

# GLOUCESTERSHIRE HEALTH & WELLBEING BOARD

**MINUTES** of a meeting of the Gloucestershire Health & Wellbeing Board held on Tuesday 19 March 2019 at the Cabinet Suite - Shire Hall, Gloucester.

**PRESENT:**

Wayne Bowcock	ACC Julian Moss
Cllr Richard Boyles	Pat Pratley
Chris Brierley	Dr Hein Le Roux
Cllr Tim Harman	Sarah Scott
Mary Hutton	Cllr Roger Wilson (Chairman)
Bob Lloyd-Smith	

**Substitutes:** Anne Brinkhoff (In place of Cllr Jennie Watkins)  
Andy Dempsey (In place of Chris Spencer)  
Marcia Gallagher (In place of Ingrid Barker)

**Officers in attendance:** Zoe Clifford - Consultant in Public Health  
Helen Ford - Integrated Care System Lead for Children's Mental Health and Maternity  
Helen Goodey - Director of Primary Care and Locality Development

**Apologies:** Peter Lachecki, Dr Andy Seymour, Margaret Willcox OBE and Cllr Kathy Williams

**1. DECLARATIONS OF INTEREST**

No declarations of interest were received.

**2. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting on Tuesday 6 November 2019 were agreed as a correct and signed by the Chairman.

**3. PUBLIC QUESTIONS**

No public questions had been received.

**4. MEMBERS' QUESTIONS**

No member questions had been received.

**5. JOINT HEALTH AND WELLBEING STRATEGY UPDATE - PRIORITY SCOPE**

5.1 Zoe Clifford, Consultant in Public Health, presented the report which captured the outcome of the discussion, and the recommendations from the Board's development session on 22 January 2019. It had been clear from the development meeting that it was important that the Board did not duplicate work already in place but that the focus must be on where the Board could add value.

5.2 It was noted that the report did not reference private sector housing, and acknowledged that this aspect had been difficult to scope out and required further work. Pat Pratley, District Council CEO (Housing Link) offered to make contact with the housing officer in Cheltenham to support this aspect.

**ACTION: Pat Pratley**

5.3 It was noted that transport was a key factor, particularly in the rural areas – how could we ensure that people could access services? It was explained that transport had been on the

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initial priority list. Transport was integral to everything; transport issues were therefore an underlying factor in all priorities.

5.4 The Board agreed to have the 'housing' priority and the 'early years/best start' priority as development sessions for the Board in the future to better understand where it could add value.

5.5 It was agreed that it was important to be aware that just because something was not specifically identified as a priority it did not mean that the Board was not working in this area through other avenues.

5.6 Bob Lloyd Smith, Healthwatch Gloucestershire (HWG), informed the Board that HWG was about to embark on its 'Campervan and Comments Tour 2019' to gather information about people's experiences of health and social care in Gloucestershire. It was agreed that the information from the tour could inform the Board's work.

**ACTION: Healthwatch Gloucestershire**

5.7 In response to a question Andy Dempsey, Director of Partnerships and Strategy (Children), was not able to inform the Board as to the current status of the Children's Partnership Framework following the consultation in 2018. It was agreed that an update would be provided.

**ACTION: Andy Dempsey**

5.8 The Board was informed that the new safeguarding children arrangements should be published in April 2019.

5.9 It was noted that there was no overall lead for the Early Years priority. Andy Dempsey agreed to discuss this with the Director of Children's Services.

**ACTION: Andy Dempsey**

2.10 In conclusion the Board agreed:-

- The scope for the Joint Health and Wellbeing Strategy (JHWS) priorities,
- That the healthy lifestyles priority in the JHWS has a focus on healthy weight initially,
- To further scoping of the housing priority to identify where the Health and Wellbeing Board could add value,
- To further scoping of the early years priority to identify where the Health and Wellbeing Board could add value,
- That the social isolation deep dive be received at the next meeting of the Health and Well Being Board to provide a better understanding of this priority.

## **6. GLOUCESTERSHIRE MOVES**

6.1 Deborah Potts, Chief Executive Active Gloucestershire, gave a detailed presentation on the Gloucestershire Moves (GM) initiative, discussing the aims and objectives, the expected outcomes, the evaluation framework and the analysis and learning that underpinned the design and structure of the service. (The presentation was included in the agenda pack.)

6.2 The Board welcomed this approach and agreed that the best way to promote change was through social movements and had the ability to achieve great things for the people of Gloucestershire.

6.3 In response to questions the Board was informed that GM worked closely with the VCS Alliance; and was promoting its work as widely as possible.

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- 6.4 The Board agreed that Gloucestershire Moves was best placed to be the delivery vehicle for the Joint Health and Wellbeing Strategy physical activity priority.

## **7. ACES (ADVERSE CHILDHOOD EXPERIENCES) UPDATE**

- 7.1 The Director of Public Health (DPH) informed the Board that each year the Faculty of Public Health asked for nominations for Honorary Membership. This year the DPH had nominated ACC Julian Moss for his work in leading the Averse Childhood Experiences (ACEs) agenda in Gloucestershire. The DPH was pleased to inform the Board that the Faculty had accepted the nomination. The Board congratulated ACC Moss and agreed that this award was very deserved given his strong leadership on and commitment to this work.
- 7.2 ACC Moss explained that the ACEs Panel had established an education sub group given that this was a key sector. Kevin Day, Headteacher Belmont School, was leading this work. This sub group was linking in with the Mental Health Trailblazer Programme which was about providing additional support through schools and colleges and reducing waiting times for colleges. It was hoped that this work would leave a legacy for schools in Gloucestershire.
- 7.3 The Resilience documentary had also been screened at various locations throughout the county. Each session had brought something different to the fore; and education professionals had wanted to learn more about how they could use an ACEs informed approach at the local level. The Board were informed that the quote from the documentary 'if you can get the science in the hands of the general population they will invent very wise actions' has become something of a mantra for the ACEs Panel.
- 7.4 Andy Dempsey, Director of Partnerships and Strategy (Children), informed the Board that he was one of the council representatives on the Safer Gloucestershire Partnership, that this partnership was working to embed a trauma informed approach; and that the impact on ACEs on the individual could be seen across the criminal justice system. He also indicated that he would like to be involved in the work to progress Objective 5: Distribution of ACEs.  
**ACTION: Andy Dempsey**
- 7.5 With regard to Objective 7: Evaluation ACC Moss informed the Board that there a debate at the national level on this issue. The ACEs Panel would be linking into work being undertaken on this aspect by Public Health England.
- 7.6 The Board were pleased to note that questions relating to ACEs had been included in the most recent Online Pupil Survey. This could provide useful data and a valuable insight into this issue.
- 7.7 The Board agreed to:
- Note the progress being made in implementing the ACEs strategy, and
  - To provide visible leadership to support the ongoing implementation of the ACEs Strategy across Gloucestershire by acting as ACEs Champions, and to release staff to enable them to do the same.
- ## **8. FUTURE IN MIND TRANSFORMATION PLAN UPDATE**
- 8.1 Helen Ford, Integrated Care System Lead for Children's Mental Health and Maternity, brought the Board up to date with the progress of Gloucestershire's Future in Mind 5 Year Transformation Plan.

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- 8.2 The Board were particularly interested in the progress of the Mental Health Trailblazer Programme. It was explained that the establishment of the teams utilised the learning from the Stroud Schools Project which had demonstrated that working on a locality basis got the best from the local community. Teams would be based in the Forest of Dean district, Cheltenham and two would be based in Gloucester. The Council's Education team had advised on which schools could be best placed to participate with this programme. The teams were currently undergoing training.
- 8.3 Board members were informed that this programme aimed to intervene early when needs were just emerging, and would work with parents as well. This work required strong partnership work, for example, linking to Restorative Practice, culture and arts programmes in the county, and the specialised services. There was a clear drive to look at how things could be done differently, and become embedded into both school and home.
- 8.4 The Board agreed that this was a unique opportunity for Gloucestershire, and that it would be important that it considered where it could add most value.  
**ACTION: Board Members**
- 8.5 In response to questions it was explained that the Trailblazer would be evaluated at both the local and national level. Data, in particular how to use it effectively, was a key factor. The Director of Public Health explained that as part of the Integrated Care System (ICS) work was in place to look at how to improve data intelligence and data could be used more strategically across the system.

## **9. INTEGRATED LOCALITY PARTNERSHIPS**

- 9.1 Helen Goodey, Director of Primary Care and Locality Development, explained that GP clusters have been in place for a number of years, but have now been restructured as Integrated Locality Partnerships (ILP). The underlying drivers were the NHS Long Term Plan and the agreement between the BMA and NHS England 'Investment and Evolution: A five year contract for GP contract reform to implement the NHS Long Term Plan'.
- 9.2 ILPs had been piloted in Cheltenham, Tewkesbury and the Forest of Dean since April 2018. This had involved an aggregation of services including GPs, community services, and mental health services. District councils played a key role and their support in taking this agenda was commended. Emma Keating Clark, Health and Wellbeing Coordinator Stroud District Council, informed Board members about the projects in Stroud that have been in place for some time and were working well; and the significant role of the district council.
- 9.3 Board members agreed that this was about trying to achieve a more sustainable approach to health and care in Gloucestershire; how best to use the Gloucestershire pound.
- 9.4 Dr Hein le Roux, Deputy Clinical Chair Gloucestershire Clinical Commissioning Group, informed the Board that as a GP he felt that ILPs have huge potential in terms of population health and improved resilience.

## **10. NHS LONG TERM PLAN - UPDATE**

- 10.1 Mary Hutton, Accountable Officer Gloucestershire Clinical Commissioning Group (GCCG), gave a detailed presentation on the Long Term Plan (LTP). (The presentation slides were included in the agenda pack.) She explained that the LTP was consistent with what was already in place/planned in Gloucestershire. This was very much about partnership working. It was important to ensure that people understood what was trying to be achieved in Gloucestershire. It was also important that people recognised that they have

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responsibilities too, eg. to take greater control of their own and their families health, and to take a more preventative approach to their health.

- 10.2 As with other matters discussed today the Board agreed that the strategic and efficient use of data would be a key factor underpinning this work. It was also agreed that it would be important to ensure that there was a common language across all partners, and that there was synergy within and across strategies. Board members agreed that health inequalities must be a significant driver. The Joint Health and Wellbeing Strategy was the main strategy in addressing health inequalities and this was where the Board could add value to this work.

## **CHAIRMAN**

Meeting concluded at 12.00