norms around physical activity.

We are also on track to deliver our Social Value Policy to support evaluation work on long-term outcomes. This will be finalised by the end of 2025.

Voluntary and Community Sector – Grant Funding

In 2024/25 we awarded 32 grants through a specific grants process to the VCSE sector. Over 170 applications were received with investment into the 32 organisations both across localities in Gloucestershire as well as county-wide activity.

Funded projects include:

- **Grow with Wiggly** who will be using community land to grow food with people that Wiggly will then use in their programmes to help people learn to cook healthy meals.
- **Gloucester City Mission** who are offering employment, training and volunteering for people with lived experience of homelessness or addiction via their coffee shop 'Revive' in Gloucester.

What are we doing next?

- We will continue to fund prevention initiatives in our local communities building on what we have enabled in previous years.
- We will co-design and agree a Partnership model with the VCSE sector in 2025/26.
- We will undertake improvement work in weight management (adults as well as children and young people).

What difference are we making?

We are seeing progress on tobacco use and physical inactivity targets across the population.

There is still more to do working with partners to reverse the trends we are seeing in obesity in the county. It is worth noting that 34.5% of children in Year 6 in the county were classed as overweight or obese in 2022/23 (slightly better than the England average).

Measure	Where we were	Where are we now	Where do we want to be
Percentage of adults who smoke tobacco *(Integrated Care Strategy Unifying Theme)*	11.5% (2022)	10.5% (2023) *(Improving)*	9.1% by 2030
Percentage of adults who are physically inactive	18.8% (2021/22)	18.5% (2022/23) *(Improving)*	16.5% by 2030
Percentage of adults identified as overweight or obese	62.4% (2021/22)	64.5% (2022/23) *(Worsening)*	60.0% by 2030

Pillar 2

Transforming what we do

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

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

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

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

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

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

Why is this important?

Delivering care closer to home is a priority because it gives people the best possible opportunity to quickly access the support they need, to make the most of their community networks and to bring services together so that they are better-connected.

We want to ensure that the care people receive is personalised and coordinated. We are taking a population health approach, bringing together multi-disciplinary teams (including with voluntary and community sector) in Neighbourhoods to support people living with specific health and care needs in Gloucestershire. This supports one of the **Government 3 shifts – from Acute to Community.**

What did we achieve in 2024/25?

We are continuing to prioritise our work with the six Integrated Locality Partnerships, who bring partners together to take action that improves health and wellbeing and addresses the root causes of health inequalities. We are facilitating conditions for change by growing strong and mature partnerships whilst taking action to improve population health outcomes in priority areas (such as pre and mild frailty, children and young people).

We have been progressing with our commitment to co-design and develop Integrated Neighbourhood Teams in local communities. We are focusing our work on supporting people living with moderate to severe frailty and dementia using a new 'Personalised Care Whiteboard' to identify people who would benefit from proactive care interventions and case management. Ongoing rollout of the tool has now reached 14 of the 16 Primary Care Networks.

Our work to pilot Early Language Support in early years and primary schools for children with speech, language or communication needs is continuing and we have delivered our commitment to roll out mental health support teams in schools ("Young Minds Matter") with the team already onboarded to support the 8th cohort this year.

What are we doing next?

- We will develop our proactive care offer for people living with frailty and dementia, agreeing a clear delivery plan for Integrated Neighbourhood Teams and Neighbourhood Health and Care this year.
- We will complete the rollout of Community Mental Health Transformation by March 2026 to support people living with severe mental illness.
- We will continue to expand Young Minds Matter with our 8th cohort planned for September 2025 and complete the pilot and determine next steps for the Multi-Agency Navigation Hub for Children and Young People.
- We will start work to improve the pathway for people living with Learning Disabilities by improving community provision and reducing the need for inpatient care.
- We will also develop our Mental Health Inpatient Strategy as well as take forward work to improve intensive and assertive community treatment for people with serious mental illness.

A Multi-Agency Navigation Hub for young people

As well as continuing to introduce Mental Health Support Teams in schools (Young Minds Matter) we have been piloting a Multi-Agency Navigation Hub across schools in Gloucester.

The hub brings together a partnership of professionals from the voluntary and community sector as well as public services to review requests for support. It provides a simplified and single route to access the most appropriate support.

Over 893 referrals were received from February 2024 to December 2025 with the impact starting to be seen in reducing pressure on more specialist services.

What difference are we making?

Measure	Where we were	Where are we now	Where do we want to be
Number of children and young people receiving +1 contact from our Young Minds Matter teams	1,670 (Nov 2023 – 12 months rolling	1,830 (Nov 2024 – 12 months rolling) (*Improving*)	Over 2,000 by Mar 2026
To be replaced with broader metric: Number of children and young people accessing Mental Health Services	-	8,985 (Dec 2024 – 12 months rolling)	Maintain position throughout 2025/26
Number of adults with severe mental illness supported by transformed mental health services	893 (Mar 2024)	5,880 (Dec 2024 – 12 months rolling) (*Improving*)	4,275 by Mar 2025
To be replaced with the following two metrics: Average length of stay in Mental Health Acute Beds	-	90.9 days (Nov 2024 - rolling quarter)	89.2 days throughout 2025/26
Number of people in long-term mental health inpatient care with a learning disability and autistic people	-	18 people (Mar 2024)	13 by Mar 2026
Percentage of people with a diagnosis of dementia (compared to the expected diagnosis dementia rate)	64% (Jan 2024)	64.8% (Jan 2025) (*Improving*)	66.7% (Mar 2026)

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

Why is this important?

We are transforming our services so that people can access the right support in the right place, at the right time. Over the last year our Working as One programme has been improving the way that urgent and emergency care and service flow is delivered in the county. This programme focusses on actions to improve care pathways including admission avoidance, care in hospital and support on discharge. Similarly, we are transforming outpatient services for those requiring follow-up support after a hospital procedure, as well as the provision of ongoing specialist advice.

What did we achieve in 2024/25?

We have delivered on our commitment to implement our Working as One programme for urgent and emergency care and flow. The programme has delivered improvements by reducing the average time people spend in hospital by 21%, from 9.5 to 7.5 days (and from 4.0 to 1.8 days in short stay units).

We also delivered our commitment to introduce a new Integrated Urgent Care Service in Gloucestershire which launched in November 2024 (see box below).

Our commitments to expand the use of Virtual Wards (supporting people at home through active health monitoring) and to transform mental health urgent care, including reviewing Crisis Resolution and Home Treatment, will continue into 2025/26.

We are also continuing to modernise outpatient services, making better use of digital technology to give patients more choice and control. This includes giving more people access to manage their own appointment schedule and view letters through a new patient portal at Gloucestershire Hospitals, as well as move more patients onto pathways that enable them to self-initiate follow-up appointments.

What are we doing next?

- Work to ensure that our Urgent Community Response fully meets national requirements as well as improving community pathways relating to falls and high intensity use of services.
- Working with partners to commence a long-term review of intermediate care with a focus on a 'Home First' approach.
- Focus on keeping people safe by ensuring that people stay for the time they need to
- Implement improvements in Urgent Emergency Mental Health (Crisis Avoidance) for both adults and children to improve assessment, triage and wait times.
- Continuing the modernisation of outpatient services, giving more people the chance to manage their appointments and improving utilisation of community clinics.

Integrated Urgent Care Service

In May 2024 Gloucestershire Health and Care NHS Foundation Trust were awarded the contract to provide a new Integrated Urgent Care Service (IUCS) for local patients with their partner IC24.

IUCS includes NHS 111 (telephone and online), a local Clinical Assessment Service offering patients access to general specialist advice from clinicians and the Primary Care Out of Hours Service.

The service was launched in November 2024 – joining up urgent care advice and support across the county 24/7.

What difference are we making?

Measure	Where we were	Where are we now	Where do we want to be
Percentage of patients with a length of stay in hospital over 21 days. *Replacing metric with (TBC):* Average number of days people spend in a bedded setting when they are ready to be discharged from all hospitals: - Acute Hospital - Community Hospitals	18.7% (Mar 2024) - 	15.3% (w/e 24th Feb 2025 (*Improving*) 10.1 TBC	13.5% by Mar 2025 5.7 days (by Mar 2026) TBC
Percentage of patients waiting over 12 hours in A&E		11.9% (Jan 2025)	7.4% by Mar 2026
Category 2 Ambulance response times*	39 minutes (Jan 2024)	51 minutes (Jan 2025) (*Worsening*)	34.2 minutes by Mar 2026
Percentage of outpatients who are moved to a pathway enabling them to self-initiate follow-ups* *Replacing metric with:* Percentage of patients waiting no longer than 18 weeks for a first appointment	9.89% (Mar 2024) -	15.9% (Jan 2025 - YTD) (*Improving*) 68.1% (w/e 1st Dec 2024)	Remain at c.10% 73.1% by Mar 2026 (locally)

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

Why is this important?

We anticipate a significant increase in the proportion of older people living in Gloucestershire over the next 10 years. Along with this we are projecting growth in the number of people living with at least one long-term condition.

We want to educate people about primary prevention, whilst providing early diagnosis and treatment. This means supporting people with conditions like cancer, cardiovascular disease (CVD), diabetes and respiratory difficulties to live well and where possible support them to manage their conditions at home (secondary prevention). These are key areas within the Major Conditions Strategy.

The long-term impact will be to slow the growth in hospital admissions and attendances, improving how accessible our services are for local residents.

What did we achieve in 2024/25?

We continued delivering our commitment to prioritise blood pressure testing in the community with a particular focus during 'Know Your Numbers Week'. So far, an additional 3,958 patients have been diagnosed with hypertension between June 2023 to June 2024 (and prevalence has increased 2.2%).

Early diagnosis of conditions remains a priority. We delivered on our commitment to expand the use of the Community Diagnostic Centre and are introducing a new breathlessness pathway this year to support diagnosis and treatment for people with respiratory related conditions.

We delivered on our commitment to improve rehabilitation for people living with a neurological condition. A new multi-agency team is showing an impact on supporting people in a timelier way, reducing length of stay and seeing improved experience in the service provided.

Where people have long-term conditions, we are supporting them in the community. We are delivering against our commitment to create a network of Asthma Friendly Schools (see box).

Asthma Friendly Schools

Around 21% (1.1 million) children in the UK are asthmatic. Asthma is the most common long-term condition amongst young people and is amongst the top 10 causes of emergency admission to hospital. The UK has one of the highest mortality rates for young people with the underlying cause of asthma. Many of admissions to hospital are preventable with improved management and early intervention.

In Gloucestershire we have launched an Asthma Friendly Schools Programme to support children and young people aged 5-18. Schools are encouraged to sign up for an asthma safety award which involves creating a register of young people with asthma, putting in place individual plans and providing staff training (aiming for 85% completion).

What are we doing next?

- Expand the model of proactive care for people with individual long-term conditions – building on work in inner city Gloucester with diabetes, CVD and respiratory conditions and expanding across localities.
- Continue blood pressure testing in the community and support the treatment of patients – aligning to the Integrated Care Strategy unifying theme as well as people with diabetes and high cholesterol.

What difference are we making?

There is further progress that we would like to make across these measures. We are diagnosing more people early which is positive, but this means that as more people are being identified meeting treatment targets becomes more challenging.

Measure	Where we were	Where are we now	Where do we want to be
Percentage of patients with hypertension treated to target. *(Integrated Care Strategy Unifying Theme)*	65% (Dec 2023)	65% (Sep 2024) *(No change)*	66% by Mar 2026 and a 2% point annual increase thereafter
Percentage of patients with diabetes receiving checks: - 8 care processes – Type 1 and Type 2 - 3 treatment targets – Type 1 and Type 2	Adults 2022/23 Type 1 – 44.9% Type 2 – 57.9% Type 1 – 23.1% Type 2 – 33.1%	Adults 2023/24 *(Improving)* Type 1 – 45.2% Type 2 – 59.4% Type 1 – 23.8% Type 2 – 37.9%	70% across all measures by 2028/29
New measure added: Rate of diagnosis of COPD rises to address known gap in the population - COPD (total pop.) - Asthma (total pop.)		1.8% 6.9%	Achieve 2% known prevalence by Mar 2029 Achieve 8% known prevalence by Mar 2029
New measure added: Percentage of patients with a GP recorded CVD who treated to target for cholesterol		58% (Sep 2024)	61% by Mar 2026 and 3% point annual increase thereafter

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

Why is this important?

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

Whilst it might take longer to close the gap for some health outcomes (such as life expectancy), there are things we can do, and are doing now to reduce the gap in health access. Tackling health inequalities and working towards health equity is one of the fundamental purposes of Integrated Care Systems and a key theme throughout our Integrated Care Strategy. We remain committed to delivering against the objectives of Core20PLUS5 – prioritising work in our 31 most deprived areas, a range of locally defined inclusion health groups and improving outcomes across targeted clinical areas.

What did we achieve in 2024/25?

We launched our local framework for tackling health inequalities in 2024. This approach asks partners across the system to identify priorities in three areas that are needed to deliver change; improving the equity of mainstream service delivery, targeting interventions to improve health and remove barriers.

We published our first Health Inequalities Information Review in July 2024 (see box) and will be continuing to refresh this as a way of tracking the impact that we are having. All our Portfolios have an important role to play in improving health equity. Areas such as the rollout of Young Minds Matter teams, vaccination outreach and the introduction of Targeted Lung Health Checks are purposefully targeting areas of health inequalities by prioritising rollout in areas of greatest deprivation.

Gloucestershire Health and Care has introduced an anti-racism framework in 2024 (Patient and Carer Race Equality Framework) to help ensure that ethnic minority groups are not disadvantaged when it comes to healthcare.

Improving Health Equity in Gloucestershire

We published our first Health Inequalities Information Review in July 2024 – in line with the NHS England Statement on Health Inequalities.

The review focuses on specific areas such as planned care, urgent care and mental health with analysis by areas such as age, ethnic group, geographical area and gender.

These insights are being fed into our transformation work. For example, our outpatient transformation is focusing on areas such as reducing numbers of people that do not attend and improving digital access. Reviewing access, outcomes and experience across different groups of people is a key area of this work.

What are we doing next?

- Working with Transformation Portfolios and Partners to implement the Health Inequalities Framework. This includes enabling VCS infrastructure and support (see strategic objective 1) and prioritising projects that improve health and wellbeing.
- Prioritise addressing specific inequalities in access, experience and outcomes in the areas related to the Integrated Care Strategy Unifying Themes; smoking, maternity (pre-term births) and hypertension (metrics to be confirmed).
- Continuing to deliver the commitments in Core20PLUS5 for adults (e.g. supporting people with serious mental illness and continuing hypertension treatment) and children (e.g. reducing over-reliance on medications for asthma and improving children and young people's mental health).

What difference are we making?

We will continue to embed health inequalities into the work within programmes, and we will monitor progress more broadly, through our Health Inequalities Information Statement. For this JFP, we will also prioritise targeted work in the following three areas that contribute towards the Integrated Care Strategy unifying themes:

Measure	Current gap	Where do we want to be
Smoking at time of delivery: Reduction in the proportion of smokers at time of delivery	Most deprived – 13.6% Least deprived – 2.4%	6% overall in line with national ambition, with the 11.3% gap reducing between the proportion of smokers from IMD 1 and IMD 10 who smoke at the time of delivery.
Pre-term births: Reduction in the proportion of pre-term births under 37 weeks	Most deprived – 10.7% Least deprived – 4.5%	6% overall with the 6.2% gap reducing between our most deprived and least deprived communities.
Smoking: Reduction in the proportion of smokers	Current smokers – 12.4% Current smokers in routine and manual occupations – 15.8%	Reduce the 3.4% gap between proportion of smokers in routine and manual occupations and the rest of the population.
Hypertension: Increase the percentage of patients aged 18 and over with GP recorded hypertension in whom the blood pressure reading is below the age-appropriate treatment threshold	Most deprived – 57.85% Least deprived – 66.2%	Improve overall % patients aged 18 and over with GP recorded hypertension in whom the blood pressure reading is below the age-appropriate treatment threshold, with the 8.35% gap reducing between our most and least deprived communities.

Strategic Objective #6: Create One Workforce for One Gloucestershire

Why is this important?

Together we have over 30,000 people working in care and the NHS in Gloucestershire. Demand for our services is growing and we have shortages of skilled staff in some areas. The performance of health and care in our system depends on the people we employ. We are working to attract people to come and work in Gloucestershire, encourage young people to stay as well as retain and develop our existing staff.

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

What did we achieve in 2024/25?

We have this year been delivering against our commitment to deliver and monitor our Equality, Diversity and Inclusion Action Plan and undertaking a collaborative review of EDI metrics so that we can assess our progress as a system.

This year we have delivered our action to develop managers through system wide leadership conferences and systems thinking masterclasses. Maximising our role as anchor organisations and our aim to be an employer of choice, we have undertaken work with 19 secondary schools in the county engaging over 8,000 students in careers fairs or outreach events and are working with local Higher Education organisations to bridge the gap between education and employment to encourage young people to stay and work in Gloucestershire. This work has received national recognition.

We have also published our Health and Wellbeing Strategy to support our staff and have committed to continuing with our Health and Wellbeing Line until at least September 2026 (see box).

Staff rostering improvements are underway within Gloucestershire Hospitals NHS Foundation Trust as well as continued work across all organisations to support staff engagement and deliver improvements in response to the results of last year's NHS staff survey.

Supporting Staff Health and Wellbeing

In summer 2024 we published our Staff Health and Wellbeing Strategy. We have committed to continue investment in the county-wide health and wellbeing service, "The Wellbeing Line" until September 2025, any investment beyond that date will be subject to the outcome of a whole system review of service need and provision.

The Wellbeing Line support all health and care staff in the county. In 2024/25 they supported over 90 teams; ran workshops on topics such as neurodiversity, compassionate leadership and mindfulness; undertook proactive outreach to promote health and wellbeing and ran a network of staff health and wellbeing champions.

What are we doing next?

- Continue to deliver against the commitments in the NHS equality, diversity and inclusion plan.
- Prioritise staff wellbeing with a particular focus on newly employed staff to support retention and a continued delivery of the People Promise.
- Piloting improvements in rostering and job planning within NHS provider organisations.
- Exploring and scoping of opportunities for sharing of services.
- Working closely with University of Gloucestershire to mobilise the Arts, Health and Wellbeing Centre as part of the new city centre campus to increase our learning and development offer for staff and Postgraduate research across the county.

What difference are we making?

Measure	Where we were	Where are we now	Where do we want to be
Percentage of working hours lost due to sickness absence in a month	4.93% (Jan 2024)	GHC: 5.69% GHFT: 4.87%	GHC - 4.0% by Mar 2026 GHFT - 4.0% by Mar 2026
Percentage of staff leaving during the last 12 months	13.2% (Jan 2024)	GHC: 10.8% GHFT: 13.22%	GHC - 11.0% by Mar 2026 GHFT - 11.0% by Mar 2026
Aggregate staff engagement score	GHC: 7.27 / 10 GHFT: 6.44 / 10 ICB: 7.19 / 10	GHC: 7.18 / 10 GHFT: 6.53 / 10 ICB: 7.01 / 10	Improve year on year performance
Improvement in key staff survey questions: Q25c: Would recommend the organisation as a place to work Q25d: If a friend/relative needed treatment would be happy with standard of care provided by the organisation	GHC: 73.37% GHFT: 46.34% ICB: 74.78% GHC: 76.59% GHFT: 46.03%	GHC: 71.64% GHFT: 50.96% ICB: 73.41% GHC: 76.14% GHFT: 49.36%	Improve year on year performance

Pillar 3

Improving health and care services today

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

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

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

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

Strategic Objective #7: Improve equity in access, experience and outcomes across health and care

Why is this important?

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

We are continuing our support in areas of General Practice, dental services, community pharmacy, and maternity services. We continue to prioritise the sustainability of all services supporting resilience as well as quality and safety. National studies into maternity services, such as the Ockenden and Kirkup Reviews highlight the importance of maintaining a focus on safety. Maternity services in Gloucestershire support more than 5,500 families every year, and we are committed to providing the best possible care for everyone who receives it.

What did we achieve in 2024/25?

Supporting the long-term sustainability of primary care is a focus for us locally. We are continuing to progress transformation in primary care through delivery of our Recovery Plan. This will support access to practice appointments, implement modern General Practice access and make use of services offered by community pharmacy.

We are committed to increasing NHS dental access across the county. We have a good understanding of where there is under-delivery of dental care, and this will support and shape future procurement with prospective providers.

We have delivered on our commitment to introduce the Patient Safety Incident Response Framework and our Local Maternity and Neonatal System (LMNS) now leads work to monitor safety and quality in maternity services. The LMNS is working closely with the MNVP (see box above) to make sure the voice and experience of the service user is at the heart of our improvement work. Progress has already been made in addressing actions identified from the inspection of maternity services in March 2024 (see box above) and we will continue to listen to and work with service users to make further improvements.

Improving Maternity Services

Work is continuing across NHS Gloucestershire Integrated Care Board, Gloucestershire Hospitals NHS Foundation Trust and with Maternity and Neonatal Voices Partnership (MNVP) to implement actions within the Maternity and Neonatal 3-year Delivery Plan.

Alongside this, progressing actions required from the unannounced CQC inspection of maternity services in March 2024 has been a priority. Ongoing reviews have been held with CQC to ensure progress against CQC areas of concern, which have resulted in reduced waiting times for scans, 100% compliance for induction training for agency staff and improved midwifery and obstetric recruitment into the service. Our focus on improvements in maternity and neonatal services remain a priority to ensure high quality, safe, personalised and equitable maternity and neonatal care.

What are we doing next?

- We will continue to implement actions that support improvements in maternity services through the Maternity and Neonatal 3-year Delivery Plan / CQC improvement actions as well as look at how we develop maternity and neonatal services with our service users that are fit for the future.
- We will implement plans for a Centre of Dental Excellence in 2025/26, aiming to increase NHS access for patients in more deprived neighbourhoods and support dentistry training provision.
- We will implement our Infection Prevention Management Strategy with a particular focus on reducing Hospital Acquired Infections.
- We will continue to implement our Primary Care Access Recovery Plan – a key transformation plan in primary care.

What difference are we making?

We are continuing to focus on reducing waiting times in primary care through our transformation work and making progress in this area. Reducing still births and neonatal mortality remains a key priority for us in maternity services.

Measure	Where we were	Where are we now	Where do we want to be
Percentage of births that are pre-term (born before 37 weeks)	6.6% (2023)	5.8% (2024)	Maintain no more than 6.0%
Stillbirth (per 1,000 all births)	2.7 per 1,000 (2023) *(Small no.)*	4.0 per 1,000 (2024) *(Small no.)*	3.0 per 1,000 by 2026 & 2.5 per 1,000 by 2027
Neonatal mortality (per 1,000 live births)	1.6 per 1,000 (2023) *(Small no.)*	0.4 per 1,000 (2024) *(Small no.)*	Maintain no more than 1.0 per 1,000
Percentage of Units of dental activity contracted and delivered per annum	70% delivered (Jan 2024)	70% delivered (Quarter 1 2024/25)	72% of contractual activity completed by Mar 2026 (729,038 units contracted)
GP appointment waiting times (in 2-weeks)	75% (Jan 2024)	80.5% (Sep 2024) (*Improving*)	
Replacing metric with: Rate of appointments in General Practice and Primary Care Network settings per 1,000 of the population	–	634 per 1,000 of the population (Jan 2025) (3rd of 41 ICS')	Maintain ICB top quartile performance
Patient experience of access to general practice (ONS Health Insights Survey)	–	New metric	Maintain above England average

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

Why is this important?

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

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

What did we achieve in 2024/25 ?

Improving timeliness of diagnostics (medical imaging and pathology tests) remains a key area of focus for us. The launch of the Community Diagnostic Centre in 2024 was vital to ensure that people receive a quick and timely diagnosis that doesn't require visiting one of the main hospitals.

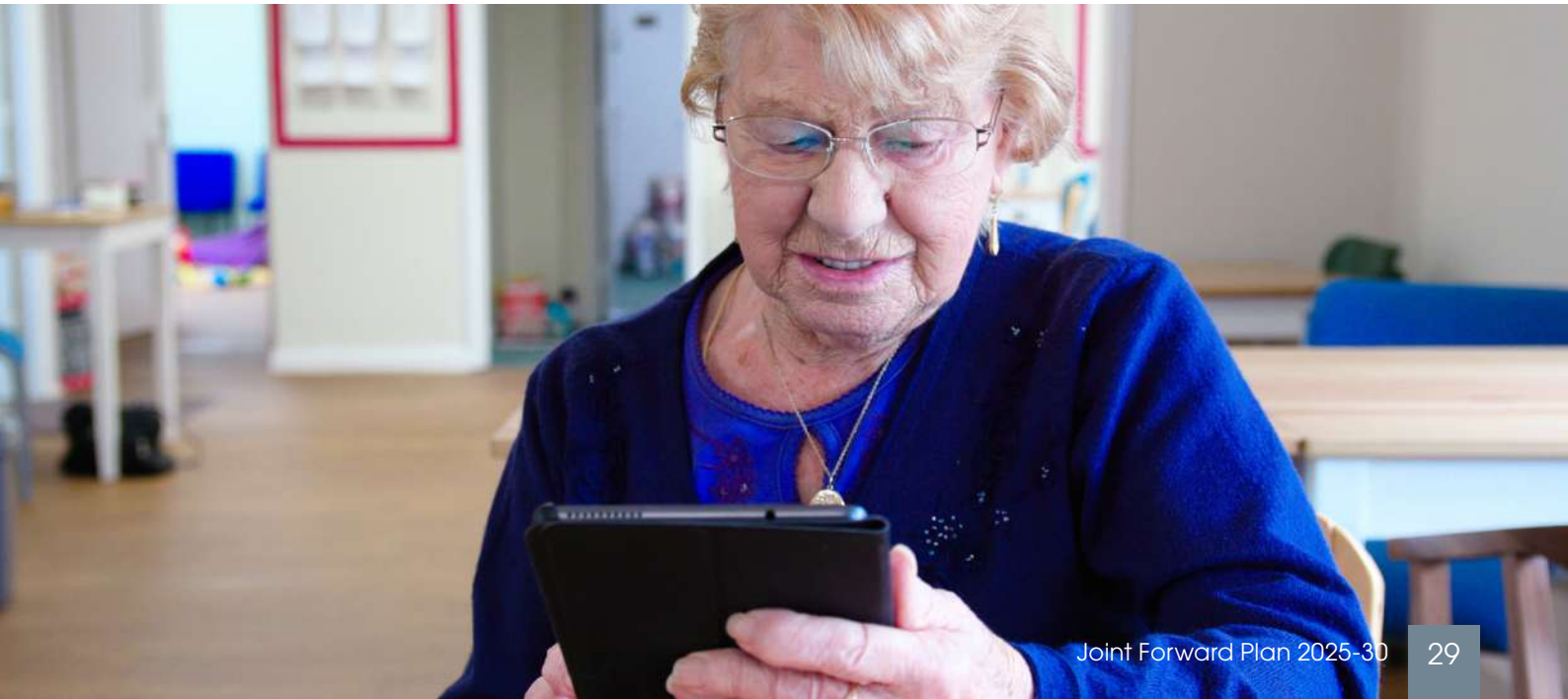
Despite increased demand in some community services we are continuing with initiatives to improve the timeliness of care and treatment. For example, we are continuing with work to improve pathways for areas such as children's mental health and eating disorder services, as well as exploring pre and post-diagnostic support for people whilst they are awaiting assessment in neurodiversity services.

Whilst there is still more to do, we are making good progress in enabling more people to receive elective treatment within the 18-week standard, with the overall aim of reaching 92% by July 2029 (see box). This includes work across and between primary care and secondary care colleagues to improve use of advice and guidance.

Ensuring timely elective treatment

We have made good progress in reducing waits for elective treatment over the last year – with the number of people waiting more than 52 weeks reducing from almost 3,000 patients in March 2024 to 1,609 in December 2024. We are prioritising more people being able to access treatment in 18 weeks with performance at 67.5% in December 2024.

The introduction of a new digital portal and connectivity with the NHS app at Gloucestershire Hospitals in March 2024 is enabling people to be able to manage their own appointments and access improved communication with their care team.



What are we doing next?

- Undertake improvements across the minor injury pathway and supporting flow within the hospital (such as to Same Day Emergency Care).
- Continuing pathway improvement work in Neurodiversity Services (assessment, diagnosis and support for Autism and/or ADHD).
- Improving pre and post-referral advice for secondary care treatment and reducing wait times for elective (planned) care.
- Continuing to redesign pathways that make use of the Community Diagnostic Centre and improving the booking of diagnostics.
- Undertaking work to improve the timeliness and quality of assessment and reviews in key services such as Continuing Healthcare.

What difference are we making?

Measure	Where we were	Where are we now	Where do we want to be
Percentage of people seen and treated in 4 hours in A&E including Minor Injury and Illness Units	72.8% (Mar 2024)	77% (Jan 2025) *(Improving)*	78.3% by Mar 2026
Improve community service waiting times, eliminating waits of over 52 weeks	-	31 (March 2025)	0 by Mar 2026
Percentage of patients treated within 18 weeks – including children and young people	-	67.1% (Nov 2024)	72.1% by Mar 2026 / 92% by Mar 2029
Percentage of people who have had a cancer diagnosis within 28 days of referral (Faster Diagnosis Standard)	69.7% (Jan 2024)	70.7% (Jan 2025) *(Improving)*	77% by Mar 2025 / 80% by Mar 2026 (***local aim 81%***)
Percentage of people whose waiting time for cancer treatment is within 62 days	63.9% (Mar 2024)	66.4% (Jan 2025) *(Improving)*	70% by Mar 2025 / 75% by Mar 2026 (***local aim 77.6%***)

Creating the Conditions for Change

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

These conditions for change will enable us to work together on our responses to the challenges we have highlighted within the Integrated Care Strategy and this Joint Forward Plan.

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

Finally, we describe our commitment to creating a financially sustainable health and care system. This is about ensuring that we deliver value through doing things in a different way removing unnecessary steps, prioritising the delivery of the objectives set out within this plan, within the resources available to us.

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

Why is this important?

Making the best use of digital technologies and our physical estate is crucial to our plan to deliver services that are integrated, efficient and high quality. We are also progressing our plans to tackle climate change in key areas such as medicines management, estates, digital and travel.

We want people to be able to easily use services and for our staff to have the information they need. Embracing the latest technologies can help us to improve diagnosis and treatment, to provide services at the best value and to move treatment closer to home. This supports one of the **Government 3 shifts – from Analogue to Digital.**

What did we achieve in 2024/25?

In January 2025 we launched the latest version of Joining Up Your Information (JUYI) our secure shared care digital record for Gloucestershire residents (see box).

Gloucestershire Hospitals has also been making use of a new NHS Federated Data Platform, focusing initially on elective care, which is helping to improve operational processes in areas such as theatre booking and outpatient utilisation. This will continue to be an area of focus for us in 2025.

Delivery of our 'Green Plan' over the last couple of years has seen our GP Practices change their approach to inhaler prescribing and switch to lower carbon alternative products. This has reduced our carbon footprint by the equivalent (CO_2e) of around 125 tonnes per year - the same as the emissions from driving an average petrol car 312,000 miles.

Our Gloucestershire Shared Care Record

In January 2025 we launched the latest version of Joining Up Your Information (JUYI) – our Shared Care Record for Gloucestershire.

This brings information from areas such as GPs, hospitals, community and mental health and social care into a single record to support direct patient care.

The changes will improve coordination of discharge planning with the inclusion of hospital discharge summaries at the point of creation. The upgrade also includes Mental Health Crisis Plans, Veteran status as well as improved social care information such as safeguarding alerts and care packages.

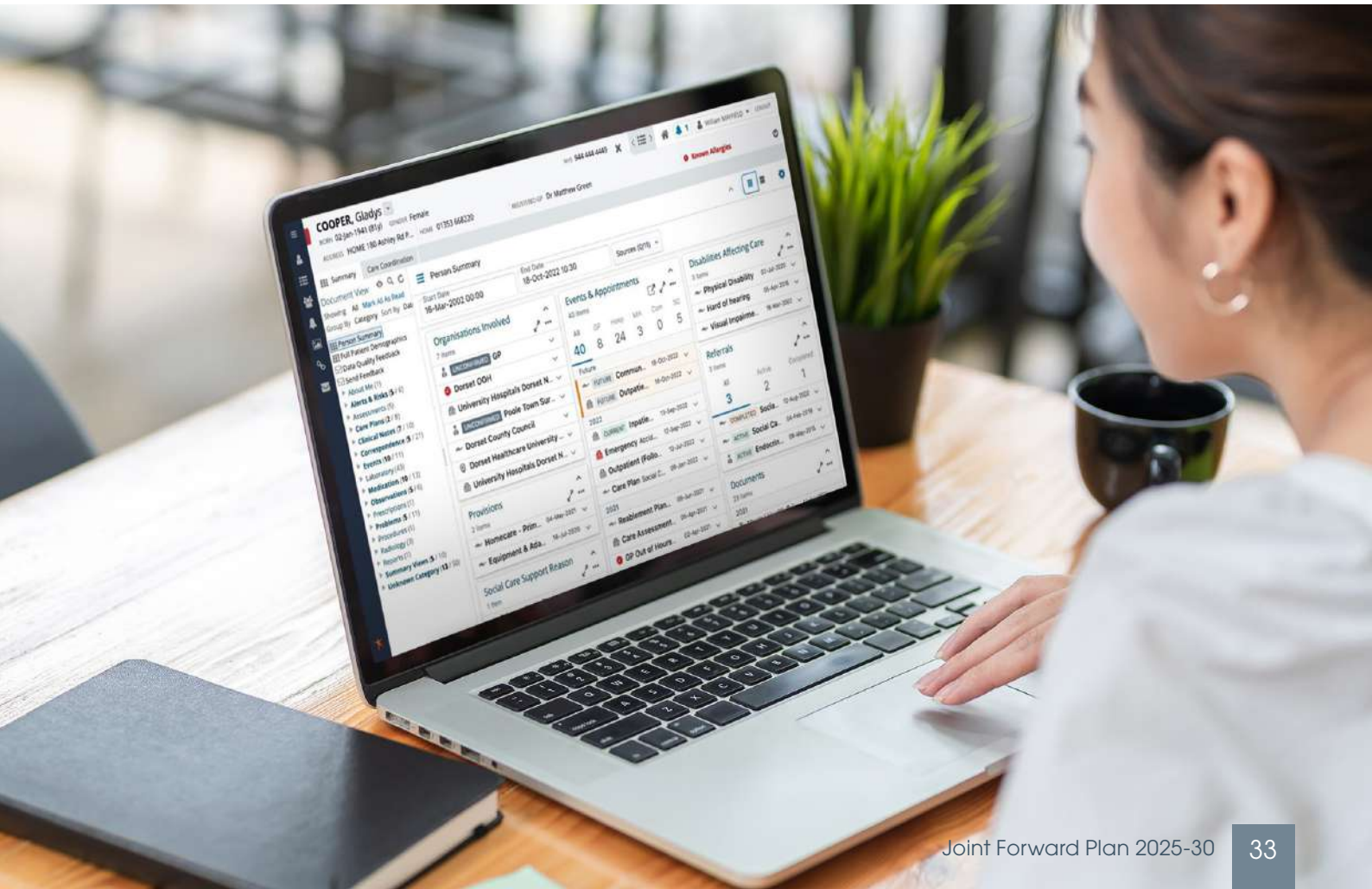
For the first time, colleagues in Gloucestershire County Council (Adult and Children's Social Care) have access to JUYI.

What are we doing next?

- Expand the use of technology; exploring digital care plans, expanding functionality and use of the NHS app and enhancing telehealth and virtual ward monitoring.
- Work with areas within Gloucestershire Hospitals to improve Electronic Patient Record functionality to reduce time teams spend chasing for information as part of our Working as One Programme.
- Publish our Infrastructure Strategy and support development of plans for improved utilisation for Integrated Neighbourhood Teams, Urgent Care and Planned Care (Theatre and Outpatients).
- Publish our updated 'Green Plan' in July 2025, whilst continuing to progress with key initiatives that include working with the Local Authority on Electrics Vehicle charging, active and sustainable travel, and ensuring that we consider sustainability across all programmes of work and healthcare services.

What difference are we making?

Measure	Where we were	Where are we now	Where do we want to be
Carbon emissions from direct NHS activity	25.9 ktCO2 equivalent (2022/23)	24.7 ktCO2 equivalent (2023/24) *(Improving)*	Net zero by 2040
Increase in the physical capacity of primary care facilities by opening 6 new surgeries	45,763m2 (post Jun 2024)	1.04% increase on space available 46,240m2 extra (***Feb 2025***)	Increasing the space available by 6.2% (2,835m2 extra) by Mar 2028
Average monthly recorded views in the shared care record (Joining up Your Information)	46,862 (Jan 2024)	45,436 (Jan 2025) ***(JUYI 2 go-live in Jan 2025 impacted views)***	Increase of 10% by Jan 2025
Measure to be replaced with: Percentage of people who are registered to use the NHS app in Gloucestershire	–	51% (Mar 2025)	To track in line with national average
Percentage of people who are registered with the app and have notifications turned on (***so receive messages automatically through the app)***	–	59% (Feb 2025)	95% by 2030



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

Why is this important?

We are ambitious about improving health and care outcomes. However, we also know that we are seeing changing demographics in the county, including growing health needs and changes in areas such as drugs and technology leading to cost increases.

With such pressures it is going to be increasingly difficult to achieve performance in every area whilst living within our financial means. Whilst Gloucestershire has a history of strong financial management, we know that there will some difficult challenges ahead. We are committed to making best use of the Gloucestershire pound. We will therefore need to prioritise resources which will mean delivering some things differently.

As this plan highlights, we will maintain a focus on quality and safety of services and ensure that we engage with the public on how services are delivered in the future.

What did we achieve in 2024/25?

We want to support our staff to be as productive as they can be. Our dedicated people work hard every day to provide the services they are passionate about, and we want to ensure they can make best use of their valued time. We want our clinical and care teams to be able to spend more time with patients. This means improving administrative work, so that less time is spent chasing for information.

Through this plan we are continuing to improve productivity in all areas including in planned care (see box).

Our ICS Evaluation group will be working with portfolios to review the benefits of past and new investments. This is an area that we will continue to develop to ensure that we are delivering and able to demonstrate excellent value for money.

What are we doing next?

- Working with our six Transformation Portfolios to establish performance and productivity improvements (including those set out within this plan), reduce areas of unwarranted variation and realise savings.
- Deliver improvements in areas such as pathology – reducing areas of inappropriate testing.
- Continuing to reduce how much we spend on agency staffing as a system.

Improving Productivity – Creating Capacity to Care

In 2023 Gloucestershire Hospitals NHSFT launched the Engagement Value Outcome programme which has a focus on improving productivity within the framework of 'creating capacity to care'.

This is a collaborative approach with divisional areas to identify areas where there may be further opportunities to improve operational processes and ways of working. The Trust is also an active participant in the South-West Productivity Group and is a nationally recognised approach.

This approach is being rolled out across specialities including ophthalmology. The impact of this work is improving theatre utilisation, reducing DNA rates and waiting times (which for cataracts have reduced from 13 months to 2.5 months).

What difference are we making?

Measure	Where we were	Where are we now	Where do we want to be
Budgets set within resources allocated	Break-even position delivered in 2023/24 and set for 2024/25.	Forecasting break even position for 2024/25.	Deliver break-even financial position each year
Reduce the recurrent deficit within the system year on year	Underlying deficit £107.1m (Mar 2024)	Underlying deficit £130.2m (Mar 2025)	Reduce to £128.7m by Mar 2026 and improve the underlying position over the period of the plan
Agency spend reduction across NHS Providers	3.6% of the total workforce target (Mar 2023)	2.5% of total workforce forecast expenditure (at Nov 2025) *(Improving)*	1.5% or less of our total workforce spend for 2025/26 (plan)
Bank spend reduction across NHS providers	N/A	8.1% of total workforce forecast expenditure (November 2025)	7.1% of total workforce expenditure for 2025/26 (plan)

Our shared principles that underpin the delivery of this plan

In our first Joint Forward Plan we adopted a set of shared principles to underpin delivery. These principles remain central to our work, and we will continue to embed them within the planned improvements that we have.

Principle 1:

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

What we committed to:

In 2022 we published our Working with People and Communities Strategy setting out our commitment to putting those who use and benefit from our services at the heart of everything we do and outlining how we ensure we meet our duty to involve the public in our work.

We are committed to co-production with people that have lived experiences of health and care in the delivery of the 10 strategic objectives in this plan. We will work with our Transformation Portfolios on how we further deliver this, building on co-production already happening in the County.

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

One Gloucestershire ICS Working with People and Communities Strategy

What we have done:

Last year we continued to engage with local people in the re-design of health and care services in the county. We use a variety of ways to involve people in shaping our plans, including:

- Get Involved in Gloucestershire: Our online participation space where people can share their views, experiences and ideas about local health and care services.
- One Gloucestershire People's Panel: A representative sample of over 1,000 people living in and/or accessing services in Gloucestershire. Last year, for example, we asked the panellists about the use of technology in healthcare services as well as seeking their views about non-medical support for health and wellbeing.
- Information Bus: Events across the county, at locations in the heart of communities, engaging with local people on important issues.
- Undertaken focused engagement within our Core 20 communities as part of our commitment to tackle health inequalities.
- 10 Year Health Plan: We have undertaken local engagement on the development of the national 10-Year Health Plan which will also inform the refresh of this Joint Forward Plan next year.

Principle 2:

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

What we committed to:

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

What we have done:

We remain committed to living within our financial means and testing what we do to deliver value. We have a positive track record in Gloucestershire of setting and delivering balanced financial plans although this is becoming more challenging.

Our System Resources Committee has undertaken work recently to consider how we use our resources, and our system evaluation group provides advice and support to areas that are undertaking work to assess the impact of transformation. We are also undertaking work to further strengthen our Engagement and Equality Impact Assessment as well as Quality Impact Assessments.

Principle 3:

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

What we committed to:

Everyone has the right to feel safe and have confidence in our services. We are committed to delivering safe and effective healthcare that provides a positive experience and are committed to effective Quality Improvement approaches to solving problems and taking opportunities. **The Quality Committee of the NHS Gloucestershire Integrated Care Board** oversees the delivery of this principle.

What we have done:

Over the last year, we have continued to use our System Quality Group and Committee to ensure good governance is in place to assure the ICB and our population of how we meet our statutory duty. The Local Maternity and Neonatal System has played an active role in supporting the development of maternity services.

In 2024/25 we successfully moved the entire ICS over to the new Patient Safety Incident Response Framework (PSIRF). As the new framework embeds and matures, we are committed to ensuring that it strengthens our approach to patient safety.

Principle 4:

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

What we committed to:

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

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

What we have done:

We are continuing to ensure that our transformation and change work is informed and led with the input of our workforce. We are proud of the clinical and care approach that we are taking in Gloucestershire. Each of our transformation programmes are led by one or more clinical or care professional leaders and we are continuing work to embed this model.

For example, our Working as One programme (focused on urgent and emergency care and the safe movement of patients through our services) has, over the last year, implemented improvement projects that have been designed with people delivering frontline health and care services.

This engagement is important for the work that we will be undertaking in 2025/26 on Integrated Neighbourhood Teams and Neighbourhood Health and Care.

Delivering this Joint Forward Plan

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

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

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

1. Delivery via ICS Transformation Portfolios

In 2025/26 we are establishing six ICS Transformation Portfolios to deliver the transformation set out within this plan. These Portfolios have overall accountability for delivering the commitments within this Joint Forward Plan. These Portfolios are:

- Prevention and Long-Term Conditions Physical Health Portfolio (All Age)
- Mental Health and Neurodivergence, Learning Disabilities and Autism Portfolio (All Age)
- Working as One (Urgent Care and Flow) Portfolio
- Planned Care and Diagnostics Portfolio
- System Quality and Sustainability Portfolio
- System Enablers Portfolio.

Each Portfolio has one or two individuals with overall leadership (known as a Senior Responsible Officer) from one of the core ICS organisations across Gloucestershire, representation from partner organisations, and is guided by professional leads to ensure that there is a strong clinical and care voice in the way we redesign services.

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

2. Oversight via Executive-led Boards

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

3. Accountability via NHS Gloucestershire Integrated Care Board

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

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

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

One Gloucestershire
Transforming Care, Transforming Communities

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