

GLOUCESTERSHIRE HEALTH & WELLBEING BOARD

MINUTES of the meeting of the Gloucestershire Health & Wellbeing Board held on Tuesday 23 July 2019 commencing at 10.00 am at the Cabinet Suite - Shire Hall, Gloucester.

PRESENT MEMBERSHIP:

Ingrid Barker	Pat Pratley
Wayne Bowcock	Sarah Scott
Cllr Richard Boyles	Dr Andy Seymour (Vice-Chairman)
Chris Brierley	Chris Spencer
Cllr Tim Harman	Cllr Jennie Watkins
Peter Lachecki	Margaret Willcox OBE
ACC Julian Moss	Cllr Roger Wilson (Chairman)

Also in attendance: Dame Janet Trotter
Andy Dempsey – Director of Partnerships and Strategy
Zoe Clifford – Consultant in Public Health

Apologies: Mary Hutton, Bob Lloyd-Smith, Dr Hein Le Roux and Cllr Kathy Williams

21. DECLARATIONS OF INTEREST

No declarations of interest were received.

22. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on Tuesday 14 May 2019 were agreed as a correct record and signed by the Chairman.

23. PUBLIC QUESTIONS

No public questions were received.

24. MEMBERS' QUESTIONS

No member's questions were received.

25. JOINT HEALTH AND WELLBEING STRATEGY

25.1 Zoe Clifford, Consultant in Public Health, presented the report. The Board was informed that this draft, with the Board's approval, was now ready to go out to consultation. The consultation would be undertaken alongside the consultation on the NHS Long Term Plan currently underway led by the Gloucestershire Clinical Commissioning Group (GCCG). There would be two sets of questionnaires one focused to individuals and one to organisations.

25.2 It was noted that a Board lead for the Mental Wellbeing priority had yet to be identified; and that with Ms Pratley retiring a new lead would need to be identified for the Housing priority. Sarah Scott, Director of Public Health (DPH), stated that it did not bode well for the strategy if we could not identify Board leads. It was agreed that this matter needed to be addressed promptly. It was anticipated that the 2Gether NHS Foundation Trust would wish to lead on the Mental Wellbeing priority. It was noted that there were established Housing Groups, eg. the Housing Care Board, and it would be important to establish links with these bodies.

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25.3 A concern was raised with regard to the potential for confusion with two sets of health related consultations taking place at the same time.

25.4 The Board agreed that the draft strategy be circulated for consultation.

26. ONE GLOUCESTERSHIRE WAY

26.1 Sarah Scott, Director of Public Health, reminded the Board that this paper drew on the discussion at the 14 May 2019 Board meeting, at which there was a lot of enthusiasm, and support to take this approach forward. She informed the Board that she thought it important that, whilst taking the learning from the Wigan Deal, the Board's focus was on what a deal/pledge would look like for Gloucestershire. There were already many of the constituent parts in place and now we needed to look at how to take them forward together for the benefit of the people of Gloucestershire.

26.2 Zoe Clifford, Consultant in Public Health, presented the report. She highlighted that a particular challenge going forward related to the lack of a common language across professions/services. She explained that the first step in the process would be to build the narrative and the way of working, with the 'deal/pledge' coming through in the final stages.

26.3 Board members agreed that this approach would require a significant level of culture change if it was to be successful. It would also be important to have the right change model in place to drive this work forward. It was commented that it would be helpful to reflect the work being undertaken through the One Gloucestershire ICS (Integrated Care System), whilst recognising that the Gloucestershire Way was wider than health and social care.

26.4 It was agreed that much of this work would fall within the purview of the district councils and that it would be helpful to have them around the table for these discussions. It was agreed to pick this strand up in the discussion on Board membership later on the agenda.

26.5 It was recognised that this was at least a 10 year change programme, and that delegating power to the less senior levels would be a challenge for some but would be necessary if the Gloucestershire Way was to be successful. How resources were utilised to best effect would also be significant.

26.6 There was some discussion as to whether the Gloucestershire Way was the correct name and it was agreed that this should be tested as the initiative developed. It was agreed that it would be helpful to build on the place based systems already in operation.

26.7 The DPH informed the Board that at present there was some capacity in the Public Health team and the GCCG to take forward the early discussions, but that in the longer term there needed to be specific funding for this work.

26.8 The Board agreed to the approaches for developing the Gloucestershire Way as outlined in paragraph 5 of the report.

27. SAFER GLOUCESTERSHIRE COMMUNITY SAFETY STRATEGY 2019 - 2022

27.1 Chris Brierley, Deputy Police and Crime Commissioner, and Andy Dempsey, Director of Partnerships and Strategy, gave a detailed presentation of the Safer Gloucestershire strategy (for information the presentation slides were uploaded to the council website and included in the minute book).

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- 27.2 The Board agreed that it was important that the priorities of both bodies aligned and complemented each other. Members agreed that this strategy formed a good basis for taking this work forward.
- 27.3 It was noted that there would be a joint development meeting between the Board and Safer Gloucestershire on Tuesday 5 November 2019 which would enable a broader discussion with members from both bodies.
- 28. CHILDREN'S HEALTH AND WELLBEING STRATEGY AND CHILD FRIENDLY GLOUCESTERSHIRE PROPOSAL**
- 28.1 Andy Dempsey, Director of Partnerships and Strategy, presented the report. He informed the Board that it would be important to mobilise the wider resources of Gloucestershire to safeguard the wellbeing of children and young people. He drew attention to the fact that in practice there tended to be a specific focus on one cohort of children but reminded members that there was a wider cohort that also needed to be considered. It was noted that there was no statutory duty to have a children's plan in place but it was recommended that there be one. We had a solid base of evidence to draw on that presented a rich picture of Gloucestershire, and it would be important to cross reference this activity.
- 28.2 Dame Janet Trotter, who lead on the Child Friendly Gloucestershire (CFG) project, informed the Board that Austerity was 10 years on and many young people had had their lives profoundly affected. Significant chunks of support had been removed from their lives. It was important to be able to understand what a good and safe childhood meant for all young people – we did not currently know. We needed to ensure that the diverse voices of children and young people in Gloucestershire were heard.
- 28.3 Dame Janet informed the Board that CFG was not a strategic group; rather CFG was about feeding the authentic voice of young people up to the strategic bodies, and enabling young people to engage with debates. This would require a robust methodology and CFG have commissioned the University of Gloucestershire to look at this aspect. Over the summer CFG would also be working with young people to develop lines of questioning and training some young people to work with their peers on his matter.
- 28.4 The Board thanked Dame Janet for her work on CFG. Members agreed that this was a welcome approach, hearing directly from young people on issues informed by their lived experience would be a valuable addition to the Board's wider work. The DPH commented that the primary role of this Board was to tackle inequality and this initiative would feed into this work, and reassure the Board that it was not just hearing from the usual suspects. The Board commented that it would be important not to duplicate work already in place.
- 28.5 The Chief Fire Officer offered CFG the use of the GFRS SkillZone as a location for talking to young people and bringing together their views.
- 28.6 With regard to CFG the Board agreed:-
- That the Gloucestershire Health and Wellbeing Board jointly oversees the work of the Child Friendly Project Group together with the Office of the Police and Crime Commissioner,
 - That reporting takes place by the Project Group to the Board on a regular basis (4 times a year),
 - To note that it was not being asked directly for resources at this point but that a report would be produced in 2020 setting out the development of the project to date and proposing next steps, together with resource implications.

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- 28.7 With regard to the Children's Health and Wellbeing Strategy the Board agreed to approve the convening of a Panel in order: -
- a) To review progress with the 'Gloucestershire – works well for families - Gloucestershire's Early Help and Children and young People's Partnerships Plan 2015 – 18' and undertake a stocktake of plans and strategies for children already in place;
 - b) To propose a set of shared priorities and actions for consideration by the Health and Wellbeing Board as the basis for wider consultation and development of a single strategic plan: and,
 - c) To work with Child Friendly Gloucestershire Group to explore how the lived experience of children and young can support this work in both the development and delivery phases.

29. HEALTH AND WELLBEING BOARD MEMBERSHIP

- 29.1 Board members agreed that it was important to broaden the district council membership of the Board, and that the representative must be able to make decisions with regard to the allocation of resources. It was agreed that the Chief Executives of the district councils would be a good starting point. Sarah Scott, DPH, agreed to liaise with the district councils.
- 29.2 Cllr Jennie Watkins agreed that she was happy to relinquish her place on the Board if strategic officers from the district councils were to be invited to join the Board.
- 29.3 It was agreed that the Voluntary Sector should be included in the Board's membership. It was agreed that one representative from the VCS Alliance did not feel an appropriate representation of the wider voluntary and community sector. It was suggested that it would be beneficial to the wider debate if other representatives were invited to meetings where the theme/topic would benefit from their input. Members also discussed the need to involve colleagues from the voluntary, community and social enterprise sector in the development and delivery of the seven priority areas within the strategy.
- 29.4 It was agreed that GFirst LEP should be invited to join the Board.
- 29.5 Whilst unhappy that NHS England has not attended a Board meeting in a long time Board members were aware that a restructure was currently in process, and agreed to contact them in 6 months on this matter.
- 29.6 The Chairs of the Gloucestershire Hospitals NHS Foundation Trust and 2Gether/Gloucestershire Care Services NHS Foundation Trust agreed that their sector would be better represented by a Senior Officer from the Trust(s) who were in the position to make decisions about resources.
- 29.7 Dr Andy Seymour agreed to take away the matter of Primary Care representation.
- 29.8 In order to progress this matter it was agreed that an update report could be emailed to Board members ahead of the next Board meeting on 17 September 2019.
ACTION: Sarah Scott
- 29.9 It was agreed that Leadership Gloucestershire be asked to include the Director of Public Health in its membership to broaden the health input to Leadership Gloucestershire discussions.
ACTION: Simon Harper/Jane Burns

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30. NEW STRATEGIES AND PLANS

- 30.1 Sarah Scott, DPH, informed the Board that the Government's Green Paper 'Advancing our health: prevention in the 2020s' had just been published. It was agreed that the Board should respond to the consultation on the green paper.
- 30.2 The DPH was also informed that the recent LGA Publication 'What a difference a place makes: the growing impact of health and wellbeing boards' included a case study from Gloucestershire.

CHAIRPERSON

Meeting concluded at 12.00 pm