**Gloucestershire Integrated Care Board Meeting**

**Wednesday 25th January 2023, 14:00 – 16:30**

**Boardroom & Virtually at Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester GL3 4FE**

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| **Members Present:** | | |
| **Prof Jane Cummings *(Chair)*** | **JC** | Non-Executive Director, NHS Gloucestershire |
| **Dr Andy Seymour** | **AS** | Chief Medical Officer, NHS Gloucestershire |
| **Cath Leech** | **CL** | Chief Finance Officer, NHS Gloucestershire |
| **Clive Lewis** | **CLe** | Non-Executive Director, NHS Gloucestershire |
| **Colin Greaves** | **CG** | Non-Executive Director, NHS Gloucestershire |
| **Ellen Rule** | **ER** | Deputy CEO/Director of Strategy and Transformation, NHS Gloucestershire |
| **Prof Jo Coast** | **JCo** | Non-Executive Director, NHS Gloucestershire |
| **Dr Marion Andrews-Evans** | **MAE** | Chief Nursing Officer, NHS Gloucestershire |
| **Dr Mark Pietroni** | **MP** | Deputy CEO, Director for Safety and Medical Director, Gloucestershire Hospitals NHS Foundation Trust |
| **Mary Hutton** | **MH** | Chief Executive, NHS Gloucestershire |
| **Paul Roberts** | **PR** | Chief Executive, Gloucestershire Health & Care NHS Foundation Trust |
| **Siobhan Farmer** | **SF** | Director of Public Health, Gloucestershire County Council |
| **Prof Sarah Scott** | **SS** | Executive Director of Adult Social Care, Wellbeing and Communities, Gloucestershire County Council |
| **Tracey Cox** | **TC** | Interim Director of People, Culture and Engagement, NHS Gloucestershire |
| **Participants Present:** | | |
| **Carole Allaway-Martin** | **CAM** | Cabinet Member, Gloucestershire County Council |
| **Christina Gradowski** | **CGr** | Associate Director of Corporate Affairs, NHS Gloucestershire |
| **Ingrid Barker** | **IB** | Chair, Gloucestershire Health & Care NHS Foundation Trust |
| **Kim Forey** | **KF** | Director of Integrated Commissioning, NHS Gloucestershire |
| **Mark Cooke** | **MC** | Regional Director of Strategy & Transformation, NHS England |
| **Mark Walkingshaw** | **MW** | Director of Operational Planning & Performance, NHS Gloucestershire |
| **Martin Holloway** | **MHo** | South Western Ambulance Service |
| **Dr Olesya Atkinson** | **OA** | GP, Primary Care Network Representative |
| **Ryan Brunsdon** | **RB** | Board Secretary, NHS Gloucestershire |
| **In attendance:** | | |
| **Dawn Collinson** | **DC** | Corporate Governance Administrator, NHS Gloucestershire |
| **Lauren Peachey** | **LP** | Corporate Governance Manager, NHS Gloucestershire |
| **Rachel Carter** | **RC** | Governance Coordinator, NHS Gloucestershire |
| **Alice Brixley**  ***(Agenda Item 6)*** | **AB** | Programme Manager, NHS Gloucestershire |
| **Dr Charlie Sharp**  ***(Agenda Item 6)*** | **CS** | Consultant in Respiratory Medicine, Gloucestershire Hospitals NHS Foundation Trust |
| **Micky Griffith**  ***(Agenda Item 10)*** | **MG** | Fit For The Future Programme Director, NHS Gloucestershire |
| **Simon Lancely**  ***(Agenda Item 10)*** | **SL** | Director of Strategy and Transformation, Gloucestershire Hospitals NHS Foundation Trust |

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| **1** | | **Apologies for Absence** |  |
| 1.1 | | Apologies were received from Apologies were noted from Dame Gill Morgan, Rachel Pearce, Pete Bungard, Mark Branton, Graham Russell, Robert Graves, and Julie Soutter. |  |
| 1.2 | | The meeting was confirmed to be quorate. | |
| 1.3 | | There were five members of the public present during the meeting. | |
| **2** | | **Declarations of Interest** |  |
| 2.1 | | The Chair advised that all members were required to declare relevant interests at every ICB Board meeting. The Chair also advised that it was in line with best practice to consider any potential conflict of interests at each meeting. No interests were declared. The Register of ICB Board members is publicly available on the ICB website.  [Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk)](https://www.nhsglos.nhs.uk/about-us/how-we-meet-our-duties/using-your-information/register-of-interests/) [Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk)](https://www.nhsglos.nhs.uk/about-us/how-we-meet-our-duties/using-your-information/register-of-interests/) |  |
| 2.2 | | There were no interests declared during the meeting. |  |
| **3** | | **Minutes of the Previous Meeting** |  |
| 3.1 | | The minutes of the meeting held on 30th November 2022 were agreed to be a true and accurate record of the meeting. The minutes were approved. |  |
| **4** | | **Action Log & Matters Arising** |  |
| 4.1 | | **Action from 30/11/2022, minute 4.3:** This action related to an update on work being undertaken to support vulnerable pregnant women and service provision, which was expected to be brought to Board in March 2023. Action to remain open. |  |
| 4.2 | | **Action from 30/11/2022, minute 5.15:** This action related to a Fit For The Future (FFTF) business case update and was expected to be brought to Board in March 2023. **Action to remain open.** |  |
| **5** | | **Questions from Members of the Public** |  |
| 5.1 | | There were no questions received by the members of the public. |  |
| **6** | | **Patient Story: Smoking Cessation** |  |
| 6.1 | | JC welcomed both CS and AB to the Board meeting who presented the patient story around smoking cessation. |  |
| 6.2 | | SF spoke about rolling out the Tobacco Treatment and Dependency Service in Gloucestershire Hospitals NHS Foundation Trust (GHFT). CS informed the Board that the Tobacco Free Team started work within GHFT at the end of November 2022. Treatment was being delivered on an opt-out basis to inpatients who smoked that presented within Respiratory wards and will shortly be expanded to other medical wards across the GHFT. Smoking was highlighted to be one of the biggest preventable causes of diseases in the County, which prompted the request for the ICB to sign up to the NHS Smokefree Pledge.  <https://ash.org.uk/uploads/NHS-Smokefree-Pledge-Briefing-FINAL-August-2022.pdf?v=1664967126> |  |
| 6.3 | | CS provided the Board with statistics around the high numbers of smokers in Gloucestershire and informed the Board that.   * One in five hospitalised GHFT patients (20%) are smokers. * One in ten women were still smoking at the time of delivering their new-borns and were mostly from the more deprived communities, being twelve times more likely to be a smoker than those who were more affluent. * 2070 people have died from smoking in Gloucestershire every year; 293 from cancer caused by smoking; 288 from COPD and 109 were cardio-vascular disease related. * 16,077 people were noted to be out of work as a result of smoking and 10,500 people have received informal care due to disabilities caused by smoking. * Smokers were likely to die ten years earlier than non-smokers, and sixteen years earlier in the most deprived decile in our county. * Smokers spend around £2500 a year on cigarettes with 9% more disposable income would have been available had dependency been overcome; and * 77% of homeless people were dependent on tobacco and twice as many people who are unemployed smoke compared to those who are employed |  |
| 6.4 | | CS stated that as a system there was an urgent need to treat tobacco dependency amongst our patients and staff to ensure smokers had access to evidence-based treatments, as well as creating supportive environments, consistent messaging and implementing and enforcing Smoke-Free policies. |  |
| 6.5 | | CS informed that following discharge from hospital, patients can be supported by Healthy Lifestyles Gloucestershire who would be able to help patients following hospital discharge, preventing re-admissions and would encourage people to live more fulfilling lives. |  |
| 6.6 | | AS said that New Zealand had implemented a strict policy around buying cigarettes from an early age and asked whether CS thought that this was something that could be introduced in this Country. |  |
| 6.7 | | ER said that this resonated personally with her and wondered what it would take to create those smoke-free sites that we are seeking, to become a reality. MP recognised that by signing up to the Smoke-Free Pledge, the Integrated Care System (ICS) would be supporting our staff, and they in turn would also then be able to help our patients and their families to help them to stop smoking. |  |
| 6.8 | | IB had reflected on the implications for people with Severe and Enduring Mental Health issues. Public Health England (PHE) had stated that prevalence rates for smoking were 34% for those with long term conditions, and for those with serious and enduring conditions, the rate was 40.5%. Those with severe mental health issues tended to die, on average, 15-20 years earlier than the rest of the population if they were smokers. This was a good opportunity to refresh what was being done around smoking in our system. |  |
| 6.9 | | SF highlighted that as part of the Tobacco Treatment and Dependency Service, there was funding to enable support for Gloucestershire Health & Care NHS Foundation Trust (GHC). A meeting had been arranged for February with key staff from Wotton Lawn to discuss and explain the long-term mental health commitments around strategies for people with mental health conditions and Learning Disabilities (LD). |  |
| 6.10 | | CLe asked whether CS or any of his colleagues had examined any systematic reviews to get an idea of what might work in other parts of the world. CLe also queried learning and support groups/networks for those trying to give up smoking. |  |
| 6.11 | | CS said the most effective treatment of tobacco dependency was to use a combination of nicotine replacements and talking treatments for up to twelve weeks from the date of cessation. CS spoke about the Ottawa Model for Smoking Cessation and the Manchester CURE project, which had demonstrated just how cost-efficient these treatments were with an Intensive Cardiac Rehabilitation programme (ICR) of £400 per patient. The cost of admissions around smoking were c£1.5m per year to the NHS; therefore, this programme could positively demonstrate the cost benefits. |  |
| 6.12 | | CS had not seen any support groups or networks being formed but recognised the importance of peer support. Support groups were, however, very difficult to study as could be so highly variable, both contextually and culturally. |  |
| 6.13 | | CS noted that electronic cigarettes were not harmless; they were just less harmful than tobacco but were an effective tool should other forms of nicotine replacement prove ineffective. SF agreed to share a statement being developed around the use of electronic cigarettes and their use. | **SF** |
| 6.14 | | ER recognised that there was further work to be done with schools around high vaping figures. SF agreed to share data from the People Health and Wellbeing Survey which demonstrated that smoking rates, although having have decreased significantly in young people over the past 10-20 years, had often been replaced with vaping, which was not the desired outcome. | **SF** |
| 6.15 | | Gloucestershire Healthy Living and Learning (GHLL) are working with teachers to ensure that the curriculum addresses some of the findings from the People Health and Wellbeing Survey. SF will update the Board at a future meeting. MAE said the Southwest Clinical Senate had published recommendations around this. Passive smoking was also another area noted too often be overlooked. | **SF** |
| 6.16 | | MP stated that 50% of the excess mortality are derived from smoking, for those with long term health conditions and so there is a huge potential here for a readily identifiable cohort of people. PR agreed that this was an important issue, looking forward to further work. PR felt that it would be helpful to focus on communities of greater deprivation and asked if there was more than could be done. |  |
| 6.17 | | SF said that data could be improved enabling better identification of cohorts. CS said if we could target prevention of ill health, this would benefit deprived communities and inclusion groups. CG felt that there needed to be a specific action plan going forward. |  |
| 6.18 | | ***Meeting Outcome: The ICB Board agreed to sign up to the NSH Smoke Free Pledge in principle, but requested that the paper be circulated, any concerns flagged and then be brought back to the March meeting to examine a set of actions to take forward.*** |  |
| **7** | | **ICB Chief Executive Officer Report** |  |
| 7.1 | | MH presented the Chief Executive Officer (CEO) report and highlighted a number of areas:   * December 2022 had been particularly challenging for Urgent & Emergency Care (UEC) services; there had been an increase in the prevalence of Covid, Influenza and Strep A which had contributed to high volumes of patient demand over the Christmas period. Industrial action by staff had also added further pressure. * The whole system showed a strong response around the Winter Plan and GHC in particular made a great effort working collaboratively with the Southwestern Ambulance Service NHS Foundation Trust (SWASFT). * Primary Care delivered 20% more activity than that in December 2019/20. It was recognised that the public had also responded well around using NHS 111 resulting in lower Emergency Department (ED) attendances and ambulance handover delays. Category 2 (Cat2) performance response times were much improved since 9th January 2023. * Locally, derogations had to be agreed around industrial action with a teacher’s strike due February 2023. Clinical and management work continued to manage the impact of those strikes on staff availability. * The Community Diagnostic Centre (CDC) programme continued to deliver additional activity against planned trajectories. From December 2021 to December 2022, 41,000 additional tests had been delivered, which assisted performance on elective care and enabled swifter patient movement through the system. * Music Works have been tackling health inequalities, helping young people in challenging circumstances. * The ICB had received a non-recurrent fund of £300k from NHS England (NHSE) to provide a short-term positive impact over the winter for the most disadvantaged in our population. These monies have been distributed to each Integrated Locality Partner (ILP). * The Primary Care Nursing Workforce Development programme has been encouraging nursing students to gain experience of and consider nursing in Primary Care as an early career choice. * The Primary Care training hub/workforce team have been developing programmes to support recruitment, retention and development of non-clinical colleagues working in General Practice (GP). * The One Glos Integrated Care Strategy scheme has been well received by system partners. Themes will consider smoking, blood pressure and employment. Each organisation will be asked to identify their contributions towards a unified Strategy for the next year. |  |
| 7.2 | | JCo expressed an interest to see the health inequalities work and asked about people who overlapped within categories, or who did not fall into them and how this information could be used in relation to other services. |  |
| 7.3 | | MH explained that overlaps had been noticed within categories and this will be examined further. There was an ambition to create an inequalities plan for the system and noted that the Executive team had received a presentation from the Police and Crime Commissioner, whereby he informed that Gloucestershire had the highest homicide rates in England and Wales in 2022 in relation to knife crime. Music Works are due to commence a programme on 1st March 2023 to work with young people who are involved in knife crime. The inequalities plan needed to be mapped and investments made to take positive action to address these inequality issues. |  |
| 7.4 | | CG commended the Primary Care team and the Board for enabling the ILPs to have prompt access and quick distribution to money to help those most in need an evaluation of where the money had been spent and what effect it had had, would be appreciated during the new financial year. JC advised that she and other Non-Executive Directors (NEDs) had attended some of the meetings with the ILPs and had found some of the data and supporting evidence around prioritisation and decision-making, interesting and thought that any evaluation would be valuable to enable further future support around health inequalities. |  |
|  | | ***Meeting Outcome: The ICB Board noted the contents of the ICB Chief Executive report.*** |  |
| **8.** | | **Integrated Finance, Performance, Quality and Workforce Report** |  |
| 8.1 | | MW provided the first update to the Board which focussed on Performance:   * The Health and Care system had been under significant pressure, however noted that Cat2 performance had improved with regards to response times of under 30 minutes. This was a locally set system performance improvement target which resulted in a positive morale boost, particularly for front line teams working in UEC who were able to see the benefits of their hard work. * £6.7m had been awarded to Gloucestershire from the National Discharge fund, significantly contributing to the Winter Plan. * The new Discharge Waiting area and the new Community Assessment and Treatment Units are now in place at Gloucester Royal Hospital (GRH), which enabled a positive effect on system performance. * A deep dive is being conducted around the Planned Care waiting lists, and recommendations of will be presented to CEOs at the beginning of February 2023. * MW confirmed that Cinapsis would be the provider for clinical Advice & Guidance (A&G) services. * Cancer performance continued to be a major focus. There had been significant challenges in Lower Gastroenterology (GI) and Urology. It was updated that there had been an increase in patients waiting over 62 days for cancer treatment, however this was noted to have been partly driven by patients awaiting final confirmation that cancer had been ruled out. The Board was was advised that there were only a few patients within the County with confirmed cancer who waited over 62 days. * There were significant demand pressures in Primary Care, but performance continued to be strong. * The new Community Diagnostic hub in Gloucester city was planned to be fully operational by October 2023, which will enable a reduction in the waiting lists for elective treatments across the county. * In relation to Adult and Children’s Mental Health, Out of Area Placements remained above planned levels. There had been significant progress made within the County to reduce the number of placements and Gloucestershire benchmarked well compared to other parts of the Country. * A recovery plan has been developed for Maternity and Neonatal services around missed first trimester screenings, which has been closely monitored and noted to be making good progress. * Nationally, the full implementation of the Continuity of Care (CoC) target has been paused within Maternity Services due to workforce challenges, but local performance remained stable with inroads being made for those in areas of highest deprivation, to ensure continuity of care. * There will be an increased focus on recovery in the new financial year and with discussions and work taking place with regards to performance recovery. |  |
| 8.1.1 | | CG referenced A&G and was pleased to see that Cinapsis had been retained and asked whether there would be a gap in provision with the changeover around possible differences in data. MW advised that assurance had been received from Cinapsis and other partners around the transition and that plans had been provisionally put in place beforehand will not need to be utilised. |  |
| 8.1.2 | | MHo recognised the huge amount of work between EDs and SWAST to bring down ambulance waiting times. Demand was noted to have been reduced during strike days and queried whether this had impacted other parts of the system. ER suggested the reduction in demand was driven by changes in public behaviour. |  |
| 8.1.3 | | It was advised that more shifts had been filled in NHS 111 and Out of Hours (OOH) with additional Primary Care capacity which has supported services, enabling more resilience within the system. It was suggested that using social and frailty work to support redirection are also areas to explore further. MP stated that there was less flu present in the system which has resulted in fewer staff off sick. |  |
| 8.1.4 | | JC said that it was so positive to see what the system had achieved as a whole and she thanked all the teams in every organisation who had stepped up to be able to achieve the current position. |  |
| 8.2 | | TC next provided an update on Workforce to the Board:   * There had been a slight uptake increase into nurse vacancy rates which currently stood at 14% across the system. There had also been an increase in the sickness rate across all workforce sectors. * The percentage of staff who decide to leave the NHS within a year was noted at 18.37%. There had however been a growth in the number of Health and Care support workers across the system with a change in headcount to 57. * Data was starting to be included on Children’s Social Care workforce and there had been a positive increase of eight new social work staff. * There would be further co-ordinated industrial action on 6th February 2023 between the SWASFT and the Royal Collage of Nursing (RCN) and the system continued to work on preparedness for this and future strike action. * Funding had been secured for another year for the Wellbeing Line, although there were some areas to be reviewed where recurrent funding was not available, and a sustainable position needed to be reached * There was an intention this year to grow the People Team and new roles had been recruited too, some of which had been funded non-recurrently by NHSE. This will allow the ICB to embark upon significant pieces of work that can support the system over the coming months. |  |
| 8.2.1 | | MP asked whether the gap around those leaving the NHS within a year meant that a downward trend was being experienced. TC clarified that this was a key measure which was being tracked with considerations being taken as to whether this needed to be tracked in a time series fashion. |  |
| 8.2.2 | | CG felt that the gap was widening around a workforce strategic approach which was worrying. TC commented that a workshop was held with Health Education England (HEE) which looked at different scenarios in relation to nursing workforce. It was recognised that numbers coming through universities was positive, but it was not a very attractive proposition. MAE suggested that the focus for the future would have to be on retention. |  |
| 8.2.3 | | PR commented around trajectories and noted that as ICBs had been established across the Country it would have been good to get to a point where trajectories on performance that matched reality in some of the areas were being received. It was also emphasised that a national workforce strategy for the NHS was about to be developed and it was felt important that the ICS understood the realistic dynamics of workforce between safe staffing levels, staff satisfaction, retention, numbers coming through basic training and use of agency spend. |  |
| 8.2.4 | | TC responded that it had been acknowledged that though progress had been made in recruitment, this would not necessarily translate into a corresponding improvement in agency expenditure. PR said GHC were examining agency and bank staff spending to see what was affordable. This however is not reflected in the way that metrics are reported publicly. TC said a clear system narrative will be needed on what the position was, as the strategy and position will be monitored throughout the year. |  |
| 8.3 | | The third update provided at Board was from MAE who provided an update on Quality. The Board were informed of the following.   * The ICB had secured £50,000 to review the Dialysis Milage Reimbursement Scheme and NHSE expressed interest in the ICB to develop a resource pack that could be shared nationally to mirror the approaches taken. * Patient Surveys revealed that GHC had done really well in their Community Mental Health Trust Survey. * The Care Quality Commission (CQC) conducted a National Survey of Maternity Service Users and GHFT’s Maternity Service came out in the top six of exceeding expectation which MAE said was extremely noteworthy. * The System Effectiveness Group met on 9th January 2023 and there was good representation from the system and Commissioning for Quality & Innovation (CQUIN) guidance was due to be examined as detailed within the report. * Work has started on the Patient Safety Incidence Response Framework and will continue to be developed. * It was noted that understanding of mortality data and how the whole system can support partners to improve outcomes for patients was being better developed. Page 6 of the report demonstrated a diagram which shown that the system had a higher-than-expected standardised hospital mortality rate at GHFT. MP said that following closer examination and discussion with NHS England it would suggest that this was likely to be an issue connected to coding, rather than the quality of care. GHFT are re-examining data and act upon any actions needed. * Work continues with Patient Participant Groups (PPG’s) who provide OOH services, looking for assurance that quality is improving and is delivering what we would expect for our residents * The ICB had worked with closely with providers to ensure that patient safety was maintained during strike dates and that the quality of care is not compromised. |  |
| 8.4 | | CL next provided the Board with an update in relation to finance. The following was reported.   * The forecast for the ICB reported a break-even position for 22/23. There are ongoing pressures noted in a number of areas. Prescribing continued to show significant cost pressures mainly due to No Cheaper Stock Obtainable (NCSO) and costs have increased again in the last month. It was unclear as to how long this will remain a non-recurrent pressure. NHSE had given some funding to allow for part of that pressure this year. * Energy and workforce pressures continued with providers, particularly around agency workers to cover vacancies. The forecast agency spend for the year was c£6.8m. The focus remained next year from NHSE to examine spend on agency and there would be a revised cap for next year of £25.6m. * UEC pressures and placements for children have caused significant cost pressures within the ICB. * Some savings in programmes have been mitigated in year through non-recurrent measures. Direct Oral Anticoagulants (DOACs) in prescribing have also made savings. * Elective recover noted to be just under the 104% target which was positive. * GHC have received funding from the provider collaborative where a small surplus had been made and this had been returned to provider trusts, and plans continued around the extra share of the discharge funding. * The system have been planning for 23/24 and the recurrent underlying pressures and opportunities available next year. * Slippage was reported against the new leases which came under IFRS16 and noted there will be a conversation with NHSE to ensure that any which are slipping but will happen in 2023/24, will have capital cover. * The Better Payment Policy had been achieved as a system. |  |
| 8.5 | | KF gave a brief verbal update on the Transforming Care. It was described that there would only be one person left in the Assessment and Treatment Unit at Berkeley House by 31st March 2023 which was recognised as being a really good achievement and one which MH wanted to be brought to the Board’s attention. |  |
|  | | ***Meeting Outcome: The Board noted the contents of the Integrated Finance, Performance, Quality and Workforce Report.*** |  |
| **9** | | **Joint Forward Plan and Operational Plan updates** |  |
| 9.1 | | JC invited ER to provide the update regarding Joint Forward Plan and Operational Plan updates. ER informed that the Joint Forward Plan is something that all partners were required to complete and there was a link contained in the pack. A draft is expected by the end of March with final publication being by end of June 2023. |  |
| 9.2 | | The Joint Forward Plan will reflect the pillars of the new Integrated Care Strategy. The seventeen legislative requirements of the ICB would be addressed as well as the joint Health and Wellbeing Strategies. |  |
| 9.3 | | ER identified that The Joint Forward Plan will represent how the system will deliver the universal NHS commitments as set out in the Long-Term Plan as well as a reflection of NHS priorities. |  |
| 9.4 | | Details about the timeline, building blocks of the Plan and the approach to development were included within the pack together with the sign-off timeline which explained how it would be taken through all the various committees at an organisational and system level. This continued to be worked on jointly with planning leads across the system. |  |
| 9.5 | | The Operational Plan was described to set out delivery of plans over the next two years and against the five-year timeline within the Joint Forward Plan. A smaller set of national objectives were focussed upon recovering core service delivery and improving productivity, with headline ambitions around ambulance Accident & Emergency (A&E) performance, long cancer waits, diagnostics and access to Primary Care. |  |
| 9.6 | | A draft Operational Plan was expected by 23rd February 2023 with a final version by the end of March 2023. ER highlighted that the emphasis this year was on triangulating the Plan in terms of performance, quality, workforce, and finance. There had been strong system engagement noted in working this through and in bringing together a productive set of plans as a system. |  |
| 9.7 | | JCo asked whether the Dental Strategy would need to be reflected within the planning documents and asked whether this might be difficult given that we had not been previously responsible. MH replied that the ICB was working with the NHSE team who were producing the Dental Forward Plan and were expecting to jointly produce a Forward Plan for Gloucestershire but not until the end of March 2023. This would have to go through appropriate governance processes before being signed off. It was anticipated the ICB will have delegated responsibility for Dental from 1st April.2023. |  |
|  | | ***Meeting Outcome: The Board noted the verbal updates of the Joint Forward Plan and the Operational Plan.*** |  |
| **10** | | **Fit for the Future (FFTF) - Review of Phase One Benefits and Costs** |  |
| 10.1 | | JC welcomed MG & SL to the Board meeting who provided an update on the review of phase one for FFTF and context for phase two. |  |
| 10.2 | | MG reported that the FFTF team had been working closely with the Resources Steering Group and Directors of Finance, to review the benefits and the original aims of the Programme and drivers of change. |  |
| 10.3 | | MG highlighted attention to a number of changes listed within page five of the report which had made implementation of the programme more challenging however the team at the Trust worked hard to implement the facilities. |  |
| 10.4 | | MG spoke about Emergency General Surgery (EGS) and reported that risks described as untenable with scores of 15-16 at the time of change had been lowered down to 3-4 on the Trust Risk Register. It should be noted that other areas in the country had ceased to run some services like this as they were unable to manage the risk. |  |
| 10.5 | | MG reported the following to the Board;   * Planned General Surgery changed were expected in the summer. * Vascular Surgery had moved in June 2020. * Image-Guided Interventional Surgery (IGIS) continued to be implemented throughout this year into 2024 as parts of the strategic site development; and * Acute Medical Take moves were planned in autumn 2023 which will enable more focus on Planned Care and Oncology at Cheltenham General Hospital (CGH) and on Emergency Care at GRH. |  |
| 10.6 | | SL thought that the format used could be taken forward to use for other programmes. It was felt that it was good to review what had been achieved within this system programme. Risks had been reduced, improved quality had been delivered and cashable benefits demonstrated. |  |
| 10.7 | | MP reflected that the programme had been very successful and gave a clear two site strategy. It was very noticeable on talking to potential new consultants that clarity was attractive and speaks of an Acute Trust that has a plan for the future. Having Centres of Excellence for Planned Care and for Emergency Care will make a difference around staff recruitment and retention. The hard work and effort of all those involved in the programme was noted and very much appreciated. |  |
| 10.8 | | CLe acknowledged that one of the challenges around reconfiguration was often with people and their reluctance to change and move and this could affect some of the advantages such as Length of Stay (LoS), from being realised. He asked how colleagues being prepared for some potential moves.MP replied that most of the moves had already taken place; albeit some were temporary during Covid. However, a large number of moves needed to take place to complete the work this coming year and the focus was to accomplish this well, making it clear to teams that they will be moving to permanent locations with support in place |  |
| 10.9 | | MG spoke about LoS and said that a number of services will now be able to consolidate their bed numbers. |  |
| 10.10 | | There was a query around some non-cash releasing benefits and what the benefits were. MG explained that the business base would be very clear between the separation of real cash out and what would be experienced as efficiencies. Non-cash allowed potential efficiencies to transform things further, or to allow growth in demand or to adapt and have room with which to approach the challenges. |  |
| 10.11 | | MP spoke about Trauma and Orthopaedics and highlighted that elective orthopaedics takes place mostly in CGH and Trauma goes to GRH. Prior to the pandemic there was a significant reduction in cancellations and in waiting lists for elective operations. During winter 2022, the elective Orthopaedic beds had been protected in CGH and 97-99% of that ward had been used throughout the winter for elective orthopaedics which made the most use of the time. |  |
|  | | ***Meeting Outcome: The ICB Board noted the updates for the FFTF Phase One.*** |  |
| **11** | | **Extension of Section 75 (joint funding arrangements) between Gloucestershire County Council and NHS Gloucestershire** |  |
| 11.1 | | JC invite KF to present this item. KF had requested approval of the Section 75 joint funding arrangements between GCC and NHS Gloucestershire ICB so that more time could be taken to review what can be put into the version in two years’ time. |  |
| 11.2 | | The Section 75 Agreement within the Financial Year 2022/23 (subject to year-end variations) totalled £188m as reported to the Joint Commissioning Partnership Executive on the 24th November 2022 i.e., £149m NHS GICB and £39m GCC. This included Continuing Health Care (CHC) and Funded Nursing Care which is solely NHS at a value of £46m. |  |
| 11.3 | | MH emphasised that legally there must be an overarching agreement in place and there would be work in the next year review resource. SS said that this document was approved by their cabinet in GCC. |  |
|  | | ***Meeting Outcome: The ICB Board agreed to exercise a two-year extension of Section 75 under the GCC’s Framework Partnership Agreement with NHS Gloucestershire Integrated Care Board.*** |  |
| **12** | | **Emergency Preparedness Resilience and Response Assurance** |  |
| 12.1 | | MAE provided the next update to Board with regards to Emergency Preparedness Resilience and Response (EPRR). As part of the EPRR annual assurance process the ICB were bound by NHSE to summit the feedback to the ICB Board, on the level of assurance that had been rated from the evidence that submitted and the Confirm and Challenge meetings that were held for system. National standards for EPRR were noted to had been recently updated. |  |
| 12.2 | | It was advised that all partners were compliant. Last year the Clinical Commissioning Group (CCG) was fully compliant, and which was described as a light touch process which focussed on a few of the standards. This year the compliance assessment was due to be conducted over all standards. Key areas of challenge were noted on page 5 of the paper. |  |
| 12.3 | | MAE updated that to support training of all staff across the organisations, the ICB had appointed an EPPR Training Manager who would oversee the system-wide training required. A power-outage exercise was scheduled to take place at the end of March 2023 standards would be continually tested together system partners. |  |
| 12.4 | | MAE had met and had a Confirm and Challenge meeting with NHSE who agreed that the system was substantially compliant, and they had issued a letter to support that. The Board were asked to agree to the recommendations and support the output of the EPPR processes across the system. SF thanked MAE for all the work done around leading this work. |  |
|  | | ***Meeting Outcome: The ICB Board approved the Emergency Preparedness Resilience and Response Assurance paper.*** |  |
| **13** | | **Committee Meeting Updates** |  |
| 13.1 | | CG provided the first update with regards to **Primary Care & Direct Commissioning (PC & DC) Committee.** The Committee met on 1st December 2022 and received the standard reports on Performance, Quality and Finance.  Approval was given for a major new GP surgery in Brockworth. The practice have appointed a third-party developer and the building will was due for completion in November 2024. |  |
| 13.2 | | JC provided an update with regards to **System Quality Committee.** The Committee last met on 14th December 2022 which included.   * A review and approval of the Non-Medical Prescribing Policy which was agreed. There was a request that non-medical prescribing across the whole system were standardised so that every organisation linked to the same policy which would enable any staff who moved across to other organisations, to be already compliant. * Agreement was given to change the Bariatric pathway for patients subject to a clinical review of Tiers three and four after a year and provide additional patient education. * GHFT spoke about maternity services and another review was done of the maternity assurance. * There was an update on UEC around some of the quality issues and a discussion on possible impacts that the strike action would have on quality and safety. In future meetings the Committee would work with Social Care colleagues and the new Director of Quality around collaborative work within the Adult Social Care setting. * It was advised that CG and JC have had discussions around looking at quality in Primary Care between the two Committees. |  |
| 13.3 | | The next update was provided by Cle who gave a verbal update with regards to **People Committee.** The Committee met on 12th January 2023.   * Colleagues took the Committee through some new thinking on the People Strategy, with a programme of work being agreed which looked at the diagnostic phase with review and approval for the April People Committee and the May ICB Board will receive details for approval. * Workforce and Intelligence updates on key metrics were received. Agency staff were discussed, nursing vacancy rates had increased along with the number of staff who decided to leave within a year. The importance of line management was recognised with their ability to be able to support colleagues to enable retention. * Sickness absence was noted to have increased 3.8% to 5.1%. More positively, health and care support workers had risen to 57 and there was an update on the joint recruitment campaign in September. 49 people had joined in December and 38 additional people were due to be starting early 2023. * Approximately 400 people have gained benefits from the Leadership Development programmes recently. * during 2023 there are plans to facilitate systemwide Quality and Improvement Development sessions in relation to Allyship and leading transformation change * The Committee were updated on plans for the People Symposium scheduled for May. The intention was to facilitate a countywide discussion on how to attract and retain people in Gloucestershire. * A number of risks were identified rated at 15 and above; three were with regards to workforce supply and impacts on objectives * SF said that majority of the workforce have children and teacher strikes are to be discussed recently. It was felt that it would be helpful to get a summary sent to the leads following that meeting. It was agreed that this would be useful. |  |
| 13.4 | | The final update was provided by JCo in relation to **System Resources Committee.** The Committee met on 12th January 2023, and it was reported that the majority of the meeting was taken up with issues around planning, prioritisation, and performance. There were a few risks falling under the System Resources Committee and some thought was given as to how the Committee could report against those going forward. |  |
|  | | ***Meeting Outcome: The ICB Board noted the verbal updates provided from the Committee Chairs.*** |  |
| **14** | | **Any Other Business** |  |
| 14.1 | | CG acknowledged that Pharmacy, Optometry and Dental (POD) was planned to at a responsibility of ICB with effect from 1st April 2023. A presentation was scheduled for the Board in March for agreement to be signed off. Prior to that there is a Safe Delegation Checklist which had been seen in draft form which required signed off by 28th February 2023. An PC&DC had been planned to approve that, subject to approval by this Board if they delegate the responsibility to sign that off on the Board’s behalf. |  |
| 14.2 | | MH mentioned that this could be circulated to members. PR said it was crucial that we got this right. CG has had a number of concerns around provision and noted he had challenged this to so that when it is presented to PC&DC the Committee will be content. |  |
|  | | ***Meeting Outcome: The ICB Board approved delegation to the PCDC to sign off the POD Safe Delegation Checklist at the next PCDC meeting.*** |  |
| 14.3 | | ER raised an issue relating to the UEC transformation work. Work had been undertaken with Newton Europe to conduct a whole system diagnostic on UEC. The system was now looking to progress the commissioning of a transformation partner to support the implementation of the findings of the diagnostic. This requires a process in order to secure an improvement partner with which to work. SS and ER are joint SROs of this programme and had looked in depth at the potential options for the most streamlined way to procure the improvement partner. |  |
| 14.4 | | ER suggested that on this occasion, in order to procure an improvement partner to be able to work with the ICB and UEC system to bring about change for next winter, the most appropriate option would be for the County Council to procure the improvement partner on behalf of the ICB. This had been worked through with colleagues in Procurement and the suggestion is that Councillor CAM take a paper to the Gloucestershire County Council Cabinet meeting for decision on 29th March 2023. There were still more details to work through and questions will be answered as the procurement process proceeds. |  |
| 14.5 | | The Board were asked for approval for ER and SS to continue to work together to procure an improvement partner, with the decision to procure a partner to be taken by the GCC on behalf of the Board. |  |
|  | | ***Meeting Outcome: The ICB Board gave their approval GCC to procure an improvement partner for the diagnostic work on UEC, on the Board’s behalf.*** |  |
|  | | There were no further items of any other business. |  |
|  | | **The meeting closed at. 16:13.** |  |
|  | **Date and Time of next meeting: Wednesday 29th March 2023, 14:00 – 16:30** | |  |

Minutes Approved by NHS Gloucestershire Board:

Signed (Chair):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_