

# **GLOUCESTERSHIRE HEALTH & WELLBEING BOARD**

Minutes of the meeting of the Gloucestershire Health & Wellbeing Board held on Tuesday 2 November 2021 commencing at 10.00 am at Shire Hall, Gloucester.

## **PRESENT**

Cllr Carole Allaway-Martin	Nikki Richardson
Cllr Stephen Davies	Gavin Roberts
Dr Bob Hodges	Professor Sarah Scott
Mary Hutton	Chris Spencer
ACC Rhiannon Kirk	Cllr Kathy Williams
Darren Knight	Peter Williams

## **1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:-

Andy Seymour (NHS Gloucestershire Clinical Commissioning Group)  
Angela Potter (Gloucestershire Health and Care NHS Foundation Trust)  
Deborah Lee (Gloucestershire Hospitals NHS Foundation Trust)  
David Owen (Gloucestershire First Local Enterprise Partnership)  
Cllr Tim Harman (Gloucestershire County Council Cabinet Member: Public Health and Communities)

Des Gorman represented Angela Potter (Gloucestershire Health and Care NHS Foundation Trust)

Simon Lanceley represented Deborah Lee (Gloucestershire Hospitals NHS Foundation Trust)

## **2. DECLARATIONS OF INTEREST**

No declarations of interest were made at the meeting.

## **3. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 20 July 2021 were agreed and signed as a correct record of that meeting.

## **4. PUBLIC QUESTIONS**

Members of the public were invited to submit written questions about matters within the powers and duties of the Board. The closing date for receipt of written questions was 10.00am on 26 October 2021.

**The following question was submitted by Mr Bren McInerney: -**

Does the Gloucestershire Health and Well Being Board know what is driving inequalities in the county; what measures do we have to be assured of this, and, what evidence is there that all our programmes of work are designed, delivered, assessed, and reflected on to positively address our stark inequalities in the county?

**Response by Cllr Carole Allaway Martin (Cabinet Member: Adult Social Care Commissioning/Professor Sarah Scott: Executive Director of Adult Social Care and Public Health at Gloucestershire County Council): -**

Health inequalities are driven by a complex range of social, environmental and economic factors, which interact to produce unfair differences in health outcomes. Drivers vary between communities and individuals, which means that it's difficult to pinpoint specific drivers at county level. It also means that there is no single or simple solution to address the issue. There is also evidence that the Covid-19 pandemic has exacerbated pre-existing health inequalities and must now be considered among the list of potential drivers.

Acknowledging that there is already much activity aiming to reduce health inequalities underway, the Gloucestershire Health and Wellbeing Board (GHWB) recognises the need to refocus and step-up our collective efforts as we move into recovery.

With this in mind, GHWB and the Integrated Care System (ICS) Board have convened a new Health Inequalities Panel comprising senior system leaders, which will take steps to:

1. Identify, coordinate and align current action on health inequalities; ensuring priorities for strengthening this work are agreed, impact is monitored and learning is shared
2. Develop a sustainable, community-centred, whole systems approach to reducing health inequalities, which involves bringing multiple stakeholders together to better understand the drivers and work collaboratively to agree what action should be taken.

The Panel is undertaking a system-wide mapping and networking exercise to gain a better collective understanding of key assets and areas of activity. This will help us to identify what is working well, and to identify key gaps and opportunities for development. A shared Health Inequalities dashboard is also in development to help provide assurance that collective actions are effective. We envisage this will evolve as we learn and engage more widely.

Meanwhile, we are continuing to take forward a number of initiatives which aim to encourage and enable system partners to better understand the disparities within their programmes of work and embed effective action to mitigate these differences. This work includes progressing our local 'anchor institutions'\* approach and the further development and testing of the local Health Inequalities Toolkit, designed to support partners to take effective action.

\* This approach aims to maximise the leverage GHWB member organisations have, as employers, purchasers of goods and services, owners of land and assets and leaders of place, to support inclusive economic growth.

At the meeting, it was suggested Cllr Allaway Martin arrange to meet with Mr McInerney to discuss his questions in more depth. Mr McInerney agreed to this suggestion and hoped the discussion would provide more detail on measures not included in the initial response to his question.

**Action:** Cllr Carole Allaway Martin to meet with Mr McInerney after the meeting.

## **5. MEMBERS' QUESTIONS**

Members were invited to submit written questions on matters within the powers and duties of the Board. The closing date for the receipt of questions was 10.00am on 26 October 2021.

No written questions from members were received in advance of the meeting.

## **6. NEXT STEPS - HEALTH AND WELLBEING BOARD AND INTEGRATED CARE PARTNERSHIP**

Members received a detailed update on the formation of a statutory Integrated Care System (ICS) for Gloucestershire and introduction of an Integrated Care Partnership (ICP).

In response to revised health and care legislation, ICPs will be jointly convened by Local Authorities and the NHS as equal partners and comprise a broad alliance of organisations and representatives responsible for improving the care, health and wellbeing of the population they serve.

It was explained that the purpose of the update at this meeting was to report on the progress of the outcomes and activities agreed at a joint workshop held between the Health and Wellbeing Board (HWB) and the Integrated Care System (ICS) Board in September 2021; to outline the preferred model on how the HWB and ICP should operate and to identify the next stages in the development of the ICS.

The proposed timeline, (including the update presented at this meeting), to progress the formation of the ICP included: -

02 November 2021 – the HWB to discuss and review the progress of activities agreed at the joint workshop on 21 September 2021, and next steps;

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18 January 2022 – the HWB to consider proposals on the development of the ICS and any amendments to the Terms of Reference;

14 March 2022 – the Gloucestershire County Council Constitution Committee to consider the outcomes of the HWB decision, (including amendments to the Terms of Reference), for inclusion in the Gloucestershire County Council Constitution;

18 May 2022 - Gloucestershire County Council (Full Council) to ratify the Constitution Committee decision.

It was acknowledged that further work would be required to align the two boards, including detailed consideration of the proposal for a shared secretariat to service both the Board and the Partnership. Further refinement would also be required on the design of the Partnership in light of further national guidance and any amendments to legislation. It was agreed it would be useful for the secretariat to form as quickly as possible.

No suggestions were made on the proposed membership of the secretariat but it was agreed the terms of reference should be emailed to members to comment on in advance of the next update to the Board in January 2022.

In noting the report, the Board

- 1) Acknowledged the timeline for decision making;
- 2) Confirmed Option 3 as the preferred option;
- 3) Agreed, (in principle) that a joint secretariat should serve both boards;
- 4) Agreed that the secretariat initially consider and make recommendations on the detail of the form and functions of both boards.
- 5) Supported the proposal that the meetings of both boards be aligned to meet on the same day in succession;
- 6) Acknowledged the need for clarification on how the voice of patients, carers and citizens should be represented by the ICP.

The Board reinforced the need to avoid the duplication of meetings and suggested that a separate HWB meeting be held once a year.

Reflecting on how far the HWB has progressed, some members emphasised the need to ensure strong and robust structures are put in place and the need to respond quickly to updates and directives.

## **7. ICS UPDATE**

Mary Hutton, (Gloucestershire NHS Clinical Commissioning Group), gave an update on the development of the Gloucestershire Integrated Care System, (ICP).

The power-point presentation presented at the meeting is published on the council website and attached to the minutes for information.

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Acknowledging that Gloucestershire had worked in partnership for several years, it was agreed this was an exciting opportunity from which to further the success of the arrangement and to provide new and additional services from which to meet local needs. The Integrated Care System (ICS) would be made up of two key bodies, an Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

Members noted progress during the past year and received an update on the timeline of the next stages of development, (October 2021 to April 2022). This included: -

- October/November 2021 – Recruitment of ICB Chief Executive Officer for Gloucestershire;
- Throughout the period to April 2022 – Communications and engagement work with public, partners & staff;
- End of October, end of December and mid-February – Submission of plans on how the ICS will operate from April 2022;
- 3 December 2021 – Submission of Draft Constitution, including ICB governance arrangements;
- By mid January – Appointment of ICB Executive posts and Non-Executive Directors Appointments;
- Mid January – Board Strategy Session
- January – Staff TUPE consultation and transfer arrangements to the ICB, (in line with the employment commitment to staff);
- By mid-March - System decision making arrangements to be confirmed/due diligence completed on the closure of the GCCG and establishment of the ICB.

Despite the busy agenda, it was noted that time would be set aside in January 2022 to consider the impact and welfare of the staff involved in the transition and to ensure the necessary measures were in place to enable a successful integration.

An Integrated Care Strategy would be required to hold the ICB to account and to ensure everything was being progressed at the same time and in the same direction.

Referring to the national definitions set out to define the form and structure of the ICB, it was confirmed that the Gloucestershire model would continue in its current size.

The Board agreed it would be important to maintain the good partnership working already in place. Seeking reassurances about the wellbeing of GCCG staff, it was confirmed staff were being given the necessary support they required.

Emphasis was placed on the need for more collaborative working, including collaborative working across county borders. To overcome any risks and challenges to the new organisation and to reduce potential liabilities, work was underway alongside the national team and in conjunction with the transitional working group.

To support the extensive transition period until April 2022, members were encouraged to promote the development of the ICP and to broaden people's awareness and understanding.

The update was noted.

## **8. HEALTH AND WELLBEING BOARD - PERFORMANCE DASHBOARD**

Katie Hopgood and Katherine Martin, (Gloucestershire County Council Performance Team), outlined the work currently involved in progressing a 'dashboard' information reporting process for the sharing of data and intelligence in relation to the seven Health and Wellbeing Board (HWB) priorities.

In order to develop members understanding of how the priority areas progressed over time, it had been agreed that a 'performance dashboard' would be developed, setting out baseline measurements and aiding understanding of similarities or differences in the Gloucestershire population when making comparisons with the rest of England.

It was explained that the information presented by the dashboard linked with the Joint Strategic Needs Assessment, (JSNA), allowing for greater depth of data and intelligence. It was also explained that the dashboard would not replicate the information provided by the JSNA, but instead, would provide an overall summary of a smaller number of key indicators in relation to the agreed priorities.

The key principles on which the development of the dashboard would be based included: -

That -

- 1) It should be designed as a high level summary of the health and wellbeing system in relation to the key priorities of the Board;
- 2) The indicators should aim to provide succinct measures from which to describe a clear overview of the Health and Wellbeing Board priorities in as few points as possible;
- 3) Where possible, it should focus on system wide indicators, replacing service level indicators;
- 4) It should enable comparisons to be made to better understand similarities and differences, both within the county and between the county and national averages;
- 5) It should enable the Health and Wellbeing Board to identify and prioritise issues worthy of further investigation.

The indicators on which the dashboard focussed, (based on each priority), to consider the following:-

- a) What is being measured?
- b) Why is it being measured?
- c) How is this indicator defined?
- d) Who does it measure?
- e) When does it measure?
- f) Does it measure absolute numbers or proportions?
- g) Where does the data actually come from?
- h) How accurate and complete is the data?
- i) Are there any other caveats/issue to consider

The Board was asked to review and agree the selected indicators, (it was noted that further revisions may be required in the future). However, the focus of the exercise would always concentrate on the development of the JSNA, which, over time, would provide a useful source of data and intelligence for each of the seven priority areas.

Commending the usefulness of document, the Board noted the report and : -

- 1) Acknowledged the scope of the Health and Wellbeing Dashboard, in the context of the Joint Strategic Needs Assessment (JSNA) refresh; and
- 2) Approved the proposed indicators referred to in the dashboard.

## **9. CHILD FRIENDLY GLOUCESTERSHIRE UPDATE**

Helen Flitton, (Gloucestershire County Council), presented the Gloucestershire Domestic Abuse Strategy 2021 – 2024. The new strategy reflects the council's commitment to ensuring an ongoing robust response to domestic abuse in the county, and fulfilling the statutory requirement set out in the Domestic Abuse Act 2021.

The report outlined the findings of a recent domestic abuse needs assessment, the recommendations of which, informed the development of the new strategy, reflected by the following five priorities over the next three years:-

- 1) Prevention and early intervention
- 2) Multi-agency working and pathway development
- 3) Workforce development
- 4) High quality service provision for victims and their families
- 5) Working to break the cycle of perpetrator behaviour

Noting the development of the Gloucestershire Domestic Abuse Strategy 2021 – 2024, the Board supported the priorities identified by the strategy and the development of the multi-agency delivery plan.

The Strategy is published on the GCC website and can be viewed at the link [here](#).

## **10. GLOUCESTERSHIRE DOMESTIC ABUSE STRATEGY 2021 - 2024**

Dame Janet Trotter, Chair of the Child Friendly Gloucestershire: Children and Young People's Wellbeing Coalition, outlined changes to the Coalition, following comments made at the July meeting of the Health and Wellbeing Board and the request to further develop the work programmes within the Coalition Brochure to include targets and outcomes .

The updated brochure was presented for approval and agreement by the Board at the meeting.

Key changes to the document are outlined as follows:

- a) It was proposed that the name of the former 'Child Friendly Coalition' change to 'Gloucestershire Children and Young People's Wellbeing Coalition'. It was felt this was a more inclusive title and acknowledged that many young people aged between 10 – 25 years objected to being categorised as children;
- b) A new section 'A Case for Change' has been added to the Brochure (Part 1)
- c) The Vision and Mission Statement has been amended and strengthened (Part 2)
- d) The Engagement and Priority Work Streams sections (Parts 3 and 4) have been strengthened
- e) The Biographies Section (Part 6) has been amended.

In addition to the Brochure, the Coalition has been invited to become involved in the cross-sector discussions currently underway to explore a Family Hub model for the county, in response to the Leads on Report. The invitation arose from a consultation exercise initiated by the Children's Commissioning Team on the recommissioning of the Children and Family Centres evolved to consider the potential for the initiative and to support a Family Hub model.

The commissioning of the Children and Family Centres has a timetable determined by existing contractual arrangements which requires an incremental approach towards the development of a Family Hub model. As such, the initial piece of commissioning is key and the Coalition, and its Best Start in Life Sub Group, are keen to be involved in developing exciting proposals and options with the Commissioning Team.

The Board welcomed the changes to the Coalition Brochure and the updated information and: -

- 1) Endorsed the new approach being taken by the Coalition;
- 2) Signed off the updated Coalition Brochure, including the Vision, Mission Statement and Work Programmes, (giving delegation to the Chair of the Wellbeing Coalition to make any final changes);

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- 3) Agreed that the name of the Coalition change to the 'Gloucestershire's Children and Young People's Wellbeing Coalition'; and
- 4) Supported the involvement of the Coalition in the development of a Family Hub model for Gloucestershire.

## **CHAIRPERSON**

Meeting concluded at 12.00pm