

# Population Health and Strategic Commissioning Plan

**Appendix**  
Delivering our Legislative  
Requirements

**2026-2031**

# Appendix

## Delivering our legislative requirements

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 2025/26 and what is planned for 2026/27 to deliver against these legal requirements.

As we move towards a new Integrated Care Board with Bristol, North Somerset and South Gloucestershire (BNSSG) we will continue to uphold delivery against these legislative duties.

Duty	How we have / are delivering this requirement
<b>1. Duty to promote integration</b>	<p>We remain committed to providing health services in an integrated way with our system partners. Our long-term plans are set out within the full 5 Year Population Health and Strategic Commissioning Plan. It supports delivery of the <a href="#">Gloucestershire Joint Health and Wellbeing Strategy</a> and <a href="#">ICS Integrated Care Strategy</a>.</p> <p><b>In 2025/26 we have:</b></p> <ul style="list-style-type: none"><li>▶ 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 2026/27.</li><li>▶ 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.</li><li>▶ Continued pathway transformation in areas such as diabetes, respiratory, cancer and cardiovascular disease (CVD) / circulatory. This work across shared pathways brings together clinicians and care expertise from across a range of partner organisations.</li></ul> <p><b>During 2026/27 we will:</b></p> <ul style="list-style-type: none"><li>▶ Continue to prioritise delivery of this Duty as we move towards a new organisation with BNSSG.</li><li>▶ Take specific steps to develop a Neighbourhood Health and Care Service with improved access to General Practice, supporting people with complex needs/frailty stay independent and improve access to specialist advice and support.</li><li>▶ Co-design new clinical care models for priority cohorts of people (both physical and mental health) that involve establishment of Integrated Neighbourhood Teams. Teams will bring together individuals from health, social care and VCSE to deliver proactive and coordinated care. We will prioritise specialist in-reach support for people living with multiple long-term conditions to Neighbourhood Teams providing advice and guidance</li><li>▶ Expand the preventative role of Community Pharmacies whilst supporting the modernisation of wider General Practice to ensure people can easily access the right advice and support close to where they live.</li></ul>

Duty	How we have / are delivering this requirement
<p><b>2. Describing the health services for which the ICB proposes to make arrangements</b></p>	<p>In 2025/26 we continued to monitor delivery of our strategic plan through the Integrated Performance Report, regularly reporting to the <a href="#">NHS Gloucestershire Integrated Care Board</a>.</p> <p>In April 2025 we undertook 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 have enhanced our local integrated planning and improvement work in these areas.</p> <p>More detailed information about our partners can be found here:</p> <ul style="list-style-type: none"> <li>▶ <a href="#">Primary Care including GP Collaborative</a></li> <li>▶ <a href="#">Gloucestershire Health and Care NHS Foundation Trust</a></li> <li>▶ <a href="#">Gloucestershire Hospitals NHS Foundation Trust</a></li> <li>▶ <a href="#">South-Western Ambulance Service NHS Foundation Trust</a></li> <li>▶ <a href="#">Voluntary, Community and Social Enterprise (VCSE) partners (VCS Alliance)</a></li> <li>▶ <a href="#">Gloucestershire County Council</a></li> </ul>
<p><b>3. Duty to consider wider effect of decisions</b></p>	<p>In 2025/26 we continued to ensure that our transformation focused on the triple aim of <b>improving population health, improving quality</b> and <b>improving value</b>.</p> <p>Our ICB System Resources Committee has continued to oversee work on ensuring we deliver best value from our services. 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"> <li>▶ <b>Improving population health:</b> Our Population Health and Strategic Commissioning Plan sets out the work we have done and the outcomes that we have achieved to improve population health for our local communities. This is particularly focused on improvements within Primary Care Networks of population health.</li> <li>▶ <b>Improving quality of healthcare services:</b> 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.</li> <li>▶ <b>Improving value (sustainable and efficient use of resources):</b> 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.</li> </ul>

Duty	How we have / are delivering this requirement
<p><b>4. Implementing any Joint Local Health &amp; Wellbeing Strategy</b></p>	<p>The <a href="#">Gloucestershire Health and Wellbeing Board</a> remains responsible for overseeing the development, delivery and ongoing review of the <a href="#">Joint Local Health and Wellbeing Strategy</a> (JLHWS) which sets out shared priorities for improving health, wellbeing and reducing inequalities across Gloucestershire.</p> <p>The strategy, originally published in 2020 and refreshed through a mid-point review in 2025, continues to articulate a long-term vision for Gloucestershire to be a place where everyone can live well, be healthy and thrive.</p> <p>The Joint Local Health and Wellbeing Strategy maintains its seven strategic priority areas:</p> <ul style="list-style-type: none"> <li>▶ Physical activity</li> <li>▶ Adverse Childhood Experiences (ACEs)</li> <li>▶ Mental wellbeing</li> <li>▶ Social isolation and loneliness</li> <li>▶ Healthy lifestyles (including healthy weight)</li> <li>▶ Early years and best start in life</li> <li>▶ Health and housing.</li> </ul> <p>The NHS in Gloucestershire, as a statutory member of the Health and Wellbeing Board and integral system partner, continues to contribute to the delivery of all seven priorities.</p> <p><b>In 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ Engaged with partners to reflect on progress against these strategic priorities as part of the JLHWS mid-point review, which showed good progress across the seven priority areas. This has included a system-wide reflection on the evolving national and local landscape and has informed the direction of priorities for the next five years of the strategy.</li> <li>▶ Continued to uphold our financial duty obligations as an ICB. The national NHS financial framework requires collective responsibility for managing resources within the agreed allocation. We remain committed to collaborative decision-making that supports joined-up services, tackles health inequalities and improves outcomes. All partners in Gloucestershire have signed up to a System Financial Framework to support this collective approach.</li> </ul> <p><b>During 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Continue to support delivery of the JLHWS and delivery across all seven priority areas as we move towards “system” and “place-based” working with the creation of a new organisation with BNSSG.</li> <li>▶ Continue to develop our approach to monitoring benefits from programmes of work within the JLHWS to ensure delivery of financial and non-financial outcomes.</li> <li>▶ Work to align approaches across NHS and Local Government Reform, to ensure maximised alignment of our work and structures moving forwards.</li> </ul>

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<p><b>5. Financial duties</b></p>	<p>At the time of writing in January 2026, we remain on track to meet the financial duty requirements of ICBs for 2025/26.</p> <p><i>'Please note: the final 2025/26 financial position may vary, this will be confirmed and updated within the final published document following Year-End'.</i></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 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><b>In 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Our ICB System Resources Committee has played an important role in providing support and challenge to delivery of our financial duties in 2025/26 and we are continuing to define and develop our approach to values-based healthcare.</li> </ul> <p><b>During 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Work with BNSSG as we move towards a new Integrated Care Board, ensuring that we uphold strong financial management.</li> <li>▶ Test the value of current services and transforming services where better value can be identified.</li> <li>▶ Monitor the benefits from programmes of work within our Population Health and Strategic Commissioning Plan to ensure that financial and non-financial outcomes are delivered.</li> <li>▶ Improve 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.</li> <li>▶ Prioritise and challenge any investments so that they are delivering the strategic priorities outlined within our Population Health and Strategic Commissioning Plan.</li> <li>▶ Ensure that we have effective governance and controls in place across the system to ensure resources are managed appropriately.</li> </ul>

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<p><b>6. Duty to improve the quality of services</b></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 <a href="#">ICS Quality Strategy</a> and <a href="#">Quality Framework</a>. 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. Our Strategy and Framework were designed to last for three years and will be reworked as we cluster with BNSSG ICB, prior to merger.</p> <p><b>During 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ Used our System Quality Group and Committee to ensure good governance is in place to assure the ICB of how we meet this statutory duty.</li> <li>▶ Supported the system to improve the Summary Hospital Level Mortality Indicator (SHMI) through a Quality Improvement Group process. This successful returned the SHMI to be within control levels and has supported cross system working.</li> <li>▶ Supported the ongoing improvements in Gloucestershire Maternity Services, moving to an Enhanced Oversight Group (EOG).</li> <li>▶ Improved our approach to Quality Impact Assessments to support the commissioning decisions of the ICB.</li> <li>▶ Used Rapid Quality Reviews to identify emerging risks and work with partners to mitigate to ensure patient safety.</li> </ul> <p><b>In 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Await the refreshed National Quality Board guidance and develop plans to support its implementation.</li> <li>▶ Work with BNSSG ICB colleagues to develop new ways to fulfil our Duty to improve the quality of services as we cluster across our new footprint.</li> <li>▶ Develop new Quality governance arrangements to support strategic commissioning decisions.</li> </ul>
<p><b>7. Duty to reduce inequalities</b></p>	<p>We are committed to reducing the health inequalities experienced by our population in both access to services and health outcomes. We will continue to fulfil our statutory duty to provide system-wide oversight and assurance.</p> <p>Our 5-Year Population Health and Strategic Commissioning Plan identifies reducing health inequalities as a core strategic ambition, and we will continue to embed this focus across all transformation programmes. We remain focused on achieving measurable improvements and delivering meaningful change.</p> <p>Addressing health inequalities for both adults and children continues to be a priority in Gloucestershire and is a shared responsibility across all system partners. We will maintain our commitment to the Core20PLUS5 framework and ensure ongoing delivery against its priorities.</p>

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	<p><b>During 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ Reviewed and updated the Gloucestershire Health Inequalities Framework and Health Inequalities Framework Assessment Tool, working with system partners and leads. Collaborated with Health Inequalities Leads and Champions to develop a set of shared strategic ambitions for improving health equity across the system:               <ol style="list-style-type: none"> <li>1. Working with communities</li> <li>2. Working with the VCSE sector</li> <li>3. Using data and intelligence</li> <li>4. Developing the workforce</li> <li>5. Promoting equality, diversity and inclusion</li> </ol> </li> <li>▶ Supported the development of the One Gloucestershire Health Inequalities Community of Practice, creating a forum for colleagues with an interest in health inequalities to connect, share their work and examples of effective practice, and learn collaboratively.</li> <li>▶ Participated in the national launch of the CQC’s ICS Engagement Framework as one of four pilot sites, contributing to the development of promotional materials.</li> </ul> <p><b>In 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Use the Gloucestershire Health Inequalities Assessment Tool to identify priority areas for health inequalities analysis that align with the Five-Year Plan metrics, with the aim of understanding the key drivers of variation across our population and informing priority actions where measurable impact can be achieved.</li> <li>▶ Launch the system-wide Health Inequalities Community of Practice, delivered as a virtual, open-access forum for partners, with an initial focus on strengthening data and intelligence</li> <li>▶ Implement the CQC’s ICS Engagement Framework by selecting an appropriate engagement project and applying the Framework to ensure a consistent, strategic approach to engagement that supports the reduction of health inequalities.</li> </ul>
<p><b>8. Duty to promote the involvement of each patient</b></p>	<p>We are committed to promoting a personalised care approach across all health and care organisations in Gloucestershire. Restructuring of the Integrated Commissioning Directorate resulted in the ‘One Gloucestershire Personalised Care Programme Board’ being paused to reset which portfolio this work should be realigned to and has now been assigned to the Quality Governance.</p> <p>A key priority of this work is holding ‘What Matters’ conversations, creating accessible personalised care and support plans held in the ‘What Matters to Me’ folders, owned by a person living with complex or long-term conditions and working toward creating digital Personalised Care and Support Plans. This will be key to our Neighbourhood Plans.</p> <p><b>In 2025/26 we have delivered against the <a href="#">Comprehensive Model of Personalised Care</a>:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Shared decision-making</b> – We are using SDM-9 or CollaboRATE survey tools to gain insight on the relationship between professionals and people.</li> </ul>

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	<ul style="list-style-type: none"> <li>▶ <b>Enabling choice, including legal rights to choice</b> – See the duty relating to patient choice.</li> <li>▶ <b>Social Prescribing</b> – We have continued to deliver community-based support through implementation of personalised care roles across primary care and Voluntary sector and the launch of Creative Health Framework.</li> <li>▶ <b>Personalised care and support planning</b> – We have continued the roll out of branded personalised care and support plans ('Me at My Best' and 'ReSPECT') and incorporated other plans used with patient cohorts including People with Learning Disability who have a Hospital Passport Plan held in 'What Matters to Me' folders.</li> <li>▶ <b>NHS @ Home</b> – We have been using digital tools to support people to maintain their health and wellbeing closer to home as part of Virtual Wards.</li> <li>▶ <b>Supported Self-Management</b> – We are continuing to promote the use of digital tools to help people build knowledge, skills and confidence to manage their health condition including MyCaW a patient activation measure which has been configured into S1 and the Proactive Whiteboard.</li> <li>▶ <b>Personal Health Budgets and 1-off Personal Wellbeing Budgets</b> – 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.</li> </ul> <p><b>In 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Shared decision making</b> – Explore the use of digital tools to reporting on real-time patient reported experience measures and patient reported outcome measures across the life course to support health literacy and reduce health inequalities.</li> <li>▶ <b>Personalised Care and Support Planning (PCSPs)</b> – 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.</li> <li>▶ <b>NHS @ Home</b> – Explore the use of digital tools to support people maintain their unique wellness at home.</li> <li>▶ <b>Personal health/wellbeing budgets</b> – Continue to expand Personal Health Budgets and trial Frailty &amp; Dementia Proactive Care Personal Wellbeing Budgets supporting our commitment to Neighbourhood Health and Care.</li> <li>▶ <b>Supported self-management</b> – Continue the delivery of offers for peer coaching such as the Digital HOPE Programme, Live Better Feel Better and use of Digital 'MyCaw Tool' and Dialog.</li> <li>▶ <b>Upskill OneGlos Workforce</b> – 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.</li> <li>▶ <b>Compassionate Communities</b> – Empower communities to lead on the co-creation of Compassionate Communities Charter to support people of Gloucestershire to feel ready, willing, and supported to normalise conversations on 'what matters' about death, dying and bereavement.</li> </ul>

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<p><b>9. Duty to involve the public</b></p>	<p>In 2022 we published our <a href="#">ICB Working with People and Communities Strategy</a> 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. The Strategy is based around five commitments.</p> <p><b>In 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ Maintained the One Gloucestershire Citizens Panel.</li> <li>▶ Maintained a constructive relationship with the Health Overview and Scrutiny Committee (HOSC) and Healthwatch Gloucestershire.</li> <li>▶ Enhanced our engagement with underserved communities with a strong focus on the rural farming community.</li> <li>▶ Supported the national 10 Year Plan for Health engagement with local workshops and engagement.</li> <li>▶ Launched a local engagement in response to the national 10 Year Plan for Health. Taking the national idea of the three 'shifts' in the 10 Year Health Plan we are engaging on we can meet our local challenges, focussing on: <ul style="list-style-type: none"> <li>• Neighbourhood health and care</li> <li>• Online, digital and technology</li> <li>• Wellbeing, prevention and maintaining health independence</li> </ul> </li> </ul> <p><b>In 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Co-develop a local mechanism for collating insight data across the ICS, ensuring maximum impact from feedback.</li> <li>▶ Continuing the engagement with the One Gloucestershire Citizens Panel.</li> <li>▶ Explore opportunities for co-working with people and communities across the larger ICB Cluster maximising opportunities provided by a new organisational structure.</li> </ul>
<p><b>10. Duty as to patient choice</b></p>	<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><b>In 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ Commissioned additional providers through the Provider Selection Regime, increasing patient choice.</li> <li>▶ Continued to promote patient choice as part of our referral optimisation programme.</li> </ul> <p><b>In 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Implement requirements set out through the national Electronic Referral System (eRS) improvement programme and NHS planning guidance. These changes will support choice by standardising service names, referral processes, and referral forms.</li> <li>▶ Continue to utilise the Provider Selection Regime to commission services as required.</li> <li>▶ Continue to raise awareness of patient's right to choose.</li> </ul>

Duty	How we have / are delivering this requirement
<p><b>11. Duty to obtain appropriate advice</b></p>	<p>An Integrated Care Board (ICB) has a legal duty to obtain appropriate advice from professionals with expertise in preventing/treating illness and improving public health to effectively carry out its functions, ensuring better health outcomes, service effectiveness, safety, and patient experience.</p> <p><b>In 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ Continued to draw on clinical and care expertise through our Clinical and Care Professional Council as well as clinical leads supporting both delivery of statutory functions as well as wider transformation.</li> <li>▶ Undertaken engagement with clinical and care leaders in the development of the ICBs 5 Year Population Health and Strategic Commissioning Plan.</li> <li>▶ Held focussed discussion with clinical and care leads on key strategic priorities including winter preparedness; looking at escalation policies, rapid response services and how system partners can support at each OPEL level using a dynamic risk approach.</li> <li>▶ Continued to provide clinical and care mentorship support to colleagues on their leadership journeys.</li> </ul> <p><b>In 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Continue to value and ensure engagement from clinical and care leads in delivery of the Population Health and Strategic Commissioning Plan.</li> <li>▶ Ensure that clinical and care leadership remains a key part of the new Integrated Care Board as we partner with BNSSG.</li> <li>▶ Put clinical and care leadership at the heart of our Neighbourhood Health ambitions, ensuring that the design of this is shaped by and with clinical and care leaders.</li> <li>▶ Take opportunities to build a cross cluster clinical and care professional council structure building relationships to benefit strategic commissioning intentions.</li> </ul>
<p><b>12. Duty to promote innovation</b></p>	<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. We remain committed to advance Gloucestershire's innovation profile and actively seek to adopt and spread new opportunities.</p> <p><b>In 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ Issued 9 small grants, in collaboration with University of Gloucestershire, in research, evaluation and innovation. This includes an innovation project for remote monitoring for women who are at risk of or have high blood pressure during their pregnancy, a partnership project between the HIN and Gloucestershire Hospitals NHS Foundation Trust (GHFT).</li> <li>▶ Worked with ARC West to fund 3 Knowledge Mobilisation Fellows (KM) who are putting research evidence into practice. These include the introduction of group consultations for people with Hyperglycaemia, Type 2 diabetes and chronic kidney disease in primary care and use of Virtual Reality for the treatment of psychosis within our mental health service.</li> <li>▶ Funded 60 health and care staff to complete a Masters module in research, evaluation and audit. Some participants have gone on to secure research grants or enrol onto Masters and PhDs.</li> </ul> <p><b>In 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Evaluate the impact of the research, evaluation and innovation grants with a showcase event planned for autumn 2026.</li> </ul>

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	<ul style="list-style-type: none"> <li>▶ Evaluate the KM Fellow roles and their impact, led by ARC West. We plan to appoint another KM Fellow to introduce a new evidence-based treatment for ovarian cancer in GHFT.</li> <li>▶ Plan to hold a final round of small grant in 2026/27 to put research evidence into practice through use of creative health to improve health and wellbeing. This is a collaboration with our new Arts, Health and Wellbeing Centre, University of Gloucestershire.</li> </ul>
<p><b>13. Duty in respect of research</b></p>	<p>Gloucestershire system partners jointly approved the <a href="#">Research, Evaluation and Audit Strategy</a> in June 2024.</p> <p><b>In 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ Continued to meet every few weeks as a Research Engagement Network (REN) with all REN partners providing cultural competency training to ensure research is accessible and inclusive to all.</li> <li>▶ Completed the cultural competency tool kit and are awaiting final editing by our graphic designers.</li> <li>▶ Hosted (March 2026) the Regional South-West REN, in Gloucester. This provides an opportunity to share the work each REN in doing to increase diversity and inclusion in research.</li> <li>▶ Launched the Gloucestershire Research Repository, with over 500 people each month accessing the Research Repository to find out more on research published by health and care colleagues in the county.</li> <li>▶ The monthly research hubs continue to be well received with 61 health and care professionals attending the talk in November 2025. We have also launched a library of these video recordings</li> <li>▶ The ICB, in conjunction with the University of Gloucestershire, has now funded 6 PhDs and 3 Professional Doctorates. The University launched in the autumn of 2025 a new Professional Doctorate in Health and Social Care Leadership.</li> </ul> <p><b>In 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Work in partnership with the Bristol, North Somerset and South Gloucestershire (BNSSG) ICB REN, to share the work each are doing, whilst keep the identity of each REN, as the needs of our diverse populations are different. The future funding of the REN is not yet known for 2026/27.</li> <li>▶ Create profiles for staff and community members who are active in research, to be added to our research repository.</li> </ul>

Duty	How we have / are delivering this requirement
<p><b>14. Duty to promote education and training</b></p>	<p>Education and training underpin our whole system, for staff, patients, and the public. 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><b>In 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ Increased our careers engagement and outreach activities reaching over 30,000 KS3 and KS4 pupils.</li> <li>▶ Continued to progress with Oliver McGowan training, aiming to have all staff trained by March 2026 at appropriate tier.</li> <li>▶ Increased system-wide apprenticeship cohorts across the system including L4 Associate Project Management, L3 Team Leader and L5 Operations Manager.</li> <li>▶ Implemented the L4 Data Analyst at GHFT, and L3 Data Technician working smarter with AI cohort at ICB.</li> <li>▶ Increased levy donation to SME's.</li> </ul> <p><b>In 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Deliver system-wide careers initiatives for our most deprived communities as part of the sustainable talent pipeline programme.</li> <li>▶ Develop our T-Level industry placement offers across the system with the appointment of an industry placement coordinator (IPCO).</li> <li>▶ Grow and expand apprenticeship offers for staff as career development opportunities. This includes expanding entry level and direct entry apprenticeships across the system. We will increase focus on digital and apprenticeships that will align to the NHS 10-Year Plan.</li> <li>▶ Develop alternative education and training pathways for senior leaders following the de-funding of L7 apprenticeships.</li> <li>▶ Continue to provide training, education and workforce support for all colleagues in general practice/PCN's from the Primary Care Training Hub. We are supporting development of roles to support future ways of working, in line with the objectives of the NHS 10-year plan.</li> <li>▶ Explore the potential for PCTH to take on support for training of Pharmacy, Optometry and Dental workforce (POD), whilst awaiting confirmation from NHSE WT&amp;E as to whether POD included in new contract scope.</li> <li>▶ Deliver training and educational support in line with requirements for Neighbourhood working.</li> </ul>

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<p><b>15. Duty as to regard to climate change and adaptation to impacts</b></p>	<p>Our 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>Our sustainability priorities to deliver against these ambitions are:</p> <ul style="list-style-type: none"> <li>▶ Transport and Travel</li> <li>▶ Estates and Facilities</li> <li>▶ Climate Adaptation</li> <li>▶ Sustainable Models of Care</li> <li>▶ Medicines and Nutrition</li> <li>▶ Workforce and System Leadership.</li> </ul> <p><b>In 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ Climate risk and vulnerability risk assessment report completed across Gloucestershire Local Authorities and NHS organisations.</li> <li>▶ E-bike trial started in the Autumn 2025.</li> <li>▶ Ongoing reductions in the carbon impact of inhalers across the system.</li> <li>▶ Ongoing reduction in the carbon impact of medical gases.</li> <li>▶ EV strategy work initiated.</li> </ul> <p><b>In 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Review the climate risk and vulnerability risk assessment and develop a plan for the coming years to address key risks. Within this, we will work with partners.</li> <li>▶ Monitor the impact of the e-bike and e-cargo bike trial projects to reduce our vehicle emissions in our urban centres.</li> <li>▶ Further plan our electric vehicle (EV) charging infrastructure, supporting our increasing move towards fleet electrification working across the system including local authorities.</li> <li>▶ Focus on the sustainability of care models across the system.</li> <li>▶ Continue our work to reduce the carbon impact of the medicines and medical gases used within the system.</li> <li>▶ Increase how closely we work together to make our individual green plans seamless and shared.</li> </ul>

Duty	How we have / are delivering this requirement
<p><b>16. Addressing the particular needs of victims of abuse</b></p>	<p>We remain committed as an organisation to addressing the needs arising for victims of abuse. We work closely with partner organisations in delivering against this statutory duty, providing health system wide safeguarding leadership and assurance.</p> <p><b>In 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ Embedded integrated safeguarding supervision across the ICS, including monitoring compliancy of mandatory safeguarding and children in care training at all levels across the ICB.</li> <li>▶ Continued to embed learning from adult and children’s statutory safeguarding reviews and Domestic Abuse related Death Reviews (DARDR), including leading a SAR rapid review, to ensure we prevent further harm to those most at risk of abuse and neglect.</li> <li>▶ Reviewed the provider safeguarding children dataset to ensure it is focused, not onerous on provider services and meets shared needs.</li> <li>▶ Continued to provide a comprehensive ICB Safeguarding Primary Care Offer to General Practice and their Safeguarding Leads supporting with a series of actions including quality assurance and audits.</li> <li>▶ Introduced a named GP working with PCN’s and wider practice roles to understand health safeguarding support requirements.</li> <li>▶ 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).</li> <li>▶ Continued to be a partner at the Safer Gloucestershire Board, including the Domestic Abuse Partnership Board (DAPB) and the new Domestic Abuse Delivery Plan and Strategy. Statutory Partner at the Serious Violence Duty Board.</li> <li>▶ 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).</li> </ul> <p><b>In 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Continue with our 25/26 priorities and in addition:</li> <li>▶ Continue to support the ICB to recognise, respond and manage safeguarding and children in care risk and lead a health response (individual complex case management support or wider themes)</li> <li>▶ Take a wider formal leadership role at the refreshed GSAB, taking forward the new strategy as statutory partner leading the Improving Practice workstream from April 26.</li> <li>▶ Develop a Safeguarding adult data set alongside the revised children’s data set.</li> <li>▶ Continue to represent the ICB and undertake a safeguarding health leadership role as part of the multiagency Families First Partnership reforms, including the Multiagency Child Protection Team pilot.</li> </ul>

Duty	How we have / are delivering this requirement
<p><b>17. Addressing the particular needs of children and young people</b></p>	<p>We remain committed as an organisation to supporting children and young people. This is one of our four priority cohorts identified in our Population Health and Strategic Commissioning Plan.</p> <p><b>In 2025/26 we have:</b></p> <ul style="list-style-type: none"> <li>▶ Commenced the Early Language Support for Every Child (ELSEC) pilot for children aged 2-5 years of age, leading to a total of approximately 1,760 children receiving speech, language and communication screening in targeted Early Years and Primary School settings. As a result of this screening process, children have been able to access early targeted support.</li> <li>▶ In addition to ELSEC, the Children’s Speech and Language Therapy service has worked hard to change their service to enable them to become more responsive and accessible through quicker triage, clearer pathways, flexible follow ups, and increased virtual support. They are also improving quality and consistency by using feedback, evidence-based approaches, and stronger partnerships with schools and other professionals to help every child communicate confidently.</li> <li>▶ Secured recurrent funding for a new NHS service (Specialist Nursing – Training and Clinical Support in Education) designed to help special schools support children with their medical needs. This service bridges health and education, giving schools the right advice, policies, and support to meet children’s medical needs.</li> <li>▶ Provided training for health care professionals to support them in their role within the Education, Health and Care Needs Assessment Process</li> <li>▶ Commenced our new service for children and young people: Gloucestershire Lifestyle Opportunity and Wellbeing (GLOW) Service, supporting children and young people aged 4–17 who are experiencing complex challenges with weight and wellbeing.</li> <li>▶ Continued to deliver the CYP Mental Health navigation hub in Gloucester City to ensure children and young people are accessing the right support at the right time.</li> <li>▶ Built on the waiting well initiatives for young people waiting for health services.</li> <li>▶ Rolled out an additional Mental Health Support Team in Schools.</li> </ul> <p><b>In 2026/27 we will:</b></p> <ul style="list-style-type: none"> <li>▶ Continue to pilot ELSEC and evaluate the impact of the service on the speech, language and communication of children aged 2-5 years.</li> <li>▶ Mobilise the service to support Special Schools.</li> <li>▶ Evaluate the impact GLOW is having.</li> <li>▶ Continue to embed co-production with parent carers, children and young people and joint working with education and social care partners.</li> <li>▶ Continue to deliver the SEND programme alongside our system partners, with a key focus on quality assurance.</li> <li>▶ Build on the learning from the Mental Health Navigation Hub to inform the Family First Partnership and Family Hub models within the county.</li> <li>▶ Continue our commitment to expanding the Mental Health Teams in Schools.</li> </ul>

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One Gloucestershire Integrated Care System (ICS),  
Shire Hall, Westgate Street,  
Gloucestershire, GL1 2TG