NHS Gloucestershire Integrated Care Board

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board

Joint Cluster Board, Open Session Minutes

Minutes of the meeting held on Wednesday 30th September 2026 - 11.20 – 13.00 Shire Hall, Westgate Street, Gloucester, GL1 2TJ

Present		
Jeff Farrar	ICB Chair, Cluster Integrated Care Board	JF
Alison Moon	Non-Executive Director, Cluster Integrated Care Board	AM
Ananthakrishnan Raghuram	Chief Clinical Leadership and Delivery Officer (Medical)	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
David Jarrett	Chief Strategic Commissioning Officer, Cluster Integrated Care Board	DJ
Dave Perry	Chief Executive Officer, South Gloucestershire Council	DP
Ellen Donovan	Non-Executive Director, Cluster Integrated Care Board	ED
Jo Bayley	Chief Executive Officer, GDOC	JBa
Jane Cummings	Non-Executive Director, Cluster Integrated Care Board	JC
Jo Hicks	Chief Transformation & People Officer	JH
Jacob Lee	Clinical Chair, GPCB	JL
Mandy Bishop	Chief Executive, North Somerset Council	MB
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	Chief Executive Officer, Cluster Integrated Care Board	SD
Siobhan Farmer	Director of Public Health, Gloucestershire County Council	SF
Apologies		
Ayesha Janjua	Non-Executive Director, Cluster Integrated Care Board	AJ
Dominic Hardisty	Chief Executive Officer, AWP Mental Health Partnership	DH
Jo Medhurst	Chief Population Health Improvement Officer, Cluster Integrated Care Board	JM
John Martin	Chief Executive Officer, South West Ambulance Service Foundation Trust	JMa
Jo Walker	Chief Executive Officer, Gloucestershire County Council	JW
Kevin McNamara	Chief Executive Officer, Gloucestershire Hospitals NHS Foundation Tryst	KM
Kevin Peltonen-Messenger	Chief Executive Officer The Care Forum, Bristol	KPM
Martin Holloway	Non-Executive Director / Deputy Chair, South West Ambulance Service Foundation Trust	MH
Sarah Scott	Executive Director of Adult Social Care, Wellbeing and Communities, Gloucestershire County Council	SS
Steve West	Non-Executive Director, Cluster Integrated Care Board	SW
In attendance		
Emma Cruthclow	GP, PCN Perspective and GP, GICB	EC
Fiona Macintosh	VCSE Alliance Representative, BNSSG VCSE	FM
Jen Bond	Deputy Director of Communications, Public Affairs and Stakeholder Management, Cluster Integrated Care Board	JBo
Jenni Phillips	Communications and Stakeholder Lead - Digital and Social Media, Cluster Integrated Care Board	JP
Kate Usmar	Cabinet Member for Adults' Support & Independence, Gloucestershire County Council	KU
Nic Saunders	Associate Director of Corporate Governance, Cluster Integrated Care Board	NS
Ryan Brunsdon	Governance Manager, Cluster Integrated Care Board	RB
Ruth Hughes	Chief Executive Officer, One Care	RH
Stephen Williams	Chair of the Health & Wellbeing Board, Bristol	SW

Layla Green	Deputy Director Safety & Quality (Maternity & Neonatology) , Cluster Integrated Care Board, Cluster Integrated Care Board	LG
Jenny Bowker	Director of Commissioning for Neighbourhood Health	JBk
Caroline Dawe	Deputy Director Safety & Quality (Maternity & Neonatology) , Cluster Integrated Care Board	CD
Gerald Nyamhondoro	Director of Commissioning for Neighbourhood Health, Cluster Integrated Care Board	GN

	Item	**Action**
1.	**Welcome and Apologies**	
1.1	The Chair welcomed members and the public and advised that the meeting was being live streamed.	
1.2	Apologies were received from the following members: Ayesha Janjua, Dominic Hardisty, Kevin Peltonen-Messenger, Dominic Hardisty, Prof Sir Steve West, Dr Jo Medhurst, Jo Walker, Prof Sarah Scott, Mark Cooke, Martin Holloway and Richard Smale.	
2.	**Declarations of Interest**	
2.1	There were no declarations submitted other than the interests brought before the Committee by way of the Register of Interest.	
3.	**Approval of the Minutes from the meeting held on 29th July 2026**	
3.1	Members reviewed the minutes of the meeting held on 29th July 2026 and confirmed that there were no matters of accuracy requiring amendment. Members approved the minutes as a true and an accurate record.	
4.	**Joint Cluster Board Action Log & Matters Arising**	
4.1	**Action 1. Managing Out of Area Placements.** DJ stated that this matter had been reviewed and a standard report had been drafted and would be presented before the relevant committee. Action1 was closed.	
5.	**Chief Executive Report**	
5.1	SD reported good progress on the Gloucestershire and BNSSG ICB change programme, with completion targeted for the end of October 2026 and delivery remaining within operational, technical and financial parameters. The executive team was developing short- to medium-term business plans focused on five pillars: neighbourhood health, health equity, strategic commissioning, clinical and care services, and organisational effectiveness.	
5.2	SD advised that the Cluster business plan would be presented at the November 2026 meeting. **Action: SD to present the business plan to the Board.** Successful delivery	**SD**

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	required clear understanding of individual and team contributions to the five pillars, supported by effective engagement, accountability and collaboration across organisational and professional boundaries.	
	Resolution: The Joint Cluster Board, having considered the Chief Executive Officer's report and noted the progress made in delivering the organisational change programme.	
6.	**Month 5 (August) Cluster Finance Report**	
6.1	CL reported a forecast breakeven position, noting material pressures from ADHD, autism and rising prescribing costs caused by shortages and limited alternatives. An internal working group was developing mitigations.	
6.2	CL reported strong engagement to mitigate urgent and planned care pressures in Gloucestershire and expected the Cluster to meet all regulatory KPIs. SD added that business plans included ADHD and All Age Continuing Care measures covering finance, quality and safety. MK welcomed the report and emphasised continued focus on maternity services.	
6.3	**Resolution: The Joint Cluster Board, having considered the Month 5 (August) Cluster Finance Report, noted the forecast breakeven position, the material financial pressures and the mitigating actions being taken.**	
7.	**National Maternity and Neonatal Reviews 2026: Implications and Assurance for the ICB**	
7.1	LG presented the Ockenden and Amos reviews, highlighting recurring concerns about women and families not being heard, inequity, discrimination, weak incident learning and fragmented governance. She described the reviews as a national milestone for maternity and neonatal services. LG emphasised applying the findings to strengthen governance, culture, workforce, clinical pathways and learning systems across the Cluster, supported by the NHS England 10-Point Plan.	
7.2	LG proposed an LMNS action and assurance plan aligned to the 10-Point Plan and underpinned by robust corporate and quality governance. Following publication of the National Action Plan, a refreshed gap analysis and delivery plan would be presented.. She also noted the proposed Maternity and Neonatal Commissioner and increased national investment.	
7.3	LG assured members that the Cluster had the capacity and commitment to implement the reviews and 10-Point Plan. RS called for a clear neonatal governance framework with regular Board reporting. JF suggested SHIPPCH could provide oversight without	

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	duplicating stakeholder governance. JC welcomed the recommendations but noted that similar concerns had appeared in earlier reviews, indicating a persistent implementation gap. Members discussed stronger coordination and governance alignment to support delivery.	
	Resolution: The Joint Cluster Board, having considered the National Maternity and Neonatal Reviews 2026 report: **1. Noted the findings and assurances provided.** **2. Endorsed the development of a Local Maternity and Neonatal System action and assurance plan aligned to the NHS England 10-Point Plan.**	
8.	**Neighbourhood Health Update Report**	
8.1	JD presented the Neighbourhood Health Framework, published in March 2026, which required each Place to develop a plan through its Health and Wellbeing Board. Neighbourhood health supported the Cluster priorities of healthy lives, health equity and best value, with each system building on differing strengths and development needs.	
8.2	JD summarised implementation progress and NHS England feedback, emphasising strong leadership, established neighbourhood models and a shift from planning to delivery with clear accountability and measurable outcomes. NH stressed that plans should reflect community perspectives, informed by Health and Wellbeing Boards and the voluntary sector.	
8.3	JBk reported that the July 2026 NHS England visit had supported development of the Cluster's neighbourhood health model. Strengths included relationship-building, a focus on frailty and development of provider collaboratives. JBk advocated a community-led rather than top-down approach, supported by Commissioning Steering Group oversight, Cluster-wide action plans and dedicated teams.	
8.4	KU and SW highlighted the contribution to wellbeing and health equity, while FM called for fuller local authority involvement in provider collaboratives. JBk sought Board endorsement of the community-led approach, Cluster-wide action plans and supporting teams. KU and SW endorsed neighbourhood health as a means of improving wellbeing and reducing health inequalities.	
8.5	FM noted that the collaborative remained developing and required fuller local authority involvement. SD confirmed the ICB's accountability for integrated neighbourhood health outcomes alongside primary and secondary care delivery. SF emphasised that success depended on collaboration and shared responsibility.	
	Resolution: The Joint Cluster Board, having considered the Neighbourhood Health Update Report:	

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	1. **Noted the progress made in developing and implementing the Cluster's neighbourhood health model.** 2. **Endorsed the community-led approach, Cluster-wide action plans and supporting delivery arrangements.**	
9.	**BNSSG and Gloucestershire Winter Plan**	
9.1	DJ presented the winter planning update and sought approval of separate Board Assurance Statements for Gloucestershire and BNSSG, reflecting their continued legal status as two ICBs. Members welcomed the plans' focus on prevention and vaccination, primary care and NHS 111, governance, oversight and business continuity.	
9.2	DJ reported residual system-flow risks, including No Criteria to Reside and discharge delays, with mitigations under development. CD highlighted lessons from the previous winter: earlier planning, improved demand and capacity intelligence, clearer escalation, greater intermediate care capacity, stronger surge arrangements and shared risk management.	
9.3	CD advised that scenario testing had identified further priorities: out-of-hours escalation, senior clinical advice, mutual aid, workforce resilience, cyber and IT disruption, children and young people's pathways, and stronger post-escalation recovery.	
9.4	CD reported that escalation processes were being revised and that work continued on ambulance handovers, senior clinical decision-making, single points of access and care coordination. Risks remained around implementing new services and achieving milestones before winter.	
9.5	Members stressed that corridor care must not become normal practice. SD confirmed it was not assumed within the winter plan but remained a risk under extreme scenarios, with preventative measures in place. Members welcomed the work and sought clarity on how risk was distributed across primary care, ambulance and other services.	
9.6	CD emphasised predictive intelligence and clearer provider and ICB responsibilities during system pressure. Members sought assurance on delivery, funding, community capacity and Urgent Community Response investment. DJ confirmed that additional funding had been approved and that risks and mitigations remained under regular system governance review.	
9.7	JD highlighted BNSSG care coordination, Gloucestershire's Single Point of Access and Care Transfer Hub, and the development of Integrated Neighbourhood Teams. SWi called for year-round seasonal planning, including extreme heat. Members supported further scenario testing and Board involvement where helpful.	

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	<u>Resolution</u>: The Joint Cluster Board, having considered the BNSSG and Gloucestershire Winter Plan: 1. **Approved the separate Board Assurance Statements for BNSSG and Gloucestershire.** 2. **Noted the winter planning priorities, residual risks and mitigating actions.** 3. **Supported continued scenario testing, system oversight and year-round seasonal planning.**	
10.	**Committee Updates**	
10.1	ED reported that the Finance, Performance and Quality Committee had reviewed the financial position and received assurance on ADHD, autism and All Age Continuing Care. The Committee also considered commissioning governance, procurement oversight, the Provider Selection Regime annual submission and safeguarding.	
10.2	DJ reported that urgent care delivery remained broadly on track, with positive ambulance handover and Category 2 performance despite flow pressures. An emerging BNSSG elective waiting-list risk was being mitigated, and access to routine and urgent dental care had improved.	
10.3	AM reported that the Remuneration Committee continued to seek assurance that organisational change was being implemented fairly and consistently, while maximising suitable alternative employment and retaining organisational skills and knowledge.	
10.4	CL reported that the Audit Committee had reviewed the Board Assurance Framework, risk arrangements and routine business, with particular focus on strengthening cyber-security assurance.	
10.5	JH reported that the inaugural People Committee had agreed its Terms of Reference and membership and considered workforce measures, organisational development, Cluster culture and values, policy harmonisation, staff engagement and people-related change risks.	
10.6	**<u>Resolution</u>: The Joint Cluster Board, having considered the Committee Updates:** 1. **Noted the reports and assurances provided by the Finance, Performance and Quality, Remuneration, Audit and People Committees.** 2. **Noted the key financial, performance, workforce, organisational change, risk and governance matters highlighted.**	
11.	**Questions from Members of the Public**	
11.1	In response to a public question on gambling-related harm, the Board confirmed that Cluster colleagues were working with NHS England on service development. In	

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	response to a question on placing public questions at the end of the agenda, the Chair explained that this enabled the Board to discharge its core business first.	
11.2	Members reaffirmed their commitment to engagement, openness, transparency and accountability, and agreed to keep the approach under review. In response to a question on staff rest, recovery and annual leave, the Board confirmed that assurance was provided through organisational policies, workforce reporting and People Committee oversight.	
11.3	Managers supported appropriate leave and breaks, flexible working, and access to occupational health and wellbeing services. In response to a question on using strategic needs assessment and population intelligence to address health inequalities and inform commissioning, the Chair agreed that a detailed written response would be provided.	
	Resolution: The Joint Cluster Board considered the questions from members of the public and reaffirmed its commitment to public engagement, openness, transparency and accountability.	
12.	**Any Other Business**	
12.1	There being no further business, the Chair closed the meeting.	
	The meeting concluded at 13.00pm.	
	Date of Next Meeting - Wednesday 25th November 2026.	