

## Gloucestershire Health & Wellbeing Board

**Tuesday 19 March 2024 (to follow on from the Health and Wellbeing Partnership Meeting)**

**Council Chamber - Shire Hall, Gloucester**

<b>1</b>	<b>Apologies for absence</b> To note any apologies for absence	Chair
<b>2</b>	<b>Declarations of interest</b> To confirm any declarations of interest on matters being discussed at the meeting. Please see note (a) on the cover sheet of the agenda.	Chair
<b>3</b>	<b>Minutes of the previous meeting</b> (Pages 1 - 6) To confirm the minutes of the Health and Wellbeing Board meeting held on 28 November 2023.	Chair
<b>4</b>	<b>Public Questions</b> To answer any written questions about matters within the powers and duties of the Board. The deadline for the receipt of written questions for the meeting on Tuesday 19 March 2024 is 10.00am on Tuesday 12 March 2024.  Please send any questions marked for the attention of the Chief Executive to Jo Moore at email address: <a href="mailto:jo.moore@gloucestershire.gov.uk">jo.moore@gloucestershire.gov.uk</a>	Chair
<b>5</b>	<b>Member Questions</b> To answer any written member questions about matters within the powers and duties of the Board. The deadline for the receipt of written questions for the meeting on Tuesday 19 March 2024 is 10.00am on Tuesday 12 March 2024  Please send any questions marked for the attention of the Chief Executive to Jo Moore at email address: <a href="mailto:jo.moore@gloucestershire.gov.uk">jo.moore@gloucestershire.gov.uk</a>	Chair
<b>6</b>	<b>Better Care Fund</b>	Chair

	A verbal update on the responsibilities of the Gloucestershire Health and Wellbeing Board in relation to the Better Care Fund.	
7	<p><b>One Gloucestershire Joint Forward Plan 2024-2029</b> (Pages 7 - 12)</p> <p>Presentation of the Draft One Gloucestershire Joint Forward Plan published by the Gloucestershire Integrated Care Board on behalf of the Gloucestershire Integrated Care System.</p>	Louise Holder
8	<p><b>Future Meetings</b></p> <p>To note the dates of future meetings.</p> <p>Health and Wellbeing Partnership Meeting – 07 May 2024  Health and Wellbeing Board/Partnership Meetings – 30 July 2024  Health and Wellbeing Partnership Meetings – 24 Sept 2024  Health and Wellbeing Board/Partnership Meetings – 26 Nov 2024</p>	Chair

**Membership** – Bronwyn Barnes, Tom Beasley (Active Gloucestershire), Tracey Birkinshaw (Cheltenham Borough Council), Emma Keating Clark (Stroud District Council), Martin Cooke (NHSE), Alistair Cunningham (Tewkesbury BC), Sarah Danson (GFirst LEP), Nick Evans (Deputy Police and Crime Commissioner), Siobhan Farmer, (Gloucestershire County Council), Keith Gerrard (Stroud District Council), Dr Bob Hodges (Primary Care), Mary Hutton (NHS Gloucestershire), Raghu Ananthakrishnan (Gloucestershire Hospitals NHS Foundation Trust), Matt Lennard (Gloucestershire VCS Alliance), Riki Moody (GCPA), Dame Gill Morgan (NHS Gloucestershire), Angela Potter (Gloucestershire Health and Care NHS Foundation Trust), Nikki Richardson (Healthwatch Gloucestershire), Ruth Saunders (Gloucester City Council), Sarah Scott (Executive Director of Adult Social Care, Wellbeing and Communities), Peter Tonge (Tewkesbury Borough Council), Mark Walkingshaw, Chris Witham (NHS Gloucestershire), Andrea Holder, Cllr Carole Allaway-Martin (Chair), Cllr Stephen Davies and Cllr Stephan Fifield

- (a) **DECLARATIONS OF INTEREST** – Please declare any disclosable pecuniary interests or personal interests that you may have relating to specific matters which may be discussed at this meeting. Members requiring advice or clarification about whether to make a declaration of interest are invited to contact the Monitoring Officer (Rob Ayliffe Tel: 01452 328506 e-mail: [rob.ayliffe@gloucestershire.gov.uk](mailto:rob.ayliffe@gloucestershire.gov.uk)) prior to the start of the meeting.
- (b) **INSPECTION OF PAPERS AND GENERAL QUERIES** - If you wish to inspect Minutes or Reports relating to any item on this agenda or have any other general queries about the meeting, please contact: Jo Moore, Senior Democratic Services Adviser  
☎:01452 324196/email: [jo.moore@gloucestershire.gov.uk](mailto:jo.moore@gloucestershire.gov.uk)
- (c) **GENERAL ARRANGEMENTS**  
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**EVACUATION PROCEDURE** - in the event of the fire alarms sounding during the meeting please leave as directed in a calm and orderly manner and go to the assembly point. Please remain there and await further instructions.



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## **GLOUCESTERSHIRE HEALTH & WELLBEING BOARD**

Minutes of the meeting of the Gloucestershire Health & Wellbeing Board held on Tuesday 28 November 2023 at Shire Hall, Gloucester.

To view a recording of the meeting, please visit the Gloucestershire County Council website at the link [here](#)

### **Present:**

Gemma Artz  
Bronwyn Barnes  
Tom Beasley  
Tracey Birkinshaw  
Nigel Brinn  
Beth Bennett Britton  
Chris Brown  
Angela Claridge  
Matt Gilby  
Des Gorman  
Dr Bob Hodges  
Andrea Holder  
Nathaniel Hooton  
Mary Hutton  
Ann James  
Matt Lennard  
Riki Moody  
Barbara Piranty  
Dr Amanthakrishnan Raghuram  
Nikki Richardson  
Charlie Sharp  
Guy Stenson  
Mark Walkingshaw

### **Presenting Officers:**

Pete Carr  
Dr Emily Moseley  
Dr Mala Ubhi  
Dr Graham Mennie

### **1. APOLOGIES FOR ABSENCE**

The following apologies for absence and non-attendance were noted at the meeting: -

Cllr Carole Allaway-Martin (Chair)  
Sarah Scott  
Siobhan Farmer  
Angela Potter (substituted by Des Gorman)  
Keith Gerrard

*Minutes subject to their acceptance as a correct record at the next meeting*

Ruth Saunders  
Alistair Cunningham  
Nigel Brinn  
Rachel Pearce (NHS England)  
Nick Evans (Deputy Police and Crime Commissioner)  
Dame Gill Morgan  
Professor Mark Pietroni (NHS Gloucestershire)  
Olesya Atkinson  
Gail Pasquall  
Chris Witham  
Helen Edwards  
Chris Brown  
Tracy Clark  
Chief Sup Jane Probert  
Sarah Danson

New members Tracy Birkenshaw, Emma Keating Clark and Raghu Ananthakrishnan were welcomed to the meeting.

In the absence of the Chair and the Vice Chair, it was agreed and accepted that Mary Hutton would Chair the meeting on this occasion.

## **2. DECLARATIONS OF INTEREST**

No declarations of interest were made at the meeting.

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

The minutes of the Board meeting held on 25 July 2023 were agreed and confirmed as a correct record of that meeting. It was confirmed that Nikki Richardson, representing Healthwatch Gloucestershire, had attended the meeting.

## **4. PUBLIC QUESTIONS**

No public questions were submitted for consideration at the meeting.

## **5. MEMBER QUESTIONS**

No member questions were submitted for consideration at the meeting.

## **6. DIRECTOR OF PUBLIC HEALTH REPORT 2023: JUST ANOTHER DROP: THE RIPPLE EFFECT OF ALCOHOL**

6.1 In the absence of the Director of Public Health, Siobhan Farmer, GCC Head of Commissioning (Complex Needs) Public Health and Communities, Helen Flitton, introduced the Director of Public Health Annual Report 2023

6.2 The report, entitled 'Just Another Drop – the Ripple Effect of Alcohol' is published on the Gloucestershire County Council website and can be viewed at the link [here](#).

6.3 A video on the background and the work invested in the development of the report can be viewed at the link [here](#).

6.4 It was explained that the purpose of the report was to raise awareness of the issues surrounding alcohol, including the significant effects on the culture and economy of Gloucestershire, including the potential harm it can cause.

6.5 Emphasising the need for a system-wide response to prevent and reduce alcohol dependency, it was acknowledged that many people are able to drink and enjoy alcohol without harm or detrimental effects. The report included a series of recommendations, the successful outcomes of which will be dependent on partnership working and community involvement.

6.6 The recommendations, (outlined below), are divided into actions for the Public Health and Communities Team to progress, supplemented by activities for wider system partners to take forward.

**6.7 The Public Health and Communities team to: -**

- 1) Strengthen the role of the 'NHS Health Check' in identifying people with higher risk alcohol intake and encouraging them to access support. The NHS Health Check is a free checkup carried out at the GP Surgery. It is offered once every five years to people aged 40 to 74 years and can help spot early signs of stroke, kidney disease, heart disease and type 2 diabetes. The health check also provides an opportunity to speak to a health professional on alcohol related issues and to learn about the support available to reduce alcohol intake, if needed).
- 2) Ensure all health care providers know how to and who to refer for alcohol treatment;
- 3) Explore opportunities to work in partnership with communities to equip local people to deliver brief interventions to support people who are concerned about their alcohol use in order to access support;
- 4) Build on the opportunity for closer working between the Public Health and Communities Team and District Council licensing leads to strengthen the approach to licensing in the County;
- 5) Maximise opportunities to use the 'Gloucestershire Healthy Award' to address work-related factors that can drive harmful drinking; raise awareness of the risks of drinking; promote healthier ways of socialising, relaxing and coping with difficulties and provide signposts to support. The Gloucestershire Healthy Award is a free award scheme open to all

Gloucestershire organisations in recognition of the work they do to support employee health and wellbeing.

### **6.8 Recommendations to System and Partners included: -**

- 1) Develop a stronger data-informed approach to the identification of risky drinking in Gloucestershire to inform action for early intervention to reduce alcohol-related harm and associated inequalities.
- 2) Undertake a benchmarking exercise to review what organisations are already doing in terms of identifying people who could be at increased risk, and what more they could do.
- 3) Run a campaign to raise awareness of alcoholic liver disease, including its silent nature and the importance of early identification, and take a data driven approach to reviewing opportunities to offer screening for early stages of disease among high-risk groups. For example, offering support within community treatment services, GP Practices, A&E and other frontline service settings, as well as within treatment outreach locations.
- 4) Upskill and support health and care services to embed brief interventions and use of screening tools in routine care. Key opportunities include new patient assessments and chronic disease reviews in primary care, or as a self-assessment while people are waiting in A&E. This proposal will help identify more people with higher risk alcohol intake and increase the number of people accessing support.
- 5) Develop a needs assessment to identify areas requiring targeted Tier 2 work and deliver prevention and early intervention initiatives to groups of young people with a higher level of risk of alcohol misuse identified through the needs assessment.
- 6) Build on the Purple Flag accreditation to review opportunities to encourage business to the nighttime economy that do not serve alcohol or promote no and low alcohol alternatives and are attractive to a range of ages. The Purple Flag Scheme is an accreditation that promotes safety and supports excellent practice in managing the evening and night-time economy.
- 7) Under the auspices of the Combating Drugs Partnership, work with partners to undertake a CLear self-assessment of local arrangements for preventing and reducing alcohol-related harm and incorporate recommendations into the Partnership Action Plan. The Alcohol CLear system level self-assessment tool is an evidence-based approach to better understand the effectiveness of local arrangements for preventing and reducing alcohol related harm. It aims to identify areas for further development and help prioritise action across an alcohol partnership.
- 8) Encourage partners and communities to advocate for change by introducing interventions known to be the most effective in reducing alcohol related harm



*Minutes subject to their acceptance as a correct record at the next meeting*

and to better understand the role of the alcohol industry in advertising and promotion to children and young people.

9) Promote evidence-based digital self-help tools as part of a local campaign targeted at harmful and hazardous drinkers.

10) Consider personal risks and become more mindful about personal drinking.

6.9 Members were encouraged to consider the report in detail and to submit any comments or questions to the Public Health Team via [jo.moore@gloucestershire.gov.uk](mailto:jo.moore@gloucestershire.gov.uk).

6.10 One member enquired if the report could be presented to Voluntary Sector organisations, and this was noted. It was agreed that as much community involvement as possible was essential to the success of the work.

6.11 Several members referred to links between the report and smoking, including the opportunities to address both issues.

6.12 Questioning how best to take forward the recommendations, it was agreed that it would be important to involve and promote the work with as many partners and organisations as possible. It was suggested that the establishment of a task group from which to steer the work might be useful, and this was noted. **Action by - Public Health Team**

6.13 Members commended the detail and relevance of the report and requested a follow up presentation at a future meeting. **Action by - Public Health Team**

## **7. HEALTH AND WELLBEING BOARD PRIORITIES ANNUAL UPDATE 2023**

7.1 Members received a detailed update on the progress achieved by the Gloucestershire Health and Wellbeing Board over the past year within each of the seven priorities outlined in the Joint Health and Wellbeing 2019-2030 Strategy. The priority areas include: -

- 1) Physical Activity
- 2) Adverse Childhood Experiences
- 3) Mental Wellbeing
- 4) Social Isolation and Loneliness
- 5) Healthy Weight
- 6) Best Start in Life
- 7) Housing

7.2 For each of the 7 priorities, members were presented with an overview of the key highlights and challenges that related to each priority and an outline of proposed next steps. The report presented at the meeting sets out the detail of the update and can be viewed [here](#).

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7.3 It was agreed that it would be important to monitor the challenges, and to note the successes and achievements that might emerge in the forthcoming year (2024) as an evaluation of the investment that had made in the county.

7.4 Responding to the update on the Housing priority, several members supported the suggestion that the Partnership become more actively involved in work associated with the Gloucestershire Strategic Housing Plan. It was agreed that further discussions on the proposal would be useful after the meeting. **Action by – Members/Lead Officers**

7.5 In noting the extent of the work being undertaken in each of the priority areas, it was suggested that lead partners and the relevant work streams report back to the Board at its meeting on 30 July 2024. **Action by – Priority Leads**

7.6 Members were asked to encourage those people within their teams/organisations with an interest in the priority areas to become more actively involved and to provide support to progress current activities. **Action by – Members**

## **8. FUTURE MEETINGS**

Health and Wellbeing Partnership Meeting – 30 Jan 2024

Health and Wellbeing Board/Partnership Meetings – 19 Mar 2024

Health and Wellbeing Partnership Meeting – 07 May 2024

Health and Wellbeing Board/Partnership Meetings – 30 July 2024

Health and Wellbeing Partnership Meetings – 24 Sept 2024

Health and Wellbeing Board/Partnership Meetings – 26 Nov 2024

## **CHAIRPERSON**

Meeting concluded at 3.00pm

# Health & Wellbeing Board Joint Forward Plan 2024-2029

19 March 2024



# Reminder of strategic planning requirements

- We have a duty under the Health and Care Act 2022 to develop 5-year Joint Forward Plans (JFPs) before the start of each financial year. This will therefore be our second JFP.
- The One Gloucestershire JFP describes how we will deliver and improve the health and care elements of the county's Integrated Care Strategy. It is owned by the NHS Gloucestershire Integrated Care Board, Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care Foundation Trust with contributions from other partners such as Gloucestershire County Council, primary care and the voluntary sector.
- The JFP also describes how we meet the seventeen legislative requirements of Integrated Care Systems and how we understand their impact.
- Publication by 31<sup>st</sup> March of a light-touch reviewed JFP

# Our approach

- **A plan of two halves:**
  - main narrative document which tells the story of our strategic objectives
  - supplemented by a more detailed appendix setting out what we have done, what impact it had and what we will do next

## 10 Strategic Objectives

#1: Increase prevention and early intervention; improve long-term health outcomes and build resilient communities

#2: Achieve equity in access, experience and outcomes

#3: Take a community and locality focused approach to the delivery of care

#4: Provide the right care in the right place, when it is needed most

#5: Improve quality and outcomes across the whole person journey

#6: Ensure that the services we deliver today are sustainable and safe

#7: Improve the timeliness of care and treatment

#8: Create One Workforce for One Gloucestershire

#9: Transform care through technology and effective use of our estate

#10: Create a financially sustainable health and care system

# Aligning to the ICS Strategy

**Making Gloucestershire a better place for the future**

**Transforming what we do**

**Improving health & care services today**

**Increase prevention and early intervention; improve long-term health outcomes and build resilient communities**

**Take a community and locality focused approach to the delivery of care**

**Provide the right care in the right place, when it is needed most**

**Improve quality and outcomes across the whole person journey**

**Ensure that the health and care services we deliver today are sustainable and safe**

**Achieve equity in access, experience and outcomes across health and care**

**Create a One Workforce for One Gloucestershire**

**Improve the timeliness of care and treatment**

**Creating the conditions for change**

**Transform care through technology and effective use of our estate**

**Create a financially sustainable health and care system**

# Each strategic objective section includes:

- Why is this important?
- What have we done?
- A short case study
- What are we going to do?
- What difference will it make?

With more details about programmes' metrics and milestones in the appendix

Over the next 2 years we will:

### What we are aiming to achieve next

- Increase the number of people being referred to digital weight management service.
- Increase the number of people supported through stop smoking program acute, maternity (to 6% by 2025) and mental health inpatient settings.
- Increase the number of people supported through the creative health focus on engagement in more deprived communities and racially deprived

### How we are planning to achieve this

	Year 1 (24/25)	Year 2 (25/26)	Year (26/27)
<b>Healthy Weight</b> Continue to act as a key partner to increase physical activity levels across the county with We Can Move.	✓	✓	
<b>Smoking</b> Expand the tackling tobacco dependency programme in acute, maternity and mental health inpatient settings.			
<b>Community Wellbeing</b> Scope, engage and remodel the Community Wellbeing Service in Gloucestershire	✓		✓
<b>Social Value and Cultural Commissioning</b>			

## Strategic Objective #4: Improve quality & outcomes across the whole person journey

### Why is this important?

We are about to see a significant increase in older people in Gloucestershire over the next 10 years. Along with this we are projecting growth in the number of people living with long-term conditions – including those living with two or more long-term conditions.

We want to educate people about preventing serious conditions before they occur (primary prevention) whilst providing early diagnosis and treatment. This means supporting people with major conditions like cancer, cardiovascular disease (CVD), diabetes and respiratory to live well and where possible support them to manage their conditions at home (secondary prevention).

If we get this right, the long-term impact will be to slow the growth in new diagnoses and hospital admissions and attendances - making things better for Gloucestershire's system and more importantly Gloucestershire's people.

### Blood Pressure Monitoring and Support

Persistent high blood pressure can increase the risk of serious and potentially life-threatening conditions such as heart failure, heart disease and stroke.

We are increasing blood pressure monitoring and support for patients with hypertension. In the first half of this year, we diagnosed and are now supporting a further 1,300 people. Our campaign during 'Know Your Numbers Week' has played a key part in this.

In Spring 2024 we will be recruiting 'CVD Champions' in Primary Care to assist with proactive monitoring and support for patients with hypertension.

### What have we done?

To ensure we can prevent and treat the most serious conditions we have been making improvements to care pathways through our Clinical Programme Approach.

Early diagnosis of conditions is a key priority. This year we have increased diagnostic testing for respiratory conditions in primary care, increased blood pressure testing and are continuing to prioritise early cancer diagnosis. This means that people's conditions can be identified and therefore supported more quickly – and that there is less need for acute care.

Where people do have long-term conditions, we are supporting them in the community. We have expanded support for people with diabetes through Continuous Glucose Monitoring, introduced monitoring for people with respiratory needs via a new Virtual Ward and increased referrals to pulmonary rehabilitation for people with COPD (where referrals were up 21% in the first 6 months of 23/24).

### What are we doing next?

- ✓ Widening access to diabetes technology allowing people to monitor their condition.
- ✓ Creating a network of Asthma Friendly Schools in Gloucestershire – increasing training for staff.
- ✓ Prioritising blood pressure testing in the community and supporting treatment of patients.
- ✓ Providing a new service to offer greater capacity and choice of rehabilitation for people with stroke.

### What difference will we make?

Measure	Where are we	Where do we want to be
% of hypertension patients treated to target	85% (Jan '24)	80% by 2029
Testing in primary care for COPD and asthma – positive spirometry & FeNO tests	Spirometry – 244 FeNO – 735	500 by 2026/27 1000 by 2026/27
% of patients with diabetes receiving checks: 8 care processes – Type 1 and Type 2	Type 1 – 26.7% Type 2 – 66.7%	70% by 2028/29 70% by 2028/29
% of cancers diagnosed at stages 1 and 2	54.4% 2021	75% by 2028

# Sign-off

- GHFT Board: 14th March
- Health and Wellbeing Board: 19th March
- PCN Clinical Directors: Virtual Circulation
- NHS Gloucestershire Integrated Care Board: 27th March
- GHC Board: 28th March

## **Board are asked to:**

Comment on the One Gloucestershire Joint Forward Plan for 2024-2029 and its contribution to the integrated care strategy.