

Joint Cluster Board, Open Session Minutes

Minutes of the meeting held on Wednesday 29th July 2026 - 11.00 – 12.20
St Michael's Centre, North Rd, Stoke Gifford, Bristol BS34 8PD

Members Present			
Jeff Farrar	ICB Cluster Chair	Cluster Integrated Care Board	JF
Ayesha Janjua	Joint Non-Executive Director	Cluster Integrated Care Board	AJ
Ananthakrishnan Reghuram	Chief Clinical Leadership and Delivery Officer (Medical) Chief Medical Officer	Cluster Integrated Care Board	AR
Cath Leech	Chief Finance & Corporate Services Officer	Cluster Integrated Care Board	CL
Douglas Blair	Chief Executive Officer	Gloucestershire Health & Care NHS Foundation Trust	DB
Domini Harewood (for Jo Beer)	Chief People & Culture Officer	Sirona Care and Health	DH
Dave Perry	Chief Executive Officer	South Gloucestershire Council	DP
Ellen Donovan	Joint Non-Executive Director	Cluster Integrated Care Board	ED
Jane Cummings	Joint Non-Executive Director	Cluster Integrated Care Board	JC
Jacob Lee	Clinical Chair	GPCB	JL
Jo Medhurst	Chief Population Health Improvement Officer	Cluster Integrated Care Board	JMe
Maria Kane	Joint Chief Executive Officer	NBT & UHBW Group	MK
Nick Hibberd	Chief Executive Officer	Bristol City Council	NH
Rosi Shepherd	Chief Clinical Leadership and Delivery Officer (Nursing)	Cluster Integrated Care Board	RS
Shane Devlin	ICB Cluster Chief Executive Officer	Cluster Integrated Care Board	SD
Siobhan Farmer	Director of Public Health	Gloucestershire County Council	SF
Simon Truelove (for Dominic Hardisty)	Chief Finance Officer	AWP Mental Health Partnership	ST
Steve West	Joint Non-Executive Director	Cluster Integrated Care Board	SW
Participants Present			
Emma Crutchlow	GP, PCN Perspective and GP	Gloucestershire ICB	EC
Fiona Macintosh	VCSE Alliance Representative	Bristol, North Somerset & South Gloucestershire Integrated Care Partnership	FM
Kevin Peltonen-Messenger	Chief Executive Officer	The Care Forum, Bristol	KPM
Ruth Hughes	Chief Executive Officer	One Care	RH
Steve Williams	Chair of Bristol Health and Wellbeing Board	Bristol, North Somerset & South Gloucestershire Integrated Care Partnership	SWi

Apologies			
Alison Moon	Joint Non-Executive Director	Cluster Integrated Care Board	AM
Dominic Hardisty	Chief Executive Officer	AWP Mental Health Partnership	DH
Dave Jarrett	Chief Strategic Commissioning Officer	Cluster Integrated Care Board	DJ
Jo Bayley	Chief Executive	GDoc Ltd	JB
Jo Beer	Chief Executive Officer	Sirona Care & Health	JBe
Jo Hicks	Chief Transformation, People & Organisational Development Officer	Cluster Integrated Care Board	JH
Jo Walker	Chief Executive Officer	Gloucestershire County Council	JW
Kate Usmar	Cabinet Member for Adults' Support & Independence	Gloucestershire County Council	KU
Mark Cooke	Managing Director for Strategy, Oversight and Regulation	NHS England South West	MC
Martin Holloway	Senior Independent Director and Non-Executive Director	South Western Ambulance Service NHS Foundation Trust	MH
Richard Smale	Director of System Coordination	NHS England South West	RSm
In attendance			
Dawn Collinson	Governance Administrator	Gloucestershire ICB	DC
Nicole Saunders	Interim Associate Director of Corporate Affairs	North Somerset & South Gloucestershire ICB	NS
Nancy Sanders	Trainee Graduate	North Somerset & South Gloucestershire ICB	NSa
Ryan Brunsdon	Governance Manager and Board Secretary	Gloucestershire ICB	RB

	Item	Action
1.	Welcome and Apologies	
1.1	JF opened the meeting and welcomed those present including four members of the public. The Chair noted informed that this meeting was also being live streamed.	
1.2	Apologies received were noted above.	
2.	Declarations of Interest	
2.1	There were no new Declarations of Interest notified to the Board.	
3.	Approval of the Minutes from the meeting held in May 2026	
3.1	The minutes from the meeting held on 27th May 2026 were approved as an accurate record.	
4.	Joint Cluster Board Action Log & Matters Arising	

	Item	Action
4.1	Action 1. Item 5 – May 2026, Managing Out of Area Placements. July Update: SD stated that system-wide reporting was not yet reflected in the new Performance Report but would become joint Board reporting post-merger. Ongoing. Action to remain Open.	
5.	Chief Executive Report	
5.1	SD updated members on the Chief Executive Report, stating that the three areas for July's discussion had been: • ICB Organisational Changes • Neighbourhood Health National Visit • Preparing for Merger	
5.2	SD advised that the transition programme remained broadly on track, with directorate structures due to launch in early September, subject to completion of summer recruitment.	
	A recent Neighbourhood Health National visit had taken place with Claire Fuller and her team aiming to understand the current position on neighbourhood health. The National team had been complimentary, recognising that really good work was going on in some places, but it needed to be in place across the cluster. SD outlined the key challenges and questions from the National team as below:	
5.3	1. Focus and Prioritisation: Alignment around all-age frailty and the ability to deliver a business model would ensure beds could be released, enabling further improvement. 2. Outcomes and Benefits: To drive excellent healthcare outcomes for populations, it would be vital to ensure a consistent benefits framework could link outcomes, experience, activity and costs across BNSSG and Gloucestershire. 3. Data and Segmentation: Individual patient level predictive data routes would enable the connection of commissioning segmentation, case finding, shared care planning and operational delivery data. 4. Governance: To be able to fully understand and to have sufficiently clear decision rights, accountability risk appetites and escalation routes and to have the right neighbourhood structure in place. 5. Scale and Spread: Further testing of local models – recognition of shift in demand with recognition that communities are quite different whilst applying the same logic. 6. Financial Sustainability: Accelerator funding, transformation funding and recurrent investment needs to be aligned to longer term commissioning and contracting decisions.	

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5.4	Conclusion The event made a strong case for neighbourhood health as a core delivery model for the new cluster, demonstrating alignment between public expectations, population health needs, strategic commissioning and early place-based innovation. Progress was evident in proactive care, integrated working, Voluntary, Community and Social Enterprise (VCSE) engagement and reduced avoidable hospital activity, particularly for frailty. The priority now was to move from local development to a coherent, governed, outcomes-based cluster model, supported by clear priorities, stronger data and digital foundations, consistent measures, agreed governance and disciplined scaling whilst retaining local flexibility.	
5.6	SD updated Board members on merger preparations, noting that NHS England (NHSE) would be advised that Gloucestershire and BNSSG would merge into one organisation as from April 2027. From a patient flow perspective, the bringing of two strong ICBs together had been considered the most appropriate approach.	
5.7	A technical merger programme was in place, focused on aligning finance and HR systems, including moving from two ledgers to one, rather than focussing on a cultural integration.	
5.8	A Merger Due Diligence Oversight Group had been created with continued oversight by the Joint Transition Committee, involving workstreams, governance, constitution and statutory duties, workforce and HR implications, finance, contracts and assets, digital and data information governance and stakeholder management.	
5.9	SWi queried the ICB's focus on Primary Care Networks (PCNs) regarding neighbourhood health delivery and asked for expansion on this. SD said that from a healthcare delivery perspective, it had been agreed by Gloucestershire ICB and BNSSG ICB that neighbourhoods would be built around PCNs. Due to the neighbourhood guidance and from a health perspective it was clear that this development needed to be within neighbourhood teams around the primary care world. This decision had also been taken by a large number of other ICBs across the country.	
5.10	NHSE had consulted on multi-neighbourhood and single neighbourhood provider guidance on 16 th July. SD said that neighbourhoods could initially be based around PCNs and evolve into multi-neighbourhoods, with Health and Wellbeing Boards providing overall governance; however, nothing definitive had yet been decided.	
5.11	Discussion focused on how governance arrangements could potentially align and feed into Health and Wellbeing Boards (the "architecture"), with neighbourhoods being seen as the delivery space. There was no intention to add bureaucracy or complexity, and SD and the Chair confirmed this conversation still remained open to ideas and suggestions.	
5.12	ED referenced frailty, requesting more information on the decision-making framework. SD said the commissioning intention framework needed to be in place by April 2027 and could go through the ICB Executive Commissioning Group. He	

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	noted it would be positive for Health and Wellbeing Boards to develop into the commissioning architecture, although this was unlikely to occur by April 2027 as further work was necessary.	
5.13	JM said that executives were collaborating with partners to explore a framework that would allow difficult decisions to be made and to move resources around to improve equity. It was hoped to develop a decision quality tool to drive good decision making and which would fit into the commissioning governance framework. This was a work in progress and would take around 3-4 months to conclude.	
	<u>RESOLUTION:</u> The members noted the Chief Executive Report update.	
6.	Finance Report – Month 3 (June 2026)	
6.1	CL delivered an update for members noting that at a Cluster level the forecast was breakeven year to date (YTD). Both ICBs were facing similar risks and issues with Attention Deficit Hyperactivity Disorder (ADHD) and Autism Right to Choose.	
6.2	In Gloucestershire there was a forecast overspend as at M3 of c£2.8m which could increase based on the trend from a recent review. Indicative Activity Plans (IAPs) were being enacted with providers to help manage this throughout the year. CL informed that the BNSSG forecast was under review. The M3 position was c500k overspend even with IAPs in place. Contractual levers and local provider investments were being examined to endeavour mitigation.	
6.3	All Age Continuing Care (AACC) – High run rates had been observed in Q1 with caseloads increasing at the end of 2025/2026 with mitigating actions being implemented, and further analysis being undertaken as to likely forecast. YTD variance was £1.6m. The same pressures were not being seen within the Gloucestershire system.	
6.4	Prescribing expenditure was broadly in line with plan, but the No Cheaper Stock Option (NCSO) expenditure was increasing, giving rise to a possible overspend. Other measures were being examined to mitigate this overspend through the year.	
6.5	Both organisations had a degree of contingency and expectation of other non-recurrent benefits that could help mitigate the financial risk, and the forecast remained Breakeven.	
6.6	SD said the biggest risk remained the ADHD despite putting in considerable resources, with more control needed. SW suggested conducting a deep dive in this area around pathways and controls and also to understand culture, behaviour and outcomes. SW stated this was a national issue but just wanted to be confident around our controls.	
6.7	CL informed the Board members that a small working group had been formed across the cluster with a paper being drafted and co-ordinated by Matt Backler, to be brought to the executives. This would detail the work programme intended for next steps.	

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6.8	ED thought the Finance Performance & Quality Committee (FPQ) would be the correct arena in which to conduct a deep dive of ADHD issues and extended an invitation to SW. ED was hopeful that ADHD and the AACC could be agenda items for the September FPQ meeting, but until SD had seen the paper detailing the work involved, he could not currently guarantee that ADHD would be a topic for discussion in September's FPQ Committee.	
6.9	RS said work in AACC was continuing around the rise in referrals and conversion rates which was a change in presentation to the service and definitely required further examination.	
6.10	JM said high-level contractual work was being undertaken, but resources were constrained and members needed to be mindful. ED agreed priorities were key, as was the necessity to examine certain areas, but the Board needed to be assured that year-end budgets would be achieved.	
6.11	AJ felt that the ADHD issues would not be dissipating any time soon and it was definitely causing significant health inequalities. Long term thinking and alignment with national recommendations needed consideration.	
6.12	KPM said he had been collaborating with colleagues across Gloucestershire and had found that there was a consistent misunderstanding around the Right to Choose pathways, with information on Advice and Guidance not offering clarity. Access figures might drop if there were more support in communities around statutory services.	
	<u>RESOLUTION:</u> The JCB members noted the M3 Finance update.	
7.	Committee Updates	
7.1	Audit Committee – Meetings held 15th and 16th June 2026	
7.1.1	SW reported that both ICB Audit Committees received strong assurance on internal and external audit, financial reporting and counter fraud. The Annual Report, Internal Audit Plan and Letter of Representation were approved.	
7.1.2	The Committee would be focusing on the transition period into next April. SW stated that the teams who worked to produce the papers for the meetings had worked exceptionally effectively and had created some powerful documents which reflected what had been achieved during the year - SW extended gratitude to all those involved.	
7.1.3	The Committee concluded that the organisation remained in a strong control environment despite significant organisational change. The principal areas requiring Board attention are: 1. Embedding the new Risk Management and Board Assurance Framework (BAF); 2. Strengthening cyber resilience and agreeing future investment; 3. Closing and rationalising outstanding audit recommendations; 4. Maintaining effective governance throughout cluster integration.	

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7.2	Strategic Health Inequalities, Prevention and Population Health Commissioning (SHIPPHC) Committee Meeting held 18th June 2026	
7.2.1	JC stated that this meeting had been the first, whereupon the Terms of Reference (ToR) and membership had been reviewed. JM aided a discussion around delivering more detail around the commissioning cycle in the ToR, examining integrated health needs assessments, outcomes framework and strategic commissioning priorities. This Committee would be overseeing the Neighbourhood Health Programme. Learning from previous Committees would help develop what the new SHIPPHC Committee would be aiming to achieve.	
7.2.2	Partner member options were examined and at what stage of the meetings they should be involved in and how equity could be improved.	
7.2.3	Health Inequalities Statements were reviewed which were different to those previously written with a commitment to update later in the year. This could be an agenda item for discussion at a future Board meeting.	
7.2.4	A potential Workplan was examined in order that work was effectively covered that the ICB was accountable and responsible for, without duplication and making the best use of resources. Future agenda planning was being scheduled.	
7.2.5	Public Health expertise was reviewed with a prior determinant of having two Directors of Public Health for the Committee. However, all four Directors across the cluster had wanted to be involved and this had been agreed due to their wide range of expertise. JC said the September meeting would contain more detail, and she would report back at the right time.	
7.2.6	The Chair advised that invitations should be considered carefully and extended only where they would add value, taking account of relevant agenda items and effective use of meeting time.	
7.3	Finance, Performance and Quality Committee held 26th June 2026	
7.3.1	ED informed that items discussed were ToR, the Finance Report and the National Oversight Framework (NOF). It was important that this Committee was responsible for oversight assurance and not direct performance management. The relationship with NHSE was being clarified.	
7.3.2	The NOF would be introduced as a Board agenda item in the future. ED explained the various segments of the NOF; 1 and 2 were good, with 3 and 4 meaning increased oversight. The financial deficit would put the organisation at NOF 3 so it would be important that finances were closely scrutinised.	
7.3.3	Three risks had been identified ADHD and Autism, AACC and higher acute activity in the independent sector.	

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7.3.4	Colleagues in Business Intelligence had worked hard on a Performance and Operational Plan and were doing the same for the NOF. Caroline from Dave Jarrett's team informed the meeting that good progress was being made on performance through to strategic commissioning.	
7.3.5	The position on oversight between Region and the ICB on oversight was developing and there were a lot of demands on the ICB which needed to be borne in mind.	
7.3.6	ED informed that the Committee would at times involve Cath, Raghu, Rosi and Dave and the Chair said that they would not all need to be involved at any one time if the agenda did not require it.	
7.3.7	SD spoke about oversight and performance management saying that the NOF existed for providers but also would exist for commissioners; the management of that oversight process for providers was not the responsibility of the ICB, it was an NHSE function. The ICB would be pulled into those meetings if a contractual perspective were to add value to those meetings. This would only happen if a provider were in NOF 3 or 4 but unlikely if the provider were in NOF 1 or 2. SD said that we as an ICB would be held to account for our position against the commissioning NOF framework. There were 44 indicators that the organisation would be measured against and SD advised ED that her Committee would need to be looking at those to ensure that the ICB were fit for purpose. This would bring in a quantitative approach with an intention to start the measuring in September. Information would be published and be available to members of the public to see how our ICB performance compared to that of other ICBs.	
7.3.8	The Chair highlighted the need for consistency across the South West. Provider Boards remained accountable for their own scoring, while RS noted that quality assurance and escalation responsibilities still sat with the ICB.	
7.4	Transformation, People and OD Committee – to be held September 2026	
7.4.1	AJ informed that this Committee would be mainly an internal Committee looking at people, workforce etc. AJ said that a core plan was in train and said that partners would be brought in where necessary.	
7.5	Transition Committee Update	
7.5.1	The Chair explained the Transition Committee so that members of the public were aware, and how it documented the changes being undertaken within the organisation. The Committee had the ability to examine processes in more detail prior to any escalations to the Board.	
	<i>RESOLUTION: The members noted the updates from the Chairs on the recent Committee meetings.</i>	
8.	Questions from Members of the Public	

	Item	Action
8.1	Five questions were read out from members of the public with responses given by the associated executives during the meeting. More information can be found via the link attached. Any responses would be informed to members of the public who had raised questions but were unable to attend, following the meeting. The NHS Gloucestershire Board : NHS Gloucestershire ICB	
9.	Any Other Business (AOB)	
9.1	SF informed the meeting that the government had announced a decision to replace Gloucestershire's seven existing councils with a single new unitary authority named Gloucestershire Council on 16 th July 2026. A single all-powerful unitary authority would be replacing the County Council and all seven district and borough councils.	
9.2	Shadow council elections to the new authority were scheduled to take place in May 2027. The new Gloucestershire Council would then take effect from April 2028. Further updates would be brought to future meetings.	
9.3	The meeting concluded at 12.20pm.	
	Date of Next Meeting - Wednesday 30th September 2026.	