

GLOUCESTERSHIRE HEALTH & WELLBEING BOARD

Minutes of the meeting of the Gloucestershire Health & Wellbeing Board held on Tuesday 17 January 2023 at Shire Hall, Gloucester.

Present	Cllr Carole Allaway-Martin	Nikki Richardson
	Cllr Stephen Davies	Ruth Saunders
	Cllr Kathy Williams	Peter Tonge
	Nick Evans	Peter Williams
	Professor Sarah Scott	Darren Knight
	Siobhan Farmer	Angela Claridge
	Chris Spencer	Oleya Atkinson
	Mary Hutton	Barbara Piranty
	Deborah Lee	Chris Brown
	Mark Walkingshaw	Guy Stenson
	Professor Mark Pietroni	Helen Edwards
	Deborah Lee	Tracy Clark
	Angela Potter	Charles Sharp
	Nathaniel Hooton	Tom Beasley
	Sarah Danson	Matt Lennard
	Ricky Moody	Chris Witham
	Jane Probert	

1. CHAIRPERSON

Cllr Carole Allaway-Martin was nominated to Chair the meeting.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Bob Hodges, Keith Gerrard, Kathy O'Leary and Gail Pasquall.

3. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

4. PUBLIC QUESTIONS

No public questions were submitted in advance of the meeting.

5. MEMBER QUESTIONS

No member questions were submitted in advance of the meeting.

6. ONE GLOUCESTERSHIRE INTERIM INTEGRATED CARE STRATEGY

Siobhan Farmer, Director of Public Health, gave a detailed update on the One Gloucestershire Interim Integrated Care Strategy, (agreed by the Gloucestershire Health and Wellbeing Partnership at its meeting on 22 December 2022).

The document was described as a fundamental document, to be used to advise and inform the Health and Wellbeing Board on the work of the Health and Wellbeing Partnership. This co-produced piece of work would be introduced as a phased approach and link to the wider 'planning' work of the Integrated Care Strategy. The next 3 month period would be an important timeline for considering how the strategy would be delivered.

Chair, Cllr Carole Martin, welcomed the partnership working involved in developing the strategy and the contribution to ensuring a better quality of life for the people of Gloucestershire.

Members and officers were thanked for their hard work and valuable contributions in developing the strategy.

7. DRAFT TERMS OF REFERENCE

7.1 Siobhan Farmer, Director of Public Health, (Gloucestershire), outlined proposals for the alignment of the membership of the Health and Wellbeing Partnership with the Health and Wellbeing Board. It was explained that to fulfil the proposals required a review of the terms of reference, (including membership), of both committees.

7.2 As noted at the earlier Health and Wellbeing Partnership meeting, the Health and Care Act 2022 introduced significant changes to the structures and governance of local NHS bodies, including changes to the way local Health bodies work with Local Government. As a consequence of the changes, the Gloucestershire NHS Integrated Care Board was formed on 1 July 2022, taking on the responsibilities and functions formerly held by the Gloucestershire Clinical Commissioning Group.

7.3 It was explained that the Act did not impact on the statutory duties of Health and Wellbeing Boards, and that these must still be discharged. There remained, however, a potential overlap in the intended roles and responsibilities of Integrated Care Partnerships (ICP) and Health and Wellbeing Boards (HWB), particularly for areas that are coterminous.

7.4 One of changes introduced by the Act was a requirement for each Integrated Care Board (ICB) and each upper tier or unitary Local Authority within its geographical area to establish a joint committee, (an Integrated Care Partnership). In Gloucestershire's case, since the County Council and the ICB are coterminous, this resulted in the establishment of a single Integrated Care Partnership for the County. Each Integrated Care Partnership can determine its own procedures and methods of working.

7.5 Reflecting on the Council's co-terminosity with the ICB and the anomalies brought about by the pre-existing Health and Wellbeing Board and the new Integrated Care Partnership covering the same geographical area, serious consideration had been given to how the two bodies might align/develop

complementary roles in order to add value to their respective functions and facilitate the delivery and improvement of local outcomes and services.

7.6 Referencing [Health and Wellbeing Boards Guidance](#) published by the Department of Health in November 2022, including guidance for localities affected by the issue of coterminous areas, members were informed that: *'in the few areas where the ICP and HWB are coterminous, (covering the same geographical boundaries), it may be appropriate for the HWB and the ICP to have the same members. This can be done, for example, by one part of the meeting formally being of the HWB, and the other part of the ICP. However, both have different statutory functions which each will be required to fulfil.'*

7.7 Members were advised that, following publication of the new guidance, comparisons were made between the membership of the Gloucestershire HWB and HWP. From the comparisons, it had become apparent that the HWP had a significant number of core officer members in common with the HWB, plus additional representation from the Voluntary, Community and Social Enterprise (VCSE) sector and a wider representation from the health and care sectors. The HWB included several 'in common' appointed members, (including the Chair), plus 'elected' cabinet portfolio leads from GCC, and the Deputy Police and Crime Commissioner.

7.8 To add value to the two committees, and hopefully achieve a more streamlined approach to meetings, it was proposed that the membership and future meetings of the HWB and HWP align. This would allow the members of the HWP to participate at both HWP and HWB meetings. The benefits of creating a consistent membership would hopefully reduce the potential for repetition at meetings brought about by the duplication of agenda items relevant to both groups, thus creating efficiencies in resource demands.

7.9 In order to achieve this, the following proposals were made: -

- a) The Terms of Reference for both the HWP and the HWB to be updated to reflect the proposed changes.
- b) The HWB to include elected representatives.
- c) Continued oversight of the delivery of the JHWS, (for which the Local Authority is accountable), to be made via the HWB. Scrutiny of the JHWS to remain with the Adults and Social Care Scrutiny Committee.
- d) All other aspects of the HWB Terms of Reference to be maintained, including the arrangements for voting.
- e) Meetings to be scheduled so that the HWP meet six times a year. Every other meeting of the HWP to take the form of a reduced session for the HWP, for which HWB members would join part or all of the meeting. The sessions to focus on Pillar 1 of the Interim Integrated Care strategy.

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- f) Additional development sessions to be arranged periodically to review developments to the JHWS.

7.10 If agreed by the HWB and the HWP, virtual consultation of the proposals to be made prior for consideration by the Gloucestershire County Council's Constitution Committee.

7.11 The draft terms of reference were noted, with a request that the HWP and the HWB submit any views to the Chair of the Board/Partnership for inclusion in the report/recommendations to the GCC Constitution Committee meeting in March. The Constitution Committee to then make recommendations to Full Council at its meeting on 24 May 2023, seeking approval of the revised Terms of Reference for each committee.

8. INTEGRATED CARE BOARD (ICB) JOINT FORWARD PLAN

8.1 Dan Corfield, (Associate Programmes Director for the NHS Gloucestershire Integrated Care System), gave a detailed presentation on behalf of the NHS Gloucestershire Integrated Care Board (ICB), on the requirement by the ICB to produce a 5-year Joint Forward Plan (JFP). To view the presentation, please refer to the link [here](#)

8.2 Dan advised that, in accordance with the Health and Care Act 2022, the ICB, (along with partner NHS trusts and NHS foundation trusts), must prepare a 5-year joint forward plan (JFP), prior to the start of each financial year. The plan to be refreshed each year.

8.3 The JFP includes 4 core elements:

- a) Improve the outcomes of the population's health and healthcare
- b) Tackle inequalities in outcomes, experience and access
- c) Enhance productivity and value for money, and
- d) Help the NHS support broader social and economic development requirements

8.4 The ICB must inform the Health and Wellbeing Board of the steps the ICB is proposing to implement the Joint Local HWB Strategy (JLHWS). The HWB must be provided with a draft version of the forward plan, for which the ICB must consult with the HWB on whether the plan takes proper account of each relevant JLHWS.

8.5 Following consultation, the HWB has the right to respond to the ICB and may give an opinion to NHS England. The forward plan must include a statement from the HWB on whether the JLHWS is taken proper account of within the joint forward plan

8.6 Following the establishment of the NHS Gloucestershire ICB on 1 July 2022, and subsequent abolishment of Clinical Commissioning Groups, (CCGs), the former requirement for CCGs to share commissioning plans with HWBs was removed.

8.7 Referring members to JFP guidance <https://www.england.nhs.uk/long-read/guidance-on-developing-the-joint-forward-plan/> published on 23 December 2022, Dan advised the Board of the adjusted timescales for development and publication of the Gloucestershire JFP 2023. He confirmed that the proposed approach for producing the JFP was based on the 5-year aims and milestones taken from NHS transformation programmes, (to reflect the 'pillars' of the new ICP Strategy). Engagement and consultation had been conducted in line with the ICP Strategy process in order to avoid potential duplication and engagement fatigue. A draft version of the plan would be circulated at the end of March, with final publication, (to be shared with NHS England), published at the end of June 2023. Questioning the difference between transformation and improvement, Cllr Stephen Davies, Cabinet Member for Children's Safeguarding and Early Years was informed that improvement was work already underway to make things better; transformation was seeking to better understand what work needed to be done to improve/make fit for purpose. Welcoming the question, it was explained that the basic difference was reflected in the services provided (improvement) and the services required (transformation) for the people of Gloucestershire.

8.8 The HWB was given an assurance that it would be involved as much as possible during the development process of the JFP, with draft versions shared at the earliest opportunity to ensure the ICB was taking proper account of the Joint Local HWB Strategy. Draft versions of the plan would be circulated to the Board in March, and again in May or June, plus any other major revisions that might emerge during this time. Any comments from the HWB would be included in the final (published) version of the JFP.

8.9 Four key questions were put to the Board at the meeting. These included;

- 1) What was the Board's overall opinion and response to the JFP development approach and scope outlined;
- 2) Where would citizens find similar information regarding non healthcare elements of overall integrated care strategy delivery, and can/should links to these be provided within the JFP document?
- 3) How would Board members like to be engaged with, (in addition to draft version of the plan being shared), to ensure the JFP is delivered in accordance with the integrated care strategy?
- 4) What was the best way for the ICB to gain opinion, feedback and assurance from HWB?

Members were asked to consider the questions and provide any feedback to the Chair of the HWB via jo.moore@gloucestershire.gov.uk

8.10 Key comments raised at the meeting included: -

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- a) The importance of enabling communities to contribute/become involved in the development of the plan;
- b) The request that the delivery plan sit alongside the JLHWS
- c) The need to consider the transformation of children's mental health services and how they will be delivered;
- d) The delivery of services for the families of asylum seekers/refugees;

8.11 In receiving the report, the HWB noted: -

- a) The guidance provided in December 2022 at the link [here](#)
- b) The proposed approach by the ICB team to engage with partners in the development of the JFP
- c) That the work plan to produce the JFP was in progress and on schedule;
- d) The 4 questions outlined on page 50 of the agenda pack

9. FUTURE MEETINGS

The dates of combined meetings were confirmed as:

28 March (1.30pm)
30 May (1.30pm)
25 July (1.30pm)
26 Sept (1.30pm)
28 Nov (1.30pm)

CHAIRPERSON

Meeting concluded at 11.15 am