NHS
Gloucestershire Health and Care
NHS Foundation Trust

with you, for you

Our Five-Year Focus
2026 - 2031

Our plan for better community health and care services across Gloucestershire

working together | always improving | respectful and kind | making a difference

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Our Plan for Better Health and Care in Gloucestershire

This plan shows what we want to achieve, what we'll focus on, and how we'll work together.

What's changing

We're supporting local and national plans to make care better:

- More care in the community, and less in hospitals
- Better use of digital tools and technology
- Preventing illness, not just treating it

We're also working on **getting the basics right** – shorter waiting times and better quality care.

How we made this plan

We spoke to colleagues, communities, and partner organisations. This means the plan reflects what matters most to the people we serve and those who deliver and support health and wellbeing.

People asked for a plan that's clear and easy to read. That's why it's short, includes a simple plan on a page, and explains each focus area: why it matters, what we want to achieve, and how we'll do it.

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Meeting the health needs of people in Gloucestershire

We provide health services for everyone – from newborns to older adults. Our goal is to help you live well by giving great care.

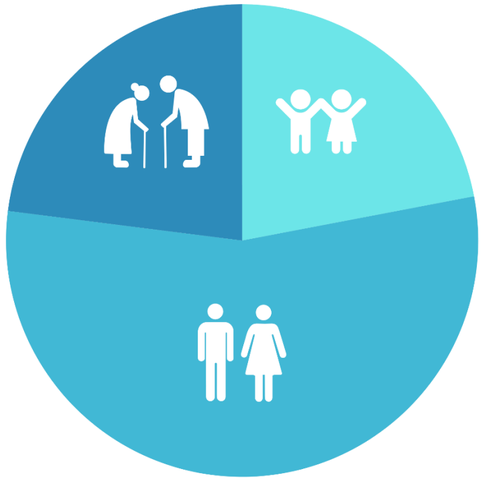
We are working with our partners to meet the future health needs of people in Gloucestershire. We are also working on challenges like keeping services affordable and having enough trained colleagues.

Some of the health challenges we know about:

- Gloucestershire has one of the fastest-growing older populations, especially people aged over 85
- More people have one or more long-term condition like dementia, diabetes, frailty, breathing and heart problems
- Health is worse for people on low incomes, from minority groups, who have a learning disability or mental illness
- People living in rural areas find it more difficult to get support
- More young people and adults are asking for mental health support
- High blood pressure, smoking, poor diet, and obesity are the main things leading to many preventable illnesses

Total Population:
669,380

Age Groups:
0-19 = 22%
20-64 = 55%
65+ = 23%



16.8%
Disabled under the Equality Act

8.5%
are unpaid carers (51,863)

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We provide 96 different types of community health services for mental health, physical health and learning disabilities. We work in partnership with GPs, Gloucestershire hospitals in Cheltenham and Gloucester, local authorities, education, other public sector partners, community groups, and the voluntary and charity sector.

There when you need to...

Stay Well

Health promotion and prevention of illness - vaccines, health checks, monitoring of conditions, diagnostics, lifestyle advice, and early interventions.

Get urgent care

When you need help, fast and close to home - Minor Injury and Illness Units, Rapid Response, Mental Health Crisis, Sexual Assault Referral Centre, and Integrated Urgent Care.

Get treatment

Care for short term and ongoing conditions - specialist services, specialist dentistry, talking therapies, inpatient care, and minor procedures.

Recover

Helping you feel stronger and more independent - physical and mental health rehabilitation, therapies, psychological support, and community hospital services.

Live Well

Supporting you with long term conditions - community teams, equipment services, complex care, children's community nursing and therapies.

You can find out more about the services we provide and how to access them at www.ghc.nhs.uk

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In a typical month...

GHC teams travel **300,000** miles

17,000 calls to 111

8,200 attendances at Minor Illness and Injury Centres

In 2024/25 we had....

85+
SITES

175
PHYSICAL HEALTH BEDS

157
MENTAL HEALTH BEDS

407,720
REFERRALS

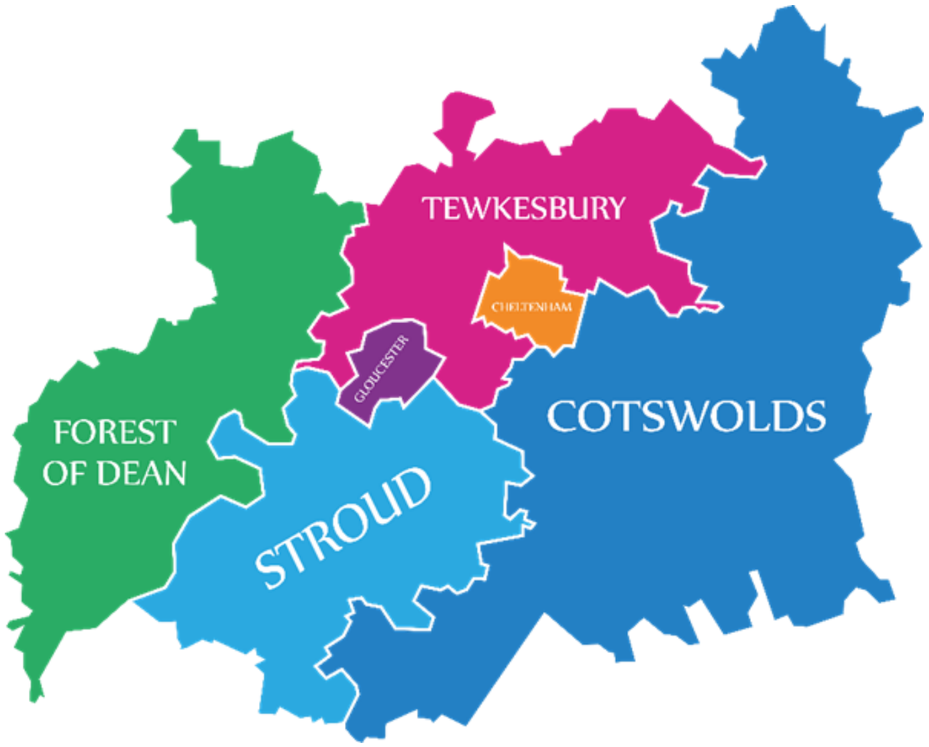
1,072,352
CONTACTS

6,295
COLLEAGUES

11,000
ADULTS REFERRED TO TALKING THERAPIES

£340m
BUDGET

58,000
SCHOOL PUPILS COVERED BY YOUNG MINDS MATTER (63% OF COUNTY TOTAL)



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Our Five-Year Focus: our strategic plan for better community health and care services across Gloucestershire

Our values working together | always improving | respectful and kind | making a difference

WHY WE ARE HERE

Our purpose

Helping you live your best life by delivering great healthcare.

Our goals

Better Health
Work together to improve the health of all people in Gloucestershire.

High Quality Care
Inclusive and timely access, great experiences, and better outcomes.

Great Place to Work
Be the place where people enjoy working, learning and building a career.

Sustainable Services
Great value services for healthier people, stronger communities, and a greener world.

WHAT WE WILL DO

Our focus areas

Connecting services in neighbourhoods
Working together for better local health

Children and young people
Helping children thrive and build resilience for a healthier future

Community urgent care
Helping people manage urgent healthcare needs and stay well

Inclusive healthcare
Reducing the gap of access, experience and outcomes

Partnerships with purpose
Deepening our partnerships to deliver great healthcare

HOW WE WILL DO IT...

Our way of working – with you, for you

We will design, deliver and improve all our services, guided by what matters most...

- Getting the **basics** right: safe, accessible, effective, and timely
- Working **with people**, not just for them
- **Joining up** healthcare across services
- Helping people **stay well** and in control
- Making the most of everyone's **skills and experience**
- Making good **use of resources**
- Using **technology and new ideas**
- Making healthcare as **local** as possible

Helping us deliver
Our enabling strategies – Quality, People, Estates, Digital and Research help us deliver safe, effective, and efficient health and care services

Connecting services in neighbourhoods – working together for better local health

Why is this a focus?

In Gloucestershire, around 1 in 5 people live with multiple long-term health conditions like heart disease, diabetes, mental illness, and frailty—especially as they age. We have one of the fastest-ageing populations in England, and about 40% of over-65s experience frailty, meaning they recover less easily from injury, illness or stress and often need more healthcare, emergency and unplanned hospital stays.

No matter your age or health need, services can feel disconnected and hard to use because they often focus on single health issues rather than the whole person. This leads to people being passed between services and missing out on consistent, joined-up care—which can improve health, and reduce hospital visits.

Health is shaped by where people live, not just the care they receive. Communities, frontline teams, and residents understand what works and challenges in local neighbourhoods. Using a 'think local, act personal' approach, we can build on community strengths, reduce inequalities, and deliver better, joined-up care closer to home.

What do we want to do?

- Explore and align our services with Primary Care, Social Care, Voluntary, Community, and Social Enterprise (VCSE), Hospital Care, and Education into neighbourhoods where this makes sense.
- Offer more holistic, personalised care based on what matters to the person.
- Shift from sickness to prevention by helping people get the right support to help them stay well and able to manage their health and wellbeing needs in their local community and avoid unplanned hospital stays.
- Strengthen integrated neighbourhood teams across mental and physical health and learning disability with a focus on continuity of care.
- Support local leadership and co-designed care models.
- We will review how our buildings can better serve communities and be part of co-designing community hubs that offer joined-up, accessible care in locations that work for people.

How are we going to do it?

- Our starting focus is on frailty, due to Gloucestershire's ageing population. Over the next five years, we'll expand our care models to support people with multiple conditions across all age groups.
- Test different ways of working in partnership with GPs, social care, local voluntary and community groups to deliver healthcare and support that makes the most of every contact, improves continuity of care and shares information effectively.
- Use data and local insights to understand what each neighbourhood needs, and co-design solutions with residents, partners, and colleagues.
- Equip colleagues with the tools, training, and time to lead local change—supporting them to use broad skills and take positive risks as part of shared decision-making.

> **"Have more care available locally rather than having to travel to one of the big hospitals."**
> A member of the public

> **"I really could have done with better communication as to who did what."**
> A member of the public

> **"...continue as much independence as possible – avoid inpatient care"**
> A member of the public

> **"We need to think about our ageing population... start the foundations of building and preparing how our services need to look"**
> A colleague

Children and Young People – Helping children thrive and build resilience for a healthier future

Why is this a focus?

In Gloucestershire, like the rest of the country, children's health and wellbeing is getting worse—with more social, physical and mental health problems, longer waits for care, and more young people in crisis.

- 1 in 7 children under 16 live in absolute poverty.
- Absent from school rate has increased to1 in 5 pupils

In the last 5 years, Gloucestershire has seen:

- 500% increase in the number of children needing support in a mental health crisis.
- 600% increase in referrals for eating disorder services.

The growing number of children and young people trying to access mental health services, speech and language therapy, and for Autistic Spectrum Disorder and ADHD assessment means that GHC is not meeting demand in some of our services, leading to late intervention and increasing complexity. We can not solve the problems that impact the health and wellbeing of children and families alone. This needs to be a system wide approach.

What do we want to do?

- Get the basics of healthcare right. This means making sure children, their families and carers have safe, accessible, effective, and timely healthcare across all mental and physical health, learning disability, and autism services.
- Build services around children and families that are made available in the places children spend most of their time, such as schools and local neighbourhoods.
- Find ways to collaborate to connect health, social care, education, and community groups to provide intensive support in the community as an alternative to hospital admission and as safe step-down service where appropriate.
- Strengthen early intervention by making sure practitioners, education, families, and communities can access the right support and information when it's needed - so children and young people get help before problems grow.

How are we going to do it?

- Expand our youth network to co-design healthcare with children, young people and families.
- Make sure all schools have access to early mental health support through Young Minds Matter.
- Use data to spot and tackle unfair healthcare differences experienced by children and young people and their families.
- Build connectivity within our children's system colleagues to join up information and support plans.
- Work to develop specialist community based mental health care for young people to avoid admission to hospital where possible.
- Use digital tools to make access and communication easier for young people and families.
- Promote a 'Think Family' approach—supporting parents and carers who use adult services.

> **Reduce waiting time…it's confusing where to go and who to talk to whilst waiting**
>
> A youth participant

> **Stopping one size fits all care. I want staff to "get me". I am much more than my diagnosis**
>
> A youth participant

> **Make language simple – stop making it technical**
>
> A youth participant

> **My mum has to take half a day off work to get me to an appointment… and travels miles…**
>
> A youth participant

Community Urgent Care - Helping people manage urgent health needs and stay well

Why is this a focus?

When a person's health is getting worse because of an injury, illness, or a long-term condition this can lead to an avoidable health crisis, a hospital attendance, admission, or diagnostic testing.

- Access to urgent care is inconsistent—especially for people with mental health problems and learning disability.
- Sometimes an admission to hospital is not just about a person's health but includes equipment, social, and care needs.
- Urgent and emergency care services can feel confusing and fragmented

Emergency services are under pressure—and we need strong community alternatives to support people recover from illness or injury, to feel confident and safe about home treatment, or to access support in a local safe place.

What do we want to do?

- Work in partnership with people and services to spot early warning signs and act before urgent or emergency care is needed.
- Grow urgent community healthcare teams for same-day and 2-hour support.
- Strengthen 24/7 crisis response for mental health and community learning disability healthcare.
- Work with partners to reduce delays when people are ready to leave hospital and go home.
- Provide alternatives to A&E and hospital stays, including creating safe spaces and step-up care.
- Improve coordination with NHS 111, primary care, ambulance and acute services through our Integrated Urgent Care Service (IUCs) and a new Single Point of Access to help people to the right service.

How are we going to do it?

- Co-ordinate multi-disciplinary urgent proactive response teams
- Support colleagues to respond to complex needs with competency, capability, confidence and compassion.
- Create joined-up urgent care pathways for physical, mental health and learning disability needs.
- Use digital tools for virtual support and expand virtual wards.
- Shape safer, more compassionate crisis care by listening to lived experience.
- Focus on developing joined up and person- centred healthcare planning and self-management at home or in a place where people feel safe to help early intervention.
- Use "what matters to me" conversations to understand people's needs and work alongside carers and families.
- Partnering with Voluntary, Community, and Social Enterprise (VCSE) organisations on the mental health crisis pathway.

> **"Stop bouncing people between services and shorten wait times, improve continuity and better communication"**
>
> A member of the public

> **"Provide clearer info about what people can do to help selves"**
>
> A member of the public

> **"Just knowing that help is there when it's truly needed, without long delays, would make all the difference"**
>
> A member of the public

Inclusive healthcare - reducing the gaps for access, experience, and outcomes

Why is this a focus?

In Gloucestershire, the gap between people who have the best and poorest health is getting worse. This includes how long people are likely to live, the health conditions they may experience, and the care that is available to them. People living in poorer areas, ethnic minority groups, vulnerable people, and those living in rural areas often face unfair and avoidable differences in health.

- 20,000 people in Gloucestershire live in England's most deprived areas: their healthy life expectancy is about 11 years lower; higher rates of urgent care; and have more health problems that are avoidable if treated earlier.
- Poverty in rural Gloucestershire can be hidden and has added problems like travel costs, less local services, digital exclusion, and isolation.
- Physical and mental health are closely linked, but support isn't equal.
- National data shows people with a learning disability or Autistic people die about 20–25 years earlier than the general population.

What do we want to do?

- In partnership with Strategic Commissioners develop a stronger understanding of Gloucestershire's population health.
- Work with people with lived experience so that we design better healthcare.
- Identify and close gaps in access, experience and outcomes for people and communities that have barriers to healthcare.
- Personalise care for people with long term conditions and health needs that are complex or involve multiple services e.g. mental health and housing or people with Learning Disabilities and physical health needs.
- Strengthen our role as an anchor institution by using our resources, influence, and partnerships to support local communities, tackle root causes of inequality.
- Create a culture that values diversity and cares for everyone.

How are we going to do it?

- Put our Health Equity Framework plans into action focusing on: Increasing Awareness; Improving Data Quality; and Making Communication Clear and Inclusive.
- Build trust and connections with communities, led by our Working Together Network, to inform, develop, and monitor inclusive practice.
- Develop and put our anti-racist PCREF (Patient and Carer Race Equality Framework) plans into action by working with our local communities.
- Train colleagues in inclusive practice, cultural competence, and trauma-informed care.
- Work with our partners to reduce the risk of digital exclusion and ensure new ways of accessing care don't leave people behind.
- Make our communication clearer using language that people understand.

> **"..we need to reach out to under-represented communities and groups across Gloucestershire"**
>
> A colleague and carer

> **"Communication, communication, communication... at all levels of the NHS in a form that ALL patients can understand"**
>
> A member of the public

> **"Transport and isolation is a huge issue in the north Cotswolds"**
>
> A member of the public

> **"LGBT+ patients with severe mental health issues... the current (NHS) pathways are failing both"**
>
> A member of the public

Partnerships with purpose – deepening our partnerships to deliver great healthcare

Why is this a focus?

The NHS is under growing pressure, with high demand and limited resources. No single organisation can meet the complex health and care needs of Gloucestershire's population alone. Better health outcomes depend on effective joined-up work across NHS, social care, voluntary, community and education sectors.

Our partners - especially in local government, Voluntary, Community, and Social Enterprise (VCSE) and lived experience networks - hold deep insight, trust, and reach into communities.

When we act with shared goals, we can deliver better care, faster support, and stronger communities.

What do we want to do?

- Turn partnerships into practical action that makes care more joined-up, accessible and impactful.
- Deepen collaboration across health, care, VCSE, housing, education and criminal justice
- Develop shared goals and delivery plans that tackle local priorities together
- Build and support partnership teams at neighbourhood, place and system level
- Embed VCSE and lived experience voices into planning and governance
- Share resources, data and insight to improve decision-making
- Design pathways that span mental health, physical health, learning disabilities and social care

How are we going to do it?

- Partnering with intent to increase trust, transparency and shared leadership.
- Invest time and resource in building relationships
- Create local delivery partnerships with shared leadership and accountability
- Involve people with lived experience from the start - not after the plan is written
- Develop shared dashboards and outcomes to track impact together
- Where it makes sense, align funding, priorities and colleague development to enable truly joined-up working

> **"Join up working throughout the county… healthcare, social care, police and other emergency services all sharing information"**
>
> A colleague

> **"Get the basics right – listen to people and communities, strengthen relationships with partner organisations, build trust…"**
>
> A community partner

> **"Better work between different teams and simple for people who need to …work with different teams"**
>
> A member of the public

> **"In the last year my treatment was hampered by (people) not being able to see inputs from other clinicians or GHC services"**
>
> A member of the public