

# GLOUCESTERSHIRE HEALTH & WELLBEING BOARD

MINUTES of the meeting of the Gloucestershire Health & Wellbeing Board held on Tuesday 22 March 2022 in the Cabinet Suite - Shire Hall, Gloucester.

## PRESENT

Cllr Carole Allaway-Martin	Angela Potter
Cllr Stephen Davies	Nikki Richardson
Nick Evans	Gavin Roberts
Cllr Tim Harman	Ruth Saunders
Dr Bob Hodges	Professor Sarah Scott
Deborah Lee	Dr Andy Seymour
Richard Ocone	Chris Spencer
David Owen	Peter Tonge

## 1. APOLOGIES FOR ABSENCE

Board members noted the following information: -

### **GCCG/Gloucestershire Health and Care NHS FT/Gloucestershire Hospitals NHS FT Representations:**

Mary Hutton (GCCG) – apologies (represented by Ellen Rule)

Dr Andy Seymour (GCCG)

Deborah Lee (GHT)

Dr Bob Hodges (Primary Care)

Angela Potter (Gloucestershire Health and Care NHS Foundation Trust)

### **Gloucestershire County Council**

Cllr Carole Allaway-Martin (Chair)

Cllr Stephen Davies

Cllr Tim Harman

Cllr Kathy Williams - apologies

Professor Sarah Scott (Executive Director of Adult Social Care/Public Health)

Chris Spencer (Director of Children's Services)

### **HealthWatch Gloucestershire**

Nikki Richardson (Healthwatch Gloucestershire)

### **Local Authorities**

Keith Gerrard (Stroud District Council) – apologies (represented by Emma Keating Clark)

Darren Knight (Cheltenham Borough Council) - apologies

Ruth Saunders (Gloucester City Council)

Peter Tonge (Tewkesbury Borough Council)

Rob Weaver (Cotswold District Council) - apologies

Peter Williams (Forest of Dean District Council) – apologies

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

**NHS England/NHS Improvement SW**

Rachel Pearce (NHS England) - apologies

**PCC/Gloucestershire Constabulary**

Nick Evans (Deputy Police and Crime Commissioner)

Chief Supt. Richard Ocone (Gloucestershire Constabulary)

**Other Members:**

Gavin Roberts (Assistant Chief Fire Officer)

David Owen (GFirst LEP)

**Other Attendees/Presenters**

Zoe Clifford

Dame Janet Trotter OBE (Gloucestershire Children and Young Peoples' Wellbeing Coalition)

Andy Dempsey

Kate Emsley

Siobhan Farmer

**Substitutions** – if an organisation is unable to send its representative, a named substitute may be nominated for that meeting only. Notice of this to be provided by the absent Board Member to the committee administrator in advance of the meeting. Ideally, a week's notice to be given to allow Board members to be advised of the substitution.

**Quorum:** One quarter of the membership (6 members) of the Board must be present at the meeting with at least 4 voting members.

**2. DECLARATIONS OF INTEREST**

No declarations of interest were made at the meeting.

**3. MINUTES OF THE PREVIOUS MEETING**

The minutes of the Gloucestershire Health and Wellbeing Board meeting held on 2 November 2021 were confirmed and agreed as a correct record of that meeting.

It was noted that Cllr Carole Allaway Martin, (as Chair of the Board), would be arranging a meeting with Bren McInerney, (member of the public asking a question at the meeting on 2 November 2021), to discuss questions on inequality in more depth after the meeting.

Members were advised that the timeline relating to the formation of the Gloucestershire Integrated Care Partnership, (as reported at page 3 of the minutes), had changed since the last meeting and that an update on the revised timeline would be provided under item 9 of the agenda.

#### **4. PUBLIC QUESTIONS**

No public questions were asked at the meeting.

Cllr Carole Allaway Martin explained that, the question below submitted by Dr Paul Morrish, whilst not in the remit of the Board, had been referred to the Gloucestershire County Council Environment Overview and Scrutiny Committee, to form part of its work in response to Council Motion 876.

The question submitted by Dr Morrish asked:

*Does the Gloucestershire Health and Wellbeing Board give its support to Motion 876, (the call for a default 20mph limit for residential streets in Gloucestershire, as presented to County Council on 30 June 2021)?*

It was agreed that updates on the ongoing work of the Environment Scrutiny Committee in response to Council Motion 876 would be relayed back to the Health and Wellbeing Board to ensure the issues raised by Dr Morrish were investigated and communicated back to him. At this particular stage in the process, the Board was unable to provide any updates until it had sufficient information on which to comment on.

#### **5. MEMBERS' QUESTIONS**

No member questions were asked at the meeting.

#### **6. ACTION ON ADVERSE CHILDHOOD EXPERIENCES (ACES)**

Members received an update on delivering the Gloucestershire Adverse Childhood Experiences (ACE's) Strategy. Please refer to [www.actionaces.org](http://www.actionaces.org) for details of the ACEs programme.

The Board noted the need for ongoing changes to the Action on ACEs Strategy and the areas of focus to be worked on over the next three years. Noting the impact of the recent pandemic on delivering the programme, it was agreed that, in spite of the impact, there had been a number of successes and achievements since its launch in 2018. The next phase of the programme would be subject to further adaptations, including the need to respond to increasing pressures being placed on partners and communities. It was agreed that it would be important to continue to work in partnership with local communities and the voluntary and community sector.

Board members acknowledged that the success of the ACEs programme was dependent on securing funding. Currently, there was no identified funding stream. The Board was advised that, going forward, there would be a need to establish a permanent commitment to securing funds from which to support delivery of the ACEs programme in line with the priorities set out in the Gloucestershire Health and Wellbeing Strategy.

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It was reported that based on the actions set out in the ACEs Action Plan, four broad areas of work had been identified as those most likely to benefit from securing recurrent funding.

These included: -

- 1) Staffing, including the appointment of an ACEs Co-ordinator post
- 2) Communications and engagement, including hosting the annual conference
- 3) Training, development and delivery
- 4) Research and development, including evaluation work

Details of the funding analysis and options referred to in the report published with the agenda can be viewed at the link [here](#).

Board members were asked to consider the following recommendations as proposed options from which to secure funding on a recurrent basis:-

Lead partners to consider: -

- 1) Making an annual contribution, for a minimum three year period, commencing 1st April 2022,
- 2) The funds to be held and administered by the County Council.
- 3) The contributions to be sought from 5 core partners: GCC-Public Health; GCC-Education; GCC-Children & Families; Gloucestershire Constabulary and Gloucestershire Clinical Commissioning Group;
- 4) Each partner to contribute £16,800 per annum in order to achieve the minimum recommended budget of £84K.
- 5) Noting the inclusion of wider partners, such as the Office for the Police and Crime Commissioner (OPCC) and the Gloucestershire Health and Care NHS Trust, it was anticipated that the value of individual contributions would likely reduce as more contributions were made. It was hoped that it might be possible to identify additional contributors in the future.

The recommendations were noted and supported. Acknowledging the impact increased pressures were having on all services and the likelihood of additional pressures emerging from recent global crises, it was agreed that it would be important to continue with the work already underway, and at the same time, continue to progress activities from which to secure sustainable future funding.

It was suggested that an update on funding proposals be provided at the next Board meeting and this was noted.

## **7. GLOUCESTERSHIRE CHILDREN AND YOUNG PEOPLE'S WELLBEING COALITION**

Dame Janet Trotter, Chair of the Gloucestershire Children and Young People's Wellbeing Coalition, gave an update on the work of the Coalition following a review of key priorities and first year of operation.

Describing the evaluation process as a watershed moment from which to reflect on the progress that had been made in the past year, Board members were advised that, overall, there had been a number of positive outcomes. There remained, however, a number of matters that needed to be addressed going forward, in terms of role and purpose.

Of the issues identified at a recent meeting, three observations were apparent.

- 1) The first observation was that several programmes and organisations were seeking to become involved in the work of the Coalition as a means of providing oversight and strategic direction. A key objective of creating the Coalition had been to provide a significant co-ordinating role in attending to the wellbeing of children and young people across the county. This objective would be carried forward into the next phase of work.
- 2) The second observation had been a perceived hesitancy on the part of some partners to commit wholeheartedly to the Coalition. It was explained that, for the Coalition to realise its potential, it would need to direct and influence strategic change on behalf of the Health and Wellbeing Board, rather than merely reporting its observations and providing periodical updates. In order to progress this, the Chair of the Coalition confirmed she had made a clear mandate to act on behalf of the HWBB to ensure sufficient progress was being made.
- 3) The third observation related to strategic focus. It was becoming increasingly evident that, going forward, the Coalition's strategic focus would need to address issues relating to equality of opportunity, equality of outcome and social justice for the children and young people of Gloucestershire.

The updated version of the Coalition Brochure, (March 2022), was circulated at the meeting. HWBB members, along with key partners and stakeholders, would be receive a personal copy of the Brochure.

At a previous HWBB meeting, the Coalition had been invited to accept responsibility for facilitating the county's Family Hub programme. The first stage in developing a Family Hub model had been progressed alongside work to develop the commissioning pattern for Gloucestershire County Council's Children and Family Centres. The Coalition was working closely with the County Council's Commissioning Team to progress this area of activity.

A Draft Family Hub Vision and Mission Statement had been circulated to the Board for comment and agreement, (Appendix 1). It was noted that the Vision and Mission

Statement, if achieved, had the capacity to create a major transformation of services within the county, that could best be achieved from working in partnership with others. Areas of work anticipated to be progressed included; integration of systems and processes; sharing of data; and the integration of leadership, resources and budgets. The Vision Statement was supported and agreed.

At a meeting in February, the Coalition received a report from the Stroud based 'Door Charity', (a charity aiming to co-ordinate a group of 7 charities from which to deliver a programme of mentoring over the next 3 years). It was explained that 'trusted friend' volunteers would be introduced to befriend vulnerable young women and girls to prevent them becoming involved in the criminal justice system. It was hoped over 300 young women and girls would be referred to the programme. The programme to operate for an initial three years, with independent professional evaluation a key element. Commencing in April 2022, the project to report periodically to the Coalition and Youth Justice Management Board.

One area of work that had not achieved the success that had been hoped for at the outset of the Coalition had been its engagement work with children and young people. Initially, the Coalition had sought to fulfil this ambition from work with the Future Me Team. This had, however, proved more challenging than had been anticipated due to various conflicting aims and approaches. As part of its evaluation process, the Coalition had adopted a new approach to its engagement work, using a school model approach. Further updates on the progression of this work to be presented to the HWBB at future meetings.

Overall, the Children's Wellbeing Coalition had made a promising start. In spite of the challenges presented by the Covid-19 Pandemic, significant progress was being made, culminating from the work of several subgroups and from the focus placed on addressing key priorities. This was particularly evident in relation to the Best Start In Life/Early Years Group, whose work with the early years sector was making a real impact.

Noting the perceptions of some partner organisations, (who continued to view the Coalition as a conversational forum rather than a driving force for change), it was agreed that it would be important to overcome such perceptions as quickly as possible and continue to build on the good work already underway. Working together as a County would be essential in realising its full potential.

Emma Keating Clark, Community Health & Wellbeing Manager at Stroud District Council, informed board members that the District Council had introduced a programme for developing Community Hubs using a strengths based approach for supporting local people to develop what worked best in their areas. It was hoped the Family Hubs referred to in the report would follow this approach and work with Stroud District Councillors.

In addition, Stroud Top of Town residents had recently formed a new Community Hub, whilst local parents had set up a local playgroup. Both initiatives were based at the former Children's Centre. Officers in charge of the Family Hub were invited to attend joint training with community members, local PCSOs, and District and Town

Council Officers as a means to encourage good working relationships and develop a shared approach to community engagement.

The update was noted, supported by the following observations/agreements: -

1. Emphasis to be placed on promoting consistent relationships between the Coalition and local community groups;
2. Coalition training events and activities to be promoted via local authorities;
3. The Board supported and agreed the Family Hub Vision and Mission Statement (Appendix 1 of the Report)
4. The Board supported the proposal that the Coalition provide oversight of the Door's Mentoring Programme, (to be co-ordinated with periodic updates to HWBB via the Coalition).
5. The Board noted the evaluation of the Coalition's first year of operation and agreed to reinforce, through the Chair, the importance of all members collaborating to ensure it achieves its potential
6. The Board noted the Coalition's increasing focus within its work on equality of opportunity, equality of outcome and social justice.

## **8. HEALTH EQUALITIES UPDATE**

Kate Emsley, Senior Commissioning Manager, Senior Commissioning Manager from the Prevention, Wellbeing and Communities Hub at Gloucestershire County Council gave a detailed presentation on the work being taken to address health inequalities. To view the slideshow presentation, please open the link [here](#)

It was confirmed that a significant amount of work was underway to address the issue of health inequalities, including the setting up of a Health Inequalities Panel for Gloucestershire. The strategic objectives of the panel included; to understand and provide an element of coordination of action on health inequalities across the system; identify priorities for strengthening this work and 'enabling' the system; and ensuring impact was monitored and learning shared. A second objective was to support the longer-term development of a sustainable, community-centred, whole systems approach to reducing health inequalities.

Progress had been good, with a number of positive outcomes and useful findings on which to take forward to the next stages of work. Next steps included seeking opportunities to maximise joint working, networking and interlinking agendas. It was agreed that joint working, the sharing of good practice and channelling the support of the Anchor Institutions Programme were important contributors to taking the work forward.

Board members welcomed the update and commended the steps being taken to address health inequality in Gloucestershire. The Health Inequality Panel was due to meet on 28 March 2022 to discuss the collation of findings from mapping, self-assessment and stakeholder interviews; associated options and recommendations for prioritisation and the agreement of next steps and the development of an action plan.

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The Board acknowledged that there was a long way to go and a huge amount of work involved but, from the initial steps that had been taken and from the willingness to make change, there was a general feeling of optimism and encouragement.

Responding to questions, it was confirmed that there would be scope to involve other organisations, including the Hospitals Trust, in future stages of work and this was welcomed. Nikki Richardson from Healthwatch Gloucestershire reinforced the benefits of shared learning and encouraged joint working/communications to promote the work of the Panel.

Emma Keating Clark, Community Health & Wellbeing Manager at Stroud District Council, informed the Board that the Stroud District 'Know Your Patch Forum' had recently delivered 'Know Your Data' training to support Voluntary Community Sector (VCS) usage of local data. Emma believed greater insight into health inequalities would be useful for both the District Council and VCS partners, particularly if overlaid with data relating to numbers and types of queries received by Citizens Advice.

The Board praised officers for the in-depth presentation and commended the efforts being taken to address the issue of health inequalities.

## **9. GLOUCESTERSHIRE INTEGRATED CARE SYSTEM (ICS)**

Ellen Rule from the Gloucestershire Clinical Commissioning Group gave a verbal update on the development of a statutory Integrated Care System (ICS) for Gloucestershire.

Subject to the progression of the Health and Care Bill 2021-22, it was confirmed noted that arrangements were well underway and making good progress from which to enable the ICS for Gloucestershire become a formal partnership arrangement by 1 July 2022, made up of an Integrated Care Board, (known as NHS Gloucestershire), and Integrated Care Partnership, (known as the One Gloucestershire Health and Wellbeing Partnership).

Work was also underway, (via a designated Transition Team), to support the safe closure of the Gloucestershire Clinical Commissioning Group by the end of June 2022.

On 1 February 2022, an initial engagement exercise, involving community partners, local people and communities, had been launched as an aid to developing One Gloucestershire ICS priorities. The outcomes of the exercise will be used to inform and develop the One Gloucestershire Working with People and Communities Strategy.

The engagement to focus on seeking responses to three key questions: -

1. How to get involved;

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2. What issues need to be considered for inclusion in the new ICS strategy;
3. What top 3 areas need to be considered to improve health and wellbeing in Gloucestershire

Please refer to the following link for details of the engagement:

<https://getinvolved.glos.nhs.uk/ics-gloucestershire>

Currently in the process of being developed, a 'System Development Plan' to be shared with the Board, when available.

## **CHAIRPERSON**

Meeting concluded at 11.30pm