

## **BNSSG & GICB Joint Cluster Board - Open Session**

**Minutes of the meeting held Wednesday 27<sup>th</sup> May 2026 at 12.00 pm**  
**St Michael's Centre, North Rd, Stoke Gifford, Bristol BS34 8PD**

| <b>Members Present</b>             |                                                                                   |                                                                           |            |
|------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------|
| <b>Dr Jeff Farrar</b>              | ICB Cluster Chair                                                                 | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB | <b>JF</b>  |
| <b>Shane Devlin</b>                | ICB Cluster Chief Executive Officer                                               | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB | <b>SD</b>  |
| <b>Ayesha Janjua</b>               | Joint Non-Executive Director                                                      | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB | <b>AJ</b>  |
| <b>Alison Moon</b>                 | Joint Non-Executive Director                                                      | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB | <b>AM</b>  |
| <b>Dr Ananthakrishnan Reghuram</b> | Chief Clinical Leadership and Delivery Officer (Medical)<br>Chief Medical Officer | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB | <b>AR</b>  |
| <b>Cath Leech</b>                  | Chief Finance & Corporate Services Officer                                        | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB | <b>CL</b>  |
| <b>Douglas Blair</b>               | Chief Executive Officer                                                           | Gloucestershire Health & Care NHS Foundation Trust                        | <b>DB</b>  |
| <b>Dave Jarrett</b>                | Chief Strategic Commissioning Officer                                             | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB | <b>DJ</b>  |
| <b>Dave Perry</b>                  | Chief Executive Officer                                                           | South Gloucestershire Council                                             | <b>DP</b>  |
| <b>Ellen Donovan</b>               | Joint Non-Executive Director                                                      | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB | <b>ED</b>  |
| <b>Prof Dame Jane Cummings</b>     | Joint Non-Executive Director                                                      | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB | <b>JC</b>  |
| <b>Dr Jo Medhurst</b>              | Chief Population Health Improvement Officer                                       | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB | <b>JMe</b> |
| <b>Jo Walker</b>                   | Chief Executive Officer                                                           | Gloucestershire County Council                                            | <b>JW</b>  |
| <b>Professor Sir Steve West</b>    | Joint Non-Executive Director                                                      | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB | <b>SW</b>  |
| <b>Participants Present</b>        |                                                                                   |                                                                           |            |
| <b>Dominic Hardisty</b>            | Chief Executive Officer                                                           | AWP Mental Health Partnership                                             | <b>DH</b>  |
| <b>Nick Hibberd</b>                | Chief Executive Officer                                                           | Bristol City Council                                                      | <b>NH</b>  |
| <b>Ruth Hughes</b>                 | Chief Executive Officer                                                           | One Care                                                                  | <b>RH</b>  |
| <b>Jo Beer</b>                     | Chief Executive Officer                                                           | Sirona                                                                    | <b>JBe</b> |

|                                 |                                                                                                                                      |                                                                             |            |
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| <b>Jacob Lee</b>                | Clinical Chair                                                                                                                       | GPCB                                                                        | <b>JL</b>  |
| <b>Mandy Bishop</b>             | Chief Executive Officer                                                                                                              | North Somerset Council                                                      | <b>MB</b>  |
| <b>Siobhan Farmer</b>           | Director of Public Health                                                                                                            | Gloucestershire County Council                                              | <b>SF</b>  |
| <b>Richard Smale</b>            | Director of System Coordination                                                                                                      | NHS England                                                                 | <b>RSm</b> |
| <b>Steve Williams</b>           | Chair of Bristol Health and Wellbeing Board and Chair of Bristol, North Somerset & South Gloucestershire Integrated Care Partnership | Bristol, North Somerset & South Gloucestershire Integrated Care Partnership | <b>SWi</b> |
| <b>Apologies</b>                |                                                                                                                                      |                                                                             |            |
| <b>Dr Jo Bayley</b>             | Chief Executive Officer                                                                                                              | GDoc Ltd                                                                    | <b>JBa</b> |
| <b>Mark Cooke</b>               | Managing Director, NHSE Southwest                                                                                                    | NHS England                                                                 | <b>MC</b>  |
| <b>Rachel Pearce</b>            | Managing Director, NHSE Southwest                                                                                                    | NHS England                                                                 | <b>RP</b>  |
| <b>Dr Emma Crutchlow</b>        | GP, PCN Perspective and GP Collaborative                                                                                             | Gloucestershire ICB                                                         | <b>EC</b>  |
| <b>Maria Kane</b>               | Joint Chief Executive Officer                                                                                                        | NBT & UHBW Group                                                            | <b>MK</b>  |
| <b>Kevin Peltonen-Messenger</b> | Chief Executive Officer                                                                                                              | The Care Forum, Bristol                                                     | <b>KPM</b> |
| <b>Kevin McNamara</b>           | Chief Executive Officer                                                                                                              | Gloucestershire Hospital NHS Foundation Trust                               | <b>KM</b>  |
| <b>Martin Holloway</b>          |                                                                                                                                      |                                                                             |            |
| <b>Jo Hicks</b>                 | Chief Transformation, People & Organisational Development Officer                                                                    | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB   | <b>JH</b>  |
| <b>Cllr Dr Kate Usmar</b>       | Councillor                                                                                                                           | Gloucestershire County Council                                              | <b>KU</b>  |
| <b>Rosi Shepherd</b>            | Chief Clinical Leadership and Delivery Officer (Nursing)<br>Chief Nursing Officer                                                    | Gloucestershire ICB & Bristol, North Somerset & South Gloucestershire ICB   | <b>RS</b>  |
| <b>Faye Gladwin</b>             | Senior Performance Manager, Mental Health                                                                                            | Bristol, North Somerset & South Gloucestershire ICB                         | <b>FG</b>  |
| <b>Denise Moorhouse</b>         | Director of Nursing/Deputy Chief Nurse                                                                                               | Bristol, North Somerset & South Gloucestershire ICB                         | <b>DM</b>  |
| <b>In attendance</b>            |                                                                                                                                      |                                                                             |            |
| <b>Connor Evans</b>             | Executive PA                                                                                                                         | Bristol, North Somerset & South Gloucestershire ICB                         | <b>RB</b>  |
| <b>Rob Hayday</b>               | Chief of Staff                                                                                                                       | Bristol, North Somerset & South Gloucestershire ICB                         | <b>RH</b>  |

|           | <b>Item</b>                                                                                                                                                                                                                                                                                                                | <b>Action</b> |
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| <b>1.</b> | <b>Welcome and Apologies</b>                                                                                                                                                                                                                                                                                               |               |
| 1.1       | Jeff Farrar (JF) opened the meeting and noted it would be the last meeting for Rob Hayday (RH). JF thanked RH for his contribution. JF welcomed Steve Williams (SWi) to the meeting, Chair of Bristol Health and Wellbeing Board and Chair of Bristol, North Somerset & South Gloucestershire Integrated Care Partnership. |               |
| 1.2       | Apologies received were noted above.                                                                                                                                                                                                                                                                                       |               |

|           | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Action |
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| <b>2.</b> | <b>Declarations of Interest</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
| 2.1       | There were no Declarations of Interest to note.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
| <b>3.</b> | <b>Joint Cluster Board Action Log &amp; Matters Arising</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |
| 3.1       | No minutes or actions due to this being the first open meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
| <b>4.</b> | <b>Chief Executive Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |
| 4.1       | <p>Shane Devlin (SD) presented the Chief Executive's report and advised that, rather than the usual three key matters, the report focused on two significant issues for the ICB: organisational changes and strategic commissioning, including recent correspondence with NHS England.</p> <p>In relation to organisational changes, SD reported that the final consultation report had been delayed slightly. This was due to the high level of staff engagement received during the consultation process, including more than 350 responses, 322 individual staff meetings and 24 workshops and team meetings. The revised timeline had been agreed with the Chair and the Transition Committee to allow full consideration of the feedback received.</p> <p>SD explained that the final position was expected to be presented to the Transition Committee the following week and communicated to all staff in mid-June. This would enable organisational changes to progress through July and August, with the aim of filling all posts, as far as possible, by the beginning of September. SD noted that the delay was justified by the volume and quality of staff input and emphasised the importance of capturing that feedback properly.</p> <p>The Board was advised that the consultation had been a formal 45-day staff consultation. Although it had not been a wider public or partner consultation, partner organisations had provided helpful input. SD indicated that the intention was for the outcome to be signed off by the Transition Committee to allow implementation to move forward.</p> <p>SD then outlined the strategic commissioning element of the report, describing it as fundamental to the future of the ICB. The Board was reminded that Jim Mackey, Chief Executive of NHS England, had written to all ICB chief executives on 1 April asking for responses on four areas: the meaning of strategic commissioning, the intended development of neighbourhood health, proposed changes to financial flows, and the support required from the centre.</p> <p>SD reported that a collective response had been submitted within the short deadline. The response stated that neighbourhood health would be the primary route to delivering transformation and reaffirmed the commitment to developing integrated multidisciplinary teams for defined populations, bringing together primary care, community care and wider partners.</p> <p>The Board heard that the ICB did not intend to take a broad-brush approach. Instead, strategic commissioning would focus on cohorts where the greatest change was required. Frailty had been identified as the initial priority cohort, recognising that frailty could include high levels of multimorbidity and was not limited to older people.</p> |        |

|  | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Action |
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|  | <p>SD highlighted that, using Gloucestershire data, people experiencing frailty and high levels of multimorbidity represented around 3% of the population but used approximately 60% of hospital beds. The Board was advised that an effective neighbourhood model for this group could improve care and create a stronger business model by reducing pressure on acute services and enabling reinvestment upstream.</p> <p>SD explained that strategic commissioning would involve understanding the population, defining the strategy, putting services in place and evaluating their effectiveness. The initial focus would be on frailty because of the significant impact on cost and service demand, and because the size of this cohort was expected to grow. Support had been requested from NHS England on issues including financial flows and testing new approaches.</p> <p>The Board noted that other requirements had also been set out by NHS England, including outpatient transformation, urgent and emergency care reform and digital productivity. SD emphasised that, while plans existed for those areas, resolving frailty was essential to ensuring the ICB was fit for the future. SD suggested that the response to NHS England, once agreed, should become a key part of the committee structure so that committees could hold the organisation to the agreed strategic direction.</p> <p>The Chair invited questions and comments. Ellen Donovan (ED) thanked SD for the report and welcomed the way in which the NHS England letter and the draft response had been shared with the Board for feedback. ED commented that the detailed thinking within the paper was positive and welcomed the focus on frailty, noting the links to flow, no criteria to reside and the impact on the care that could be offered. ED asked about the practicalities of full implementation of the framework by April 2027, the impact on the population and the difficult decisions required in relation to the movement of money.</p> <p>In response, SD acknowledged that April 2027 was close. SD explained that, in Gloucestershire, a memorandum of understanding had been developed between community, acute and primary care partners to support progress. In BNSSG, work to design the approach was due to begin with chief executives. SD noted that both systems had already progressed their thinking and implementation of neighbourhood health and were not starting from a zero base.</p> <p>SD advised that, by the beginning of April, there needed to be a clear route to commissioning neighbourhood health, with the ICB's focus being on frailty. SD stressed the need to narrow the focus and confirmed that commissioners would be expected to have a plan for commissioning neighbourhood health by April, in line with the 10-year plan.</p> <p>Alison Moon (AM) thanked SD for an informative paper and supported the focus on frailty, commenting that it would improve lives. Alison noted that there had been previous attempts to address frailty and asked what learning had been drawn from those attempts in Gloucestershire, BNSSG and elsewhere to enable a more significant step change. AM also asked how the ICB's role in the new operating context would differ from its previous role, including what the ICB would lead, support or contribute to.</p> <p>SD responded that the overall responsibility for the health of the population and neighbourhoods connected directly to Health and Wellbeing Boards and their</p> |        |



|  | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Action |
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|  | <p>neighbourhood strategies. From a healthcare perspective, the ICB's role would be to connect with those strategies and lead on healthcare for neighbourhoods.</p> <p>SD explained that, as a commissioner, the ICB would not specify exactly how services should look. Instead, the ICB would set out the outcomes to be achieved and work with providers and partners to co-design the model. SD acknowledged that this represented a significant change in design process and that ICBs might not yet be fully prepared for the shift from detailed specification to true co-design and contracting for outcomes.</p> <p>The Board was advised that work was already under way in children's services to explore whether the new children's services contract could operate in this way, alongside the work beginning on neighbourhoods from a frailty perspective. SD noted that this was the start of a joint journey.</p> <p>SD referred to learning from other systems, including Alaska, Cambridge and Canterbury in New Zealand. The Board heard that a partnership had been established with colleagues in Alaska, where a model had been developed around frailty that provided a wraparound concierge-style service for older people, supporting social and health needs to avoid hospital admission and maintain wellbeing. SD noted that, although the scale differed, there was learning that could be applied locally.</p> <p>SD described neighbourhood health as both the most exciting and most challenging element of the 10-year plan because it required the system to move into new ways of working.</p> <p>AM confirmed that the response addressed the question and commented that there was a risk that the comfort of old ways of working could undermine progress. AM emphasised the need for discipline at all levels and in all interactions about the ICB's new role.</p> <p>Jo Medhurst (JMe) commented from a population health perspective that previous tools, such as the Right Care toolkit, had been useful in moving improvement forward for everyone. JMe advised that population health also required identification of pockets, communities and clusters of people, not only geographically but also by personal characteristics, where people were disproportionately affected and required a different approach from the overarching change programme.</p> <p>JMe added that current datasets allowed more detailed retrospective analysis and could support both general improvement and targeted improvement. JMe expressed the view that, by combining data, focus and neighbourhood clinical teams, the system could achieve a fundamental shift rather than only marginal improvement, with the potential for a noticeable and statistically significant improvement in outcomes.</p> <p>Jacob Lee (JL) reported that the document had been shared with GP colleagues and had received a very positive response. JL commented that the document was clear, that there was nothing within it that people could disagree with, and that its length made it accessible and suitable for engagement by GPs.</p> <p>There were no further questions or comments, and the Chair moved to the next item.</p> |        |

|           | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Action |
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|           | <b><u>RESOLUTION:</u> The members noted the update Chief Executive Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |
| <b>5.</b> | <b>Managing Out of Area MH Placements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |
| 5.1       | <p>The Chair introduced the item on out of area placements and invited Dave Jarrett (DJ) to present the paper.</p> <p>DJ introduced Faye Gladwin (FG), Denise Moorhouse (DM) and Helen, who had attended to present the joint cluster paper. The Board was advised that the paper set out the medium-term plan requirements to eliminate inappropriate out of area mental health placements. DJ explained that reducing out of area care had been a long-standing ambition, as such placements could compromise quality, take patients away from families, homes and support networks, and restrict access to community services that supported discharge.</p> <p>DJ reported that NHS England had requested specific action alongside ongoing audits of all placements, including adults with learning disabilities or autism. NHS England had also requested that the matter be discussed in public to provide public oversight and assurance. The Board was asked to consider the paper, the actions being taken, the assurance that all placements were accounted for, the progress being made, and whether the identified risks and recommendations were sufficient to deliver the requirements by March 2028 across BNSSG and Gloucestershire.</p> <p>FG outlined the background and current assurance. The Board was advised that, in March 2026, NHS England had written to all integrated care boards and mental health providers asking them to identify alternative placements for patients in St Andrew's Healthcare inpatient unit in Northampton, following enforcement action announced in December that required improvements in patient safety. A small number of patients had been identified at St Andrew's, and alternative arrangements had been made for all of those patients.</p> <p>FG explained that NHS England had requested assurance on patients placed out of area through monthly audits. Gloucestershire and BNSSG ICBs had completed the second of those audits. The audit showed that a number of teams across the ICB cluster made mental health placements out of area, including mental health trust providers and the ICBs' individual placement funding teams. Coordinated work across commissioning, nursing and quality leads in both ICBs and the future merged organisation would therefore be required.</p> <p>The Board noted that the number of placements was relatively low and that the requirement to secure alternative provision for patients at St Andrew's had been met. However, further work was required to strengthen oversight across all bed types in scope and across all teams making placements. FG noted that the system understood it was the first in the South West to discuss progress in public and would work with regional peers to share findings and good practice.</p> <p>FG explained that the medium-term plan required systems to localise care, reduce out of area placements and end the commissioning of locked rehabilitation inpatient services, supported by yearly targets. Localising care would require the development of local services, sufficient capacity to meet need, and processes to ensure future placements were both in area and appropriate.</p> |        |

|  | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Action |
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|  | <p>FG reported that the overall position for 2026/27 assurance was mixed across the system. Gloucestershire was maintaining a stronger position and continued to perform well against the ambition to eliminate inappropriate out of area placements. In BNSSG, March and April data had indicated very good progress, with zero out of area placements sustained for six months, but this had not been sustained in recent weeks due to increased pressure on flow across the acute mental health pathway, higher clinically ready for discharge activity, reduced local bed availability and longer lengths of stay.</p> <p>The Board was advised that AWP had appropriate oversight and recovery action in place through clinically led improvement work focused on flow, discharge and alternatives to admission. Mitigating actions were also being taken to strengthen assessment and admission avoidance ahead of the new mental health emergency department opening at Callington Road Hospital. This remained under close review, with continued system focus on restoring delivery against the planned trajectory.</p> <p>FG noted that, while the number of patients placed out of area through individual placement teams was low, improved reporting would help provide assurance on progress and identify issues requiring attention. By 2027/28, ICBs would need to commission in line with the mental health inpatient framework. BNSSG had developed an inpatient transformation board to implement the framework and improve quality of care, while Gloucestershire also had an established inpatient programme and governance structure. The systems would work more closely together to review how the framework was applied.</p> <p>FG explained that the requirement by the end of March 2028 was to reduce placements to zero. The ICBs considered themselves well placed to achieve this and had identified risks and mitigating actions. Risks included the need for standardised reporting on out of area placements, robust processes for non-BNSSG and non-Gloucestershire patients, continued development of admission avoidance services, particularly for people with learning disabilities and autistic adults, maintaining initiatives to support patient flow and reduce clinically ready for discharge numbers, developing community care capacity and capability for complex and high-risk individuals, and standardising the approach to the mental health commissioning framework across both systems by March 2027.</p> <p>FG concluded that the Board was asked to consider whether assurance had been provided that both ICBs could account for all patients placed out of area, whether the progress made, risks and recommendations were sufficient to deliver the medium-term plan by 2028, and whether any further risks or priority areas should be included.</p> <p>Dominic Hardisty (DH) provided additional context for BNSSG. DH advised that BNSSG could clearly evidence historic underinvestment in mental health services. Benchmarking by the Royal College of Psychiatrists indicated that BNSSG spent approximately £40 less per head on mental health services than the England average, and around £80 to £90 less per head compared with Cornwall, Devon and Dorset. This equated to a gap of approximately £40 million to £140 million when applied to the population.</p> <p>DH reported that NHS benchmarking data showed AWP was in the lowest decile for beds per 100,000 population, the lowest quartile for community staff per 100,000 population and just below the midpoint for crisis resolution home treatment</p> |        |

|  | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Action |
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|  | <p>teams per 100,000 population. Patients therefore often presented very late in the pathway and were very unwell, with more than 90% admitted under the Mental Health Act. Out of area placements had become a pressure valve. DH noted that, at one point after Covid, out of area placements had reached 72, but they had been held at zero for much of the previous year.</p> <p>DH stated that the long-term response did not necessarily require more beds, as some patients on wards could have been supported through alternative models of care if these had been available. Greater work with the voluntary and community sector and investment in community services were required. DH also highlighted a seasonal operational issue, noting that local authority support into mental health appeared to reduce between January and March, increasing the number of patients waiting for housing or social care, while mental health presentations and admissions nationally tended to rise from May and peak in July. This created a combined pressure that needed both tactical and strategic responses.</p> <p>DH advised that AWP accepted its responsibilities and worked collaboratively with the ICB through the mental health healthcare improvement group. The processes with the ICB were described as robust and collaborative. However, DH emphasised that there remained a strategic problem for the ICB to address and tactical support was required from local authorities.</p> <p>The Chair thanked DH for the context and recognised the complexity, underfunding and challenges for AWP. The Chair commented that there had been a significant improvement in recent years and that this needed to inform future progress. The Chair sought assurance that engagement was taking place across AWP to ensure the right conversations were happening.</p> <p>FG supported DH's comments and noted that AWP and the BNSSG system had significantly reduced out of area placements to zero the previous autumn through considerable grip and focus, sustaining that position for six months. FG confirmed that an uplift had been seen in May but provided assurance that AWP would work to bring this back under control, while recognising the significant pressure on staff. FG agreed that sustainable delivery of the mental health inpatient commissioning framework required system commitment to further investment in community mental health services. The Board was advised that most patients admitted to AWP wards were very unwell, detained under the Mental Health Act, and often non-adherent to medication, indicating that the required community response was understood but could not be delivered within existing resources.</p> <p>Douglas Blair (DB) provided the Gloucestershire perspective. DB noted that Gloucestershire had achieved a long period of zero or near-zero inappropriate out of area placements, while recognising that some appropriate use of out of area placements would remain necessary. DB stated that a "break glass" clause had been included in the plan so that clinicians could use an out of area placement as an absolute exception where there was no alternative. This should not become the rule.</p> <p>DB explained that Gloucestershire had maintained low out of area placement levels despite slightly longer lengths of stay than the national average, which suggested greater pressure was being carried in community-focused risk management at home. A recent uplift in out of area placements had occurred following the closure of some capacity and wider high demand. DB described this as evidence of a system operating at the edge, noting that it was unusual to enter a weekend with</p> |        |



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|  | <p>spare mental health beds. The focus was therefore on minimising use of out of area placements as a pressure release valve.</p> <p>ED thanked the presenters for the update and congratulated Gloucestershire and BNSSG on their performance, recognising that out of area placements had been a challenging issue at quality and performance committees. ED asked whether the differential in spend was sustainable, what would be different in future to maintain or return to zero when flow pressures re-emerged, and what the position was in relation to risk five, concerning lack of bed provision and mitigations during the transformation period.</p> <p>SD indicated that the detailed response on market development would need to come from DJ and colleagues. Dave advised that the question on differential spend would need to come back, and confirmed that existing BNSSG and Gloucestershire governance arrangements were being retained during the current period. The care improvement group remained in place, and leadership in mental health, learning disability and autism services was being retained across commissioning, nursing and quality. DJ advised that this governance would support progress on the risks identified.</p> <p>DH added that system and trust-level transformation plans were in place across the short, medium and long term. The new mental health assessment centre at Callington Road was highlighted as a key development designed to avoid admissions under the Mental Health Act by allowing people to access clinical and peer support in a more collaborative way, including the option to stay overnight while decisions were made. DH noted that this capacity had not previously existed and would be one of several pilots nationally. DH also advised that improvements in productivity within services could create opportunities to improve access and intervene earlier in the pathway.</p> <p>DM commented on the cohort within the cohort, specifically people with learning disabilities and autistic people. DM explained that hospital admission was not the appropriate pathway for many of these individuals, who needed therapeutic community-based and home-based environments. DM noted that good examples existed of collaborative work with local authorities to find bespoke housing with commissioned packages of care, but further work was needed on sufficiency of housing and proactive planning. The Board was advised that the model was maturing through each case and that mental health admission for someone without a mental health condition was no longer appropriate.</p> <p>The Chair asked whether the operational conversations were feeding into the strategy, noting the roles of local authorities and police at points of crisis. DM confirmed that the paper referred to the Kingfisher unit and to the learning disability oversight board, which linked to the assurance transformation cohort. This work had supported understanding of individual needs and highlighted that standardised approaches were not appropriate. DM emphasised the importance of early multi-professional and multi-agency input. The oversight board would support understanding of who people were, where they were, whether each individual had a plan, and what was needed where plans were not sufficient. DM noted that the board was still developing following staff turnover but that system partners were committed to making it a reality.</p> <p>Ayesha Janjua (AJ) thanked the presenters for a strong paper and recognised the progress made in a challenging area. AJ asked to what extent Gloucestershire and</p> |        |

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|  | <p>BNSSG were already learning from each other, given the separate reporting and different models described. AJ also asked whether future reporting would move to a cluster or merged ICB framework, requiring performance on out of area placements to be reported together.</p> <p>FG responded that this was the first cluster paper covering both systems and that significant learning had already taken place through producing it. Soft intelligence sharing had begun, but formal committee and governance arrangements had not yet been finalised and would develop as organisational change matured. The Chair noted that this issue reflected the wider challenge of bringing together work across two areas, not only mental health.</p> <p>SD confirmed that the organisational design was based on one mental health team and one primary care team rather than separate teams for each system. SD noted that challenges would differ between places and that a uniform approach would not be appropriate, but structures were being designed for a new single system. During the cluster period, individual accountabilities to NHS England remained, but the concept of the cluster would disappear once the merged organisation was established. SD emphasised that the future system would include four places with different characteristics and needs.</p> <p>AJ also welcomed the reference to children and young people. AJ noted that learning from children's services, including key working and alliance contracts in children and adolescent mental health services, could inform adult services. AJ highlighted the importance of ensuring that children and young people with complex needs who transitioned into adult services received good quality, coordinated care, and asked how patient voice would be included. AJ suggested that outcome-based funding and innovative payment models could support new approaches to long-term care.</p> <p><b>Action: The Chair noted that the detail raised by AJ would need to be reflected in future strategic work and asked SD to bring back assurance that the strategic approach was right.</b></p> <p>JM made a development suggestion for future papers, noting that commissioning as a strategic commissioner should be based on population health data. JM stated that the paper included some headline numbers but did not include breakdowns by sex, ethnicity, age, usage, or seasonal variation. JM suggested that future commissioning papers should include a population health section, even where data was not yet complete, to support identification of priority cohorts, targeted investment and equity considerations. JM offered to support the development of this analysis.</p> <p>The Chair agreed with JM's suggestion and noted the importance of building in the data required to identify pockets of need, avoid being blindsided by issues within communities and prevent widening health inequalities through poorly targeted commissioning. FG agreed that the data was sometimes held at team level and needed to be brought together, with some basic housekeeping, including around ethnicity recording, required to support this improvement.</p> <p>SD concluded that population health analysis needed to be designed into paper production across all directors. While information might come from the population health improvement directorate, strategic commissioners had responsibility for</p> | SD     |

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|           | <p>using it. SD also stated that the comments on benchmark investment could not be left unresolved.</p> <p>Action: The Board and Chief Executive would need to consider what the benchmarking meant for BNSSG and Gloucestershire, understand the data in more depth, and identify the commissioning solution required. SD recognised that more beds were not necessarily the answer, but there was both a provider performance challenge and a commissioning challenge. The Board noted that the aim remained zero inappropriate out of area placements, but sustainable solutions were required to manage seasonal or operational pressures.</p> <p>FG added that investment in mental health should be considered in the wider context of multimorbidity. Faith noted that mental health difficulties could act as a multiplier for multimorbidity and increase the likelihood of acute hospital use for physical health needs. Tackling mental health would therefore support wider system priorities.</p> <p>The Chair thanked participants for a constructive discussion and moved to the next item.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |
|           | <b><u>RESOLUTION:</u> The members noted the update on Managing Out of Area MH Placements and received the recommendations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
| <b>6.</b> | <b>M12 Finance Update – Gloucestershire and BNSSG ICBs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
| 6.1       | <p>The Board received the financial update. It was reported that both organisations were forecasting a surplus for 2025/26, subject to audit, which was due to conclude in mid-June. It was noted that a number of risks identified during 2025/26 were expected to continue into 2026/27, including demand for ADHD and autism assessments. Increased budgetary provision had been made for both organisations, although further work would be required to test the approach and manage the associated services effectively.</p> <p>Placements were identified as a further area of growing expenditure, with work underway to consider earlier intervention within pathways rather than continuing to increase placement spend. Medicines savings were also highlighted, with strong results achieved by both organisations during the previous year. These savings had arisen partly from national price changes and partly from the work undertaken by medicines teams with primary care colleagues.</p> <p>A risk was noted in relation to GP collective action, including a request that primary care stop using practice software such as ScriptSwitch, which supported the maintenance of medicines savings. The Board also noted that the ICB transition created a risk to maintaining grip and control, particularly while staff were experiencing significant organisational change.</p> <p>The Board noted the financial implications of NICE technology appraisals, including the weight management appraisal currently being implemented, where cohorts were expected to increase year on year and public expectations would need to be managed carefully. It was also noted that a future technology appraisal relating to dementia could have a significant impact, particularly given the age profile of the population across each area.</p> <p>Regarding GP collective action, a meeting was scheduled with the Local Medical Committee and clusters to consider the implications. It was noted that a significant</p> |        |

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|  | <p>proportion of savings generated through medicines optimisation depended on working effectively with primary care. The medicines optimisation team was also undertaking horizon scanning in relation to new drugs and their likely impact, although it was acknowledged that events could move quickly.</p> <p>ED asked for further detail on the under-delivery of recurrent savings highlighted in the report and sought clarity on whether this would be an issue for the future Finance, Performance and Quality Committee to monitor, or whether responsibility would sit with trusts and the region. Cath Leech (CL) advised that the under-delivery had been taken into account through budget setting for the current financial year and therefore did not represent an additional impact for 2026/27.</p> <p>CL explained that there was greater clarity for the coming year regarding where savings would fall. Previous areas such as continuing healthcare and prescribing had clearly sat within the ICB's remit, while system savings linked to urgent care had required a broader set of actions. Learning had been taken from that work, including the need to be clear about whether benefits were operational, quality-related, financial, or a combination of these, and where any financial benefit would sit.</p> <p>CL advised that, going forward, productivity and efficiency savings within a trust would sit within that trust's accountability and financial position. Where the ICB commissioned differently and was able to reduce the amount commissioned, the saving would fall to the ICB. It was expected that this would provide greater clarity around savings that had previously had a system element.</p> <p>ED asked, from a governance perspective, whether there remained any areas of uncertainty and where the Committee should position its oversight. CL acknowledged that the responsibilities of the Committee and others in the room were not wholly clear. It was confirmed that organisational financial positions remained the responsibility of the individual organisations and that, from 2026/27, the ICB would no longer hold responsibility for a system control total.</p> <p>It was explained that, where an individual organisation's position deteriorated significantly, NHS England would be expected to step in, with a greater role now sitting in relation to provider relationships. It was noted that the NHS operating framework was time-lagged and that intervention might need to be based on earlier evidence rather than formal reported data, which could arrive too late to enable corrective action.</p> <p>A question was raised about whether these conversations would take place in isolation or as part of a system discussion, particularly where a provider was in significant deficit and the wider impact needed to be understood. It was noted that this linked to the organisational development discussion held earlier about how partners would work together and what approach would be needed.</p> <p>CL responded that financial, operational and performance positions were interlinked and could not be considered in isolation. It was confirmed that system finance directors would continue to meet informally every two weeks to discuss financial positions, with NHS England represented in the room, and that close working relationships would be maintained. Further work would be required to determine how the system would work together more formally, including the future role of existing strategic executive arrangements.</p> |        |



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|  | <p>ED noted that this discussion linked to the Standing Financial Instructions. Reference was made to section 3.2.4, which stated that the Chief Executive delegated to the Finance Director responsibility for ensuring that allocated annual revenue and capital resource limits were not exceeded. ED asked whether this applied only to the ICB as an organisation or to the wider system. It was confirmed that the responsibility applied only to the ICB. ED suggested that the wording should be amended to make this clearer, and it was agreed that clarification at Board level would be helpful.</p> <p>Steve West (SW) commented that the system needed to understand the new rules and the positions being played. It was noted that the ICB had previously held oversight of system financial performance, but that the role would change, with NHS England regional colleagues considering the performance of individual provider organisations from a financial perspective. The ICB would need to ensure that commissioning provided value for money and that performance against contracts was managed appropriately.</p> <p>It was further noted that clarity was needed on where accountability sat, where challenge would occur if concerns arose, and whether the ICB had any role in that space. The importance of ensuring that formal governance was clear and that issues did not fall through gaps was emphasised.</p> <p>JM referred to a point discussed in private session and asked for assurance, in public session, that sufficient budget had been allocated to meet demand in SEND and autism during the current financial year. It was noted that demand in these areas had significantly affected financial performance in the previous year.</p> <p>SD responded that, from an in-year perspective, the organisation had signed up to a plan and would deliver it. A wider conversation would be needed with all four local authorities, as co-signatories to the plans, about the medium- to longer-term approach. For the purposes of the Board, it was confirmed that the plan for the current year included the resources required to deliver the commitments made.</p> <p>Jane Cummings (JC) congratulated the teams on performance over the previous 12 months, noting that this level of delivery was important and not common across the NHS. JC also asked whether scenario planning would be useful to test what would happen if issues arose in different parts of the system, including financial, performance or quality issues, and whether such an exercise could help identify responsibilities, gaps and risks.</p> <p>SD supported the suggestion of scenario planning in partnership with NHS England. SD also emphasised that the ICB needed to understand its responsibilities but should not overreach into provider responsibilities. It was noted that providers had their own boards, chairs, chief executives and teams, and were clear about their responsibilities. The ICB would put stronger, outcome-focused contracts in place, although it was acknowledged that measuring outcome-focused contracts could be challenging.</p> <p>SW agreed that provider responsibilities were clear but offered a further perspective, noting that large provider organisations could become internally focused if system relationships were not actively maintained. The system convening role was described as valuable, particularly in bringing partners together and avoiding duplication. It was emphasised that the discussion was about clarity of roles rather than the ICB taking on unnecessary responsibilities.</p> |        |

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|          | <p>SD stated that trusts could not operate in the absence of the system, while recognising that the system had moved towards clearer organisational connectivity. The future direction would include integrated healthcare organisations. It was stressed that accountability for performance and money lay with providers, while the ICB had a role in holding the partnership element of the system together and ensuring that the progress made across Gloucestershire and BNSSG was not lost.</p> <p>DH raised a materiality point, noting that the impact of a financial variance would differ depending on the size of the provider organisation. It was noted that a 10% variance in a smaller provider might be felt by that organisation but not significantly by the wider system, whereas a 10% variance in a large acute hospital group would be felt across the system. SW added that, in large organisations, internal pressures could shape where attention was focused and could affect the extent to which wider system partners were engaged.</p> <p>The Chair concluded that the discussion had been useful and noted that it provided a helpful transition to the next agenda item.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
|          | <b><u>RESOLUTION:</u> The JCB noted the M12 Finance Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
| <b>7</b> | <b>Cluster Committee Terms of Reference</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
| 7.1      | <p>The Chair introduced the item on the cluster committee terms of reference and explained that, following the meeting, executive and non-executive members would hold a further session to consider the detail of committee arrangements. The Chair advised that correspondence had been sent to organisational chairs regarding committee engagement and non-executive engagement, noting that such involvement had been productive in previous committee arrangements. It was reported that questions had been received about how representatives would be involved and what their role would be, and that these issues would be explored further after the meeting.</p> <p>Rob Hayday (RH) presented the paper and explained that, as a cluster, governance arrangements were required to enable the organisation to operate as a strategic commissioning organisation. It was noted that discussions had been ongoing since at least December regarding the committee structure required to support the cluster. The Joint Transition Committee had already been established in line with the model ICB blueprint and was not for discussion as part of this item. It was also noted that a Joint Remuneration Committee was already in operation, having initially met in common and subsequently as a joint committee. RH advised that minor amendments were required to the membership of the Remuneration Committee to ensure alignment between the terms of reference and the paper.</p> <p>RH outlined that the terms of reference before the Board related to the Finance, Performance and Quality Committee, the Transformation, People and Organisational Development Committee, and the Strategic Health Inequalities, Prevention, Population Health and Commissioning Committee, which was likely to be shortened to SHIPP. It was confirmed that the terms of reference had been developed through multiple discussions with non-executive directors and chief officers, in some cases more than once. RH advised that there was general</p> |        |

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|  | <p>consensus that arrangements should be put in place so that the committees could begin operating, with a review within the year to assess whether the scope, membership and overall committee structure remained appropriate.</p> <p>RH asked the Board to agree the scope of the committees and the proposed chief officer and non-executive membership. It was noted that further participants from partner organisations would be identified following correspondence from the Chair, reflecting the value that such participation had brought to previous BNSSG and Gloucestershire committee arrangements. It was suggested that updates on additional participants could be brought back to the Board through future committee updates.</p> <p>RH further advised that, as the Board had already agreed the scheme of reservation and delegation for the cluster, agreement of the committee terms of reference would enable the scheme to be updated to reflect the scope of each committee without requiring a further paper to the Board. The Chair then invited questions, observations and comments.</p> <p>DB commented that the earlier discussion had highlighted the importance of clarity about the scope of the committees and their focus on ICB business. DB noted that areas such as health inequalities could become unclear if committees sought assurance directly from providers or other partners in a way that moved towards performance management of other organisations. It was suggested that the terms of reference should be as clear as possible that the committees were focused on the ICB's role, what the ICB had commissioned and the effectiveness of that commissioning, while avoiding overlap with the role of NHS England. DB also noted that the involvement of partner non-executive directors had been helpful previously, but that expectations would need to be clear because the new committees would have a different, more strategic commissioning-focused purpose.</p> <p>The Chair acknowledged the point and stated that the post-meeting discussion with non-executive directors and committee chairs would be useful in ensuring consistency across the committees. The Chair also confirmed that efforts would be made to maintain consistency in how the committees operated.</p> <p>ED recognised the work undertaken to develop the terms of reference and acknowledged that the process had been challenging. ED stated that the terms of reference were likely to evolve rapidly once the committees began meeting. In relation to the Finance, Performance and Quality Committee, ED was keen to meet with other non-executive directors to review the wording in detail, particularly where terms such as seeking assurance, providing assurance and oversight were used throughout. ED was content to accept the terms of reference at this stage but suggested that a revised version could be brought forward by September.</p> <p>A further comment was made that the committee membership set out in the terms of reference did not always align with the summary chart and that minor amendments would be required. It was noted that the SHIPP Committee had been developed with input from JM and others, but that it would be beneficial to review the terms of reference with the wider membership of that committee, particularly in relation to potential external advisers. It was emphasised that, given the focus on race equity, external oversight and the opportunity for external comment would be important. The terms of reference were therefore regarded as a work in progress that could be brought back for review after one or two committee meetings.</p> |        |

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|          | <p>The Chair summarised that there was support for agreeing a set of terms of reference to enable the committees to begin operating, while retaining flexibility to make changes as required. RH confirmed that this approach would not create a significant governance issue. RH noted that much of the detail would sit within committee work plans, including what would be brought to each committee and who would be responsible for bringing reports or items forward. RH also reiterated the importance of clarity around membership and the practical operation of the committees.</p> <p>Richard Smale (RSm) commented on the Transformation, People and Organisational Development Committee and suggested that, in light of the discussion, NHS England should be included in the table of potential other attendees, at least in the short term. It was noted that NHS England would not necessarily be a full member but could attend where appropriate.</p> <p>The Chair sought agreement to the recommendations, including agreement of the three terms of reference, the review arrangements, the arrangements for the first meetings and support for the standard operating procedures. RH clarified that the updated terms of reference should be published as part of the governance handbook, together with updates to the scheme of reservation and delegation. The Board indicated support for this approach.</p> |        |
|          | <b><u>RESOLUTION:</u> The JCB noted the update on Cluster Committee Terms of Reference and received the recommendations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
| <b>8</b> | <b>Standing Financial Instructions Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |
| 8.1      | <p>The Committee considered the Standing Financial Instructions, which had previously been approved at the last meeting. It was noted that, since approval, a small number of minor amendments had been made to tidy the document and to update references in line with procurement legislation. The updated Standing Financial Instructions were therefore presented for reapproval.</p> <p>Members were invited to provide comments or raise questions. The Board raised a query in relation to section 6.5.6, noting that the wording referred to approval involving the Chief Executive and a Chief Officer. Clarification was sought as to whether the reference to Chief Officer meant the Chief Finance Officer specifically or whether it could refer to any Chief Officer.</p> <p>It was clarified that the reference to Chief Officer meant any of the Executive Directors. It was noted that the document contained one section referring to approval by the Chief Finance Officer and another referring to approval by the Chief Executive Officer and a Chief Officer for values between £500,000 and £1 million. It was confirmed that this meant the Chief Executive Officer and any one of the Chief Officers. The Board accepted the clarification and confirmed that the query had been raised to ensure the wording was not a typographical error.</p>                                                               |        |
| <b>9</b> | <b>Questions from Members of the Public</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
| 9.1      | <b><u>Question 1, submitted 18/5/26:</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |



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|     | <p>What support, with insight and knowledge across the Cluster's geographical area, can the Cluster offer in exploring a circumcision service in Gloucestershire.?</p> <p><b>Response:</b> <i>NHS Gloucestershire ICB commissions circumcision in both adults and children for medical reasons only. The specific commissioning criteria for circumcision are set out in the ICBs published policy, which is available on the ICB public website. The ICB currently commissions circumcision services from several local providers to meet local medical needs and support patient choice, and benchmarking data demonstrates that local rates of circumcision are currently above national rates. Given this the ICB does not currently have any plans to expand NHS circumcision services in Gloucestershire.</i></p> <p><i>Supporting information if needed:</i></p> <ul style="list-style-type: none"> <li>• Link to local commissioning policy <a href="https://www.nhsqlos.nhs.uk/wp-content/uploads/2024/03/Circumcision.pdf">https://www.nhsqlos.nhs.uk/wp-content/uploads/2024/03/Circumcision.pdf</a></li> <li>• Commissioned providers – GHFT, Cohese Healthcare, Tetbury Hospital, Winfield Hospital.</li> </ul>                                                     |        |
| 9.2 | <p><b><u>Question 2, submitted 22/05/26</u></b></p> <p>Is the Bristol, North Somerset, Gloucestershire and South Gloucestershire - the Cluster, institutionally and/or structurally racist. What past and present evidence does the Cluster have to robustly evidence their position.?</p> <p><b>Response:</b> <i>We are at the beginning of a journey of discovery at a cluster board level to understand how our current processes, systems and behaviours drive us towards becoming an antiracist organisation and therefore we are unable to provide a full and comprehensive answer until we have completed that work as a Board.</i></p> <p><i>However, we know that systemic racism is an issue for many public sector organisations and there is always more work to do to prevent racism in the workplace. The Cluster ICB plans to do further work on anti-racism as part of our future organisational development plan, which will be considered later in the year by the Transformation, Organisational Development and People Committee.</i></p> <p><i>The ICBs uses staff survey results, the NHS Workforce Race Equality Standards (WRES metrics) and Pay gap information to assess and benchmark our position and to inform our work plans in this area.</i></p> |        |
| 9.3 | <p><b><u>Question 3, submitted 22/05/26</u></b></p> <p>With the strategic commissioning role of Bristol, North Somerset, Gloucestershire and South Gloucestershire - the Cluster, what strategic commissioning benefit, or not, does the Cluster envisage in the merging of NHS provider organisation, for example Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust. Accepting mergers are a matter for the NHS provider organisations, my question explicitly focuses on the strategic commissioning of the Cluster.?</p> <p><b>Response:</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |

|           | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Action |
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|           | <p><i>Similar to other ICBs nationally, we have recently responded to Jim Mackey, CEO of NHS England setting out our response to planning and priorities for 2026/27. Our response describes the changes we are planning in the next few years to move to increased strategic commissioning in our Cluster ICB.</i></p> <p><i>Our focus for Strategic Commissioning is to evolve from the current arrangements centred on individual services and “episodes of care” which unfortunately leads to fragmented services and poor coordination across care. The ambition for our Cluster is that we move to the commissioning of improvements in population outcomes - across care pathways for groups of our population.</i></p> <p><i>So for example, rather than commissioning individual services for people with frailty needs, we will define and agree the outcomes we want to see and ask providers to work together to set out how they will deliver this. Our focus will be on ensuring that we commission for a more proactive and preventative approach to care with a focus on delivery within Neighbourhoods. In practice therefore we will be asking partners to work even more closely together as we commission around outcomes for these groups of the population.</i></p> <p><i>In addition, two months ago NHS England published guidance on new population health delivery models based around single neighbourhoods, multi-neighbourhoods and whole populations. This sets out a radically different approach to commissioning – one where partners (including primary care, community and acute organisations) will need to work together to deliver a set of outcomes for a defined population group. The ICB will be evaluating the best contractual form to use depending on the need and this may require providers to work together in different ways. It is not the role of the Cluster ICB to define how providers will organise themselves to deliver the stated outcomes – that is for providers to work through together.</i></p> |        |
| <b>10</b> | <b>Any Other Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |
| 10.1      | No business was raised                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
|           | <b>Date of Next Meeting</b><br>Wednesday 29 <sup>th</sup> July                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |