

Gloucestershire Health & Wellbeing Board Meeting

Tuesday 28 July 2026 at 1.30 pm

Council Chamber - Shire Hall, Gloucester

1	Apologies for absence To note any apologies for absence	Chair
2	Vice Chair Appointment To confirm the appointment of the Vice Chair of the Health and Wellbeing Board (2026-27).	Chair
3	Declarations of interest To confirm any declarations of interest on matters being discussed at the meeting. Please see note (a) on the cover sheet of the agenda.	Chair
4	Minutes of the previous meeting (Pages 1 - 14) To confirm the minutes of the Health and Wellbeing Board meeting held on 24 March 2026.	Chair
5	Public Questions To consider any written questions from members of the public about matters within the powers and duties of the Partnership. Written questions to be submitted for the attention of the Chair of the Gloucestershire Health and Wellbeing Partnership by 10.00am four clear working days before the date of the meeting. The deadline for submitting questions for consideration at the committee meeting on Tuesday 28 July 2026 was 10.00am on Tuesday 21 July 2026. Please submit any written questions to: jo.moore@gloucestershire.gov.uk	Chair
6	Member Questions	Chair

	To consider any written questions from members of the public about matters within the powers and duties of the Partnership. Written questions need to be submitted for the attention of the Chair of the Gloucestershire Health and Wellbeing Partnership by 10.00am four clear working days before the date of the meeting. The deadline for submitting questions for consideration at the meeting on Tuesday 28 July 2026 was 10.00am on Tuesday 21 July 2026. Please submit any written questions to: jo.moore@gloucestershire.gov.uk	
7	Chair's Updates An update on current issues including the recent announcement of the Local Government Reorganisation (LGR) decision for Gloucestershire.	Chair
DECISION ITEM		
8	Better Care Fund Plan 2026-27: Submission and Final Approval (Pages 15 - 24) The Better Care Fund (BCF) is a national funding initiative in partnership between NHS England, the Ministry of Housing, Communities and Local Government, Department of Health and Social Care and the Local Government Association. The Health and Wellbeing Board is asked to confirm final approval of the Better Care Fund Plan 2026/27.	Brenda Yearwood GCC Assistant Director Adult Social Care Commissioning
INFORMATION ITEMS		
9	Development of the Healthy Weight Strategy 2026-2036 (Pages 25 - 32) An update on the development of the Gloucestershire Healthy Weight Strategy (2026-2036) in support of the Healthy Lifestyle priority included in the Joint Local Health and Wellbeing Strategy. The Health and Wellbeing Board is asked to: - i. Endorse Gloucestershire's Healthy Weight Strategy ii. Champion healthy weight as a system priority and gateway to avoiding ill health iii. Support alignment across partner strategies and existing programmes of work iv. Provide oversight through the Health and Wellbeing Board over the life course of the strategy The strategy will be circulated after the meeting for members to make comment on (please submit any comments before 12 August 2026).	Callum Gutteridge GCC Public Health Manager (Health Improvement and Health Partnerships)
10	Health and Housing	Helen Flitton

	An update on the 'health and housing' strategic priority included within the Gloucestershire Joint Health and Wellbeing Strategy. For more information on the priority, please click on the link here.	GCC Head of Inclusion Health Public Health/ Communities
11	Future Meetings Tuesday 29 September 2026 (Partnership meeting only) Tuesday 24 November 2026 (Board and Partnership meetings)	Chair

Membership – Membership – Cllr Dr Kate Usmar (Chair): Shane Devlin, (Chief Executive of the NHS Gloucestershire ICB and the NHS Bristol, North Somerset and South Gloucestershire ICB Cluster); Dr Jeff Farrar (NHS Integrated Care Board Cluster Chair); Dr Ananthakrishnan Raghuram (Raghu) MBE (NHS Gloucestershire ICB Chief Medical Officer); Sarah Scott, (GCC Executive Director of Adult Social Care, Wellbeing and Communities); Siobhan Farmer, (GCC Director of Public Health); Ann James, (GCC Executive Director of Children's Services); Colin Chick, (GCC Executive Director of Economy, Environment and Infrastructure; Claire Hughes, (Cheltenham Borough Council); Angela Claridge, (Cotswold District Council); Andy Barge (Forest of Dean District Council); Ruth Saunders (Gloucester City Council), Alistair Cunningham (Tewkesbury BC); Cllr Steve Steinhardt, (Cheltenham Borough Council); Cllr Paul Evans, (Cotswold District Council); Cllr Beth Llewellyn, (Forest of Dean District Council); Cllr Rebecca Trimnell (Gloucester City Council), Cllr Milly Hill, (Stroud District Council), Cllr Nigel Adcock, (Tewkesbury Borough Council); Richard Smale, (NHS England/NHS Improvement SW); Lucy White, (Healthwatch Gloucestershire); Will Cleary-Gray, (Gloucestershire Hospitals NHS Foundation Trust); Rosanna James, (Gloucestershire Health and Care NHS Foundation Trust); Emma Crutchlow, (representing the Primary Care Network (PCN); Dr Bob Hodges, (representing the Local Medical Committee (LMC); Bronwyn Barnes, (Cheltenham Integrated Locality Partnership); Barbara Piranty (Cotswold Integrated Locality Partnership); Chris Brown, (Forest of Dean Integrated Locality Partnership); Guy Stenson, (Gloucester Integrated Locality Partnership); Emma Keating-Clarke, (Stroud Integrated Locality Partnership); Tracy Clark, (Tewkesbury Integrated Locality Partnership); Dave Jarrett, (representing Clinical Programme Groups (CPGs); Dr Charlie Sharp, (EACI - Enabling Active Communities and Individuals Programme); Lisa Wilson, (VCSE - Voluntary, Community and Social Enterprise); Matt Lennard, (VCS Alliance); Superintendent Emma MacDonald, (representing Chief Constable of Gloucestershire); Nathaniel Hooton, (Deputy Chief Fire Officer - Gloucestershire Fire and Rescue Service); Nick Evans, (Deputy Police and Crime Commissioner), Andrea Holder, (Lead Governor for Gloucestershire Hospitals NHS Foundation Trust); Chris Witham, (Lead Governor for Gloucestershire Health and Care NHS Foundation Trust); Cllr Linda Cohen (Gloucestershire County Council Cabinet Member for Education); Cllr Ben Evans, (Gloucestershire County Council Cabinet Member for Children's Safeguarding and Care) and Cllr Paul Hodgkinson, (Gloucestershire County Council Cabinet Member Public Health, Communities and Fire).

- (a) **DECLARATIONS OF INTEREST** – Please declare any disclosable pecuniary interests or personal interests that you may have relating to specific matters which may be discussed at this meeting. Members requiring advice or clarification about whether to make a declaration of interest are invited to contact the Monitoring Officer (Rob Ayliffe Tel: 01452 328506 e-mail: rob.ayliffe@gloucestershire.gov.uk) prior to the start of the meeting.
- (b) **INSPECTION OF PAPERS AND GENERAL QUERIES** - If you wish to inspect Minutes or



Reports relating to any item on this agenda or have any other general queries about the meeting, please contact: Jo Moore, Senior Democratic Services Adviser
☎:01452 324196/email: jo.moore@gloucestershire.gov.uk

(c) GENERAL ARRANGEMENTS

Please note that photography, filming and audio recording of Council meetings is permitted subject to the Local Government Access to Information provisions. Please contact Democratic Services (tel 01452 324203) to make the necessary arrangements ahead of the meeting. If you are a member of the public and do not wish to be photographed or filmed please inform the Democratic Services Officer on duty at the meeting.

EVACUATION PROCEDURE - in the event of the fire alarms sounding during the meeting please leave as directed in a calm and orderly manner and go to the assembly point. Please remain there and await further instructions.



GLOUCESTERSHIRE HEALTH & WELLBEING BOARD

Minutes of the meeting of the Gloucestershire Health & Wellbeing Board held on Tuesday 24 March 2026 in the Council Chamber, Shire Hall, Gloucester.

- Present:** Cllr Dr Kate Usmar (Chair); Shane Devlin, (Chief Executive of the NHS Gloucestershire ICB and the NHS Bristol, North Somerset and South Gloucestershire ICB Cluster); Dr Ananthakrishnan Raghuram (Raghu) MBE (NHS Gloucestershire ICB Chief Medical Officer); Sarah Scott, (GCC Executive Director of Adult Social Care, Wellbeing and Communities); Siobhan Farmer, (GCC Director of Public Health); Claire Hughes, (Cheltenham Borough Council); Angela Claridge, (Cotswold District Council); Andy Barge (Forest of Dean District Council); Ruth Saunders (Gloucester City Council), Cllr Steve Steinhardt, (Cheltenham Borough Council); Cllr Paul Evans, (Cotswold District Council); Cllr Beth Llewellyn, (Forest of Dean District Council); Cllr Milly Hill, (Stroud District Council), Cllr Nigel Adcock, (Tewkesbury Borough Council); Julie Smee, (NHS England), Lucy White, (Healthwatch Gloucestershire); Will Cleary-Gray, (Gloucestershire Hospitals NHS Foundation Trust); Des Gorman, (Gloucestershire Health and Care NHS Foundation Trust); Bronwyn Barnes, (Cheltenham Integrated Locality Partnership); Barbara Piranty (Cotswold Integrated Locality Partnership); Chris Brown, (Forest of Dean Integrated Locality Partnership); Guy Stenson, (Gloucester Integrated Locality Partnership); Emma Keating-Clarke, (Stroud Integrated Locality Partnership); Lisa Wilson, (VCSE - Voluntary, Community and Social Enterprise); Matt Lennard, (VCS Alliance); Nathaniel Hooton, (Deputy Chief Fire Officer - Gloucestershire Fire and Rescue Service); Nick Evans, (Deputy Police and Crime Commissioner)
- Formal Apologies:** Dr Jeff Farrar ICB, Ann James GCC, Colin Chick GCC, Keith Gerrard Stroud DC, Alistair Cunningham OBE Tewkesbury BC, Mark Cooke (NHSE), Emma Crutchlow (Primary Care Network), Rosanna James (GHC), Dr Bob Hodges (Local Medical Committee), Tracy Clark (Tewkesbury Integrated Care Partnership), Charles Sharp, (Enabling Active Communities and Individuals Programme) , Sup. Emma MacDonald, (Gloucestershire Constabulary), and Cllr Paul Hodgkinson (GCC).
- Presenting Officers:** Brenda Yearwood, (Assistant Director, Adult Social Care Commissioning GCC); Mark Golledge and Amy Ward, (NHS Gloucestershire ICB); Katie Hopgood, (GCC), Kate Emsley (GCC), Claire Procter (GCC), Rae Bell and Rui Laborda, (Gloucester Community Building Collective)

1. CHAIR'S UPDATES

Chair, Cllr Dr Kate Usmar, welcomed everyone to the meeting, including the newly appointed members of the Board who were attending the meeting for the first time.

Cllr Dr Usmar informed the Board of the recent appointment of Colin Chick, Executive Director: Economy, Environment and Infrastructure at Gloucestershire

County Council and of Colin's role in the economic development of the county and its relevance to improving health outcomes.

Following recent revisions to the Health and Wellbeing Board Terms of Reference, Cllr Dr Usmar was pleased to welcome the following elected member representatives from 5 of the district councils in the county.

Cheltenham Borough Council - Cllr Dr Steve Steinhardt
Cotswold District Council - Cllr Tony Dale
Forest of Dean District Council - Cllr Beth Llewellyn
Gloucester City Council - appointment to be confirmed in May
Stroud District Council - Cllr Milly Hill
Tewkesbury Borough Council - Cllr Nigel Adcock

It was confirmed that the 5 district councillors had received an in-depth induction session prior to the meeting and that it had been of interest to learn of the range of valuable experience each member would bring to the Board.

Riki Moody

Cllr Dr Usmar expressed great sadness at having to inform the Board of the recent death of Riki Moody, Chief Officer of the Gloucestershire Care Providers Association, (GCPA) following a short period of illness.

The following tribute was made at the meeting: -

Riki made a huge impact on the Gloucestershire system, and his contribution will be greatly missed. Riki will be remembered for his long career in the county, as Chief Officer of the Gloucestershire Care Providers Association (GCPA), and for the support Riki provided to the independent adult social care providers in Gloucestershire, particularly during the Covid 19 Pandemic. Riki will also be remembered for his role in promoting equalities during his time with Gloucestershire Fire & Rescue Services as their equalities champion.

Riki believed in the worth of the independent sector and championed the interests of the social care sector, working to improve standards and provide a voice for providers in Gloucestershire. Riki also fostered partnerships, locally, regionally and nationally as part of his aim to raise the profile of the care sector and those who work in it.

The Board shared in the sentiments and fully supported the view that Riki was a valued and enthusiastic member of the committee and that he would be greatly missed.

2. APOLOGIES FOR ABSENCE

Apologies for absence received in advance of the meeting were noted.

Details of the membership of the Board and known apologies at the time of the meeting are recorded above and attached to the minutes of the meeting for information.

3. DECLARATIONS OF INTEREST

Ruth Saunders (Corporate Director at Gloucester City Council) declared a non-prejudicial interest in item 11 of the agenda: Gloucester Community Building Collective.

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the Board meeting held on 25 November 2025 were noted and agreed as a correct record of that meeting.

5. PUBLIC QUESTIONS

No public questions were submitted in advance of the meeting.

6. MEMBER QUESTIONS

No member questions were submitted in advance of the meeting.

7. UPDATE ON THE TIMELINE AND APPROVAL PROCESS OF THE BETTER CARE FUND

7.1 Members received an update on the timeline for the annual submission of the Better Care Fund Plan, in line with national planning guidance for 2026/27.

7.2 The Health and Wellbeing Board is required to approve the Better Care Fund for the county to confirm the arrangements on how Integrated Care Boards ICBs and local authorities will work together to deliver more integrated and preventative care for people with health and social care needs.

7.3 Supporting documents published with the agenda for this item can be viewed via the Gloucestershire County Council website at the link [here](#).

7.4 To listen to/view a recording of the meeting, please click on the link [here](#).

7.5 The Better Care Fund (BCF) is a national funding initiative in partnership between NHS England, the Ministry of Housing, Communities and Local Government, Department of Health and Social Care and the local Government Association.

7.6 The Fund has been operational since 2015 with all funds allocated to support local areas to deliver more integrated and preventative care, helping people with complex health and social care needs stay independent for as long as they are able.

7.7. Several other funds have been associated with the BCF over the last decade, including the Improved Better Care Fund (iBCF), the Discharge Fund and Winter Resilience Fund. These funds have now been consolidated into the three current funds within the BCF Framework: -

- NHS National Contribution (of which a proportion is allocated to Adult Social Care)
- Local Authority Better Care Grant
- Disabled Facilities Grants

7.8 The Board was asked to comment on the Better Care Fund Plan 2026/27 prior to submission to national teams in May. Plans to align with the [NHS 10 Year Plan](#) and the neighbourhood health agenda to support prevention and community-based care under the three key NHS objectives: i) hospital to community; ii) sickness to prevention and iii) analogue to digital.

7.9 Members were informed that 2026/7 was seen as a transitional year by the national team, with the potential for consultation on proposed changes for 2027/28 and beyond. This would, however, be dependent on outcomes from ongoing Local Government Reorganisation and Integrated Care Board ICB clustering arrangements.

7.10 Minimal changes to existing schemes were anticipated for 2026/27. Nationally directed categorisation could mean BCF application templates may look slightly different to previous years. Categories included: areas of focus around home-based social care, support for carers, technology and equipment and discharge support. Existing schemes would be consolidated to evaluate legacy funds and to provide a clearer picture of where funds were allocated. It was hoped this would demonstrate a more positive impact across health and social care.

7.11 It was noted that over £3.7m of funding had been allocated to the Voluntary Community and Social Enterprise VCSE Sector to support people to remain independent/live in their local communities.

7.12 Better Care Fund Care Plans 2026-27 would need to be presented to national teams by 19 May 2026. Virtual sign-off from nominated individuals was required ahead of this date, for which communications would be made during forthcoming weeks to facilitate the process.

7.13 A full version of the updated plan to be presented to the Health and Wellbeing Board for approval at its meeting on 28 July 2026.

7.14 Members were asked to submit any comments to Brenda Yearwood, Assistant Director: Adult Social Care Commissioning (Gloucestershire County Council) by 31 March 2026.

8. GLOUCESTERSHIRE INTEGRATED CARE BOARD'S POPULATION HEALTH & STRATEGIC COMMISSIONING PLAN 2025-2031

8.1 The Health and Wellbeing Board (HWB) was asked to approve the Gloucestershire Five-Year ICB Population Health and Strategic Commissioning Plan.

8.2 Supporting documents published with the agenda for the meeting can be viewed via the Gloucestershire County Council website at the link [here](#).

8.3 To listen to/view a recording of the meeting, please click on the link [here](#).

8.4 Mark Golledge and Amy Ward from NHS Gloucestershire ICB provided an update on the final version of the plan before seeking the Boards approval at the meeting. It is a requirement of the Board to approve the Integrated Care Board ICB Strategic Commissioning Plan.

8.5 Chair, Cllr Dr Kate Usmar, thanked Mark and Amy for their work in engaging with the Board in recent months and steps taken to seek the views of members as part of the plan's development.

8.6 Following approval by the ICB, the plan to be published at the end of March (2026). The plan supports delivery of the [Gloucestershire Joint Health and Wellbeing Strategy](#) (2020-2030).

8.7 A full version of the plan was published with the agenda for the meeting and can be viewed at link above. A summary version of the document is available at the link [here](#). A supporting appendix at the link [here](#) describes the progress made in delivering statutory functions.

8.8 Engagement with the Health and Wellbeing Board (HWB) is a key part of the process to help shape the plan and to ensure it aligns with the Joint Local Health and Wellbeing Strategy. A workshop was held with the Board on 25 November 2025 to gather members thoughts and to seek feedback on the draft version of the plan, which was then used to develop the draft version into the version presented at this meeting. A further update on the changes to the plan as a result of feedback provided by the Board was made at the HWB meeting in January.

Commending the presentation, member comments during the discussion included: -

- i. What might need to be considered in 2027 and in future years;
- ii. A refresh of the plan in 2027 might be useful;
- iii. The plan to consider neighbourhood health framework arrangements and national ambitions
- iv. How will the plan align with and respond to communities in rural areas
- v. It is important to recognise the different needs of different populations
- vi. How do we address health inequalities and ensure we tailor support across the county
- vii. Emma Keating-Clarke (Stroud Integrated Local Partnership Member) expressed an interest of working with the ICB to assist in scrutinising the delivery of commissioned services in the future.

- viii. Another member stressed the importance of reviewing funding arrangements, (especially when reviewing the transition from centralised to local). It was confirmed this was already embedded in reviews undertaken by the NHS and would be continued as part of the neighbourhood health planning arrangements.

The update was noted.

8.9 Decision: *The Health and Wellbeing Board endorsed the final version of the Gloucestershire Five-Year Population Health and Strategic Commissioning Plan for publication and distribution to partners.*

9. GLOUCESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

9.1 Katie Hopgood, Public Health Consultant, gave a detailed update on the [Gloucestershire Joint Strategic Needs Assessment](#).

9.2 Supporting documents published with the agenda for the meeting can be viewed via the Gloucestershire County Council website at the link [here](#).

9.3 To listen to/view a recording of the meeting, please click on the link [here](#).

9.4 A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and buying of health, wellbeing and social care services within a specific area and is a responsibility of the Gloucestershire Health and Wellbeing Board.

9.5 The Board has a statutory duty to prepare and publish a Joint Strategic Needs Assessment (JSNA) for the county.

9.6 Gloucestershire '[INFORM](#)' has hosted the local JSNA since 2012, with a wealth of information on population demographics and assets, economy, environment, the health and wellbeing of Gloucestershire residents and service users, in addition to information on health and social care service use and needs.

9.7 The local approach is to ensure data and insight is available to those planning and commissioning services, but also, that best evidence and practice is highlighted to help improve the population health and wellbeing of the county and reduce inequalities in access to services and in health and wellbeing outcomes.

9.8 In addition to core data and insights on the population, a collection of themed folders with infographic summaries of key data, evidence and local assets, alongside links to key reports and deeper dive analysis, are available. A key objective will be to develop this content and to utilise data visualisation tools to make data integration more meaningful.

9.9 Key milestones identified for the period April 2026 to April 2027 included:

- Progressing data migration to support the new infrastructure (as per the Gloucestershire County Council corporate roadmap)
- Establishing NHS data within the JSNA where appropriate
- Developing and agreeing processes for Health Needs Assessment prioritisation and delivery
- Reviewing approaches to healthcare need data in the context of Integrate Needs Assessments and the clustering of Gloucestershire and Bristol, North Somerset and South Gloucestershire ICB's.
- Continuing to upskill a wider pool of analysts for the development of power pages to maintain the pace of implementation
- Implementing new governance arrangements
- Finalising and implementing a communications and training plan

The report was noted.

10. GLOUCESTERSHIRE JOINT LOCAL HEALTH AND WELLBEING STRATEGY ANNUAL UPDATE

10.1 Members received an update on the delivery of the Joint Local Health and Wellbeing Strategy. Published in 2020, the 10-year strategy sets out the vision and strategic direction for the work of the Gloucestershire Health and Wellbeing Board.

10.2 Supporting documents published with the agenda for the meeting can be viewed via the Gloucestershire County Council website at the link [here](#).

10.3 To listen to/view a recording of the meeting, please click on the link [here](#).

10.4 The Strategy focuses on seven strategic priorities identified from engagement with stakeholders and members of the public. These include: -

- Best start in life- focused on the early years of a child's life.
- Adverse Childhood Experiences (ACEs).
- Physical activity.
- Healthy lifestyles with a focus on healthy weight.
- Mental wellbeing.
- Health and housing; and
- Loneliness and social isolation.

10.5 The priorities are underpinned by a focus on addressing health inequalities and the social, economic and environmental factors which can influence our health such as our living conditions, financial circumstances and our access to employment and education.

10.6 In keeping with the partnership environment of the Board, delivery of the priorities is supported by a range of organisations and work programmes. Other multi-agency boards and partnerships in the county also play a role including but not limited to the Mental Health and Wellbeing Partnership Board, the county's

Strategic Housing Partnership, and the Gloucestershire Coalition for the Wellbeing of Children and Young People.

10.7 In 2025, members were asked to consider a mid-point review [update](#) on the strategy to mark the five-year point of its delivery. This provided a detailed update on progress against each of the seven strategic priorities and plans for delivery over the next five years.

10.8 Following the mid-point review, work has been ongoing to strengthen the link between the leads for each priority and the Board. It was agreed each of the seven priorities would be allocated two sponsors from the Gloucestershire Health and Wellbeing Board, (one statutory countywide sponsor, and one community/place-based sponsor). The sponsors to act as a point of contact between the priority leads and the Board, helping to update on progress and escalate any risks or issues. **Action:** It was reported that nominations for a couple of board member sponsor roles were still available, followed by a request that anyone interested in fulfilling these important roles would be appreciated.

10.9 It was noted that the Government 10 Year Plan for Health published in 2025 had indicated that Health and Wellbeing Boards would take the lead in overseeing the development of Neighbourhood Health Plans. This area of work to contribute to the shift in the delivery of integrated health support with a move away from acute settings into communities through the development of neighbourhood health centres. Place-based working centred around Neighbourhood Partnerships are anticipated to be a core component of the proposals for Local Government Reorganisation (LGR), alongside plans to strengthen work with communities and the Voluntary and Community Sector through a Civil Society Covenant.

10.10 It was confirmed that the Government had only recently published the new Neighbourhood Health Framework and proposal that Health and Wellbeing Boards would oversee the development of neighbourhood health plans. Guidance published with the announcement had not been received in time to include as a substantive item on the agenda at today's meeting.

Action: Officers to review the guidance, with an update at the next meeting.

10.11 It was suggested that the Board was well placed in supporting Neighbourhood Health Planning through its role in providing 'place-based leadership' and bringing partners together from across the statutory and community sectors.

10.12 Over the next 12 months, the Board to consider how the local Health and Wellbeing Strategy aligned with opportunities presented through the Neighbourhood Health Plan and LGR to support health and wellbeing at local level. Emphasis was placed on avoiding duplicating the work, but instead, targeting key objectives and long-term ambitions. It was agreed this area of work would need to be undertaken in partnership with colleagues and other stakeholders.

10.13 Director of Public Health, Siobhan Farmer, referred to a cabinet decision that had been taken the previous week on the [Council Strategy Corporate Strategy 2025–2029: A stronger future, built together](#) and actions to progress the [strategy document](#). It was suggested that the Board consider the relationship between the strategy and the wider determinants of health at a future meeting. **Action by – Public Health Team**

The report was noted.

11. PRESENTATION ON THE WORK OF GLOUCESTER COMMUNITY BUILDING COLLECTIVE

11.1 The Chair welcomed Rae Bell and Rui Laborda to the meeting as representatives of the Gloucester Community Building Collective.

11.2 Members received a detailed and in-depth overview of the work of the Collective, whose mission was to work alongside the people of Gloucester to help make meaningful connections, build on strengths and create communities where everyone can thrive. This important area of work aligns with the 'Connected Gloucestershire' initiative and to the work of the Health and Wellbeing Board, including work associated with the 'loneliness and social isolation priority' referred to by the Gloucestershire Joint Local Health and Wellbeing Strategy.

11.3 Supporting documents published with the agenda for the meeting can be viewed via the Gloucestershire County Council website at the link [here](#).

11.4 To listen to/view a recording of the meeting, please click on the link [here](#).

11.5 The Board received the report with interest and commended the work and support provided by the Gloucester Community Building Collective.

12. FUTURE MEETINGS

Tuesday 28 July 2026 (Board and Partnership meetings)

Tuesday 29 September 2026 (Partnership meeting only)

Tuesday 24 November 2026 (Board and Partnership meetings)

CHAIRPERSON

Meeting concluded at 15.00

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GLOUCESTERSHIRE HEALTH AND WELLBEING BOARD COMMITTEE ATTENDANCE (Attendance 24 March 2026)

Health and Wellbeing Board Non-Voting Member Health and Wellbeing Board Statutory Member Health and Wellbeing Board Combined Vote

HWBB Member	Representing
Chair: Cllr Dr Kate Usmar: Cabinet Member for Adult Support/Independence (Gloucestershire County Council)	Gloucestershire County Council
Shane Devlin HWB Statutory Member	Chief Executive Officer: NHS Gloucestershire ICB and NHS Bristol, Somerset and South Gloucestershire ICB Cluster
Dr Jeff Farrar HWB Statutory Member	Chair of NHS Glos ICB and NHS Bristol, North Somerset and S Glos ICB Apologies
Mark Walkingshaw Non-Voting Member	NHS Gloucestershire ICB Executive Team Absent
Raghu Ananthakrishnan (Raghu) Non-Voting Member	ICB Chief Medical Officer or Chief Nursing Officer
Sarah Scott HWB Statutory Member	GCC Executive Director of Adult Social Care, Wellbeing and Communities
Siobhan Farmer HWB Statutory Member	GCC Director of Public Health
Ann James HWB Statutory Member	GCC Executive Director of Children's Services Apologies
Colin Chick HWB Statutory Member	GCC Executive Director of Economy, Environment and Infrastructure) Apologies
District Council x 6 members (one local authority vote for each authority/combined with the respective District Elected member vote)	Representing
Claire Hughes	Cheltenham Borough Council
Angela Claridge	Cotswold District Council
Andy Barge	Forest of Dean District Council
Ruth Saunders	Gloucester City Council
Keith Gerrard	Stroud District Council Absent
Alistair Cunningham	Tewkesbury Borough Council Absent

GLOUCESTERSHIRE HEALTH AND WELLBEING BOARD COMMITTEE ATTENDANCE (Attendance 24 March 2026)

Health and Wellbeing Board Non-Voting Member Health and Wellbeing Board Statutory Member Health and Wellbeing Board Combined Vote

District Elected Members x 6 members (combined vote with the respective local authority vote)	Representing
Cllr Dr Steve Steinhardt	Cheltenham Borough Council
Cllr Tony Dale	Cotswold District Council
Cllr Beth Llewellyn	Forest of Dean District Council
Vacancy (appointment in May 2026)	Gloucester City Council
Cllr Milly Hill	Stroud District Council
Cllr Nigel Adcock	Tewkesbury Borough Council
Others	
Julie Smee (Deputy) representing Richard Snell NHS England SW One Vote	Senior Relationship Manager for BNSSG and Gloucestershire/NHS England SW
Lucy White HWB Statutory Member One Vote	Healthwatch Gloucestershire
Will Cleary-Gray One Vote (combined with GHT Lead Vote)	Gloucestershire Hospitals NHS Foundation Trust
Rosanna James (Director of Improvement & Partnership) Deputy: Des Gorman One Vote (combined with GHT Gov Vote)	Gloucestershire Health Care NHS Foundation Trust Apologies represented by Des Gorman
Emma Crutchlow Combined Vote with Dr Bob Hodges	Drawn from a Primary Care Network (PCN) Absent
Dr Bob Hodges Combined Vote with Emma Crutchlow	Drawn from the Local Medical Committee (LMC) Absent
Integrated Locality Partnerships x 6	Integrated Locality Partnerships x 6
Bronwyn Barnes Combined vote representing 6 ILPS	Cheltenham
Barbara Piranty Combined vote representing 6 ILPS	Cotswold
Chris Brown Combined vote representing 6 ILPS	Forest of Dean

GLOUCESTERSHIRE HEALTH AND WELLBEING BOARD COMMITTEE ATTENDANCE (Attendance 24 March 2026)

Health and Wellbeing Board Non-Voting Member Health and Wellbeing Board Statutory Member Health and Wellbeing Board Combined Vote

Guy Stenson Combined vote representing 6 ILPS	Gloucester City
Emma Keating-Clarke Combined vote representing 6 ILPS	Stroud
Tracy Clark Combined vote representing 6 ILPS	Tewkesbury Absent
Individual Organisations	Representing
Vacancy One vote representing the CPGs	One member drawn from Clinical Programme Groups (CPGs)
Charles Sharp – EACI Programme One vote iro of the EAC-I	Enabling Active Communities and Individuals
Lisa Wilson Combined vote with Matt Lennard	VCSE (Voluntary, Community and Social Enterprise) Strategic Partnership

Matt Lennard Combined vote Lisa Wilson	VCS Alliance
Vacancy – one vote on behalf of the Adult Social Care Provider Sector	Independent Social Care Provider Sector
Superintendent Emma MacDonald One Vote (representing Chief Constable of Gloucestershire)	Gloucestershire Constabulary Absent
Nathaniel Hooton: Deputy Chief Fire Officer Non-voting member	Representing Gloucestershire Fire and Rescue Service
Nick Evans (Deputy Police and Crime Commissioner) One Vote	Representing Police and Crime Commissioner (OPCC)
Andrea Holder combined with the GHT vote	Lead Governor for Gloucestershire Hospitals NHS Foundation Trust Absent
Chris Witham (Lead Governor) combined with the GHC vote	Lead Governor for Gloucestershire Health and Care NHS Foundation Trust Absent
Gloucestershire County Council Elected Members (HWB Only)	GCC elected members (appointed by Council)
Cllr Paul Hodgkinson HWB Statutory Member One Vote	GCC Cabinet Member for Public Health, Communities and Fire Apologies
Cllr Ben Evans HWB Statutory Member One Vote	GCC Cabinet Member for Children’s Safeguarding and Care Absent

GLOUCESTERSHIRE HEALTH AND WELLBEING BOARD COMMITTEE ATTENDANCE (Attendance 24 March 2026)

Health and Wellbeing Board Non-Voting Member Health and Wellbeing Board Statutory Member Health and Wellbeing Board Combined Vote

Cllr Linda Cohen HWB Statutory Member One Vote	GCC Cabinet Member for Education Absent
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Voting arrangements:

Voting arrangements to be allocated to the members identified above, with the exception of non-voting members and combined voting members/groups.

There will be no absenteeism voting provision.

The Chair has the casting vote.

Quorum: 40 members: meeting must include a minimum of 10 members to be quorate (including 2 ICB statutory officers or nominated representatives)

Better Care Fund (BCF) 2026 – 2027 Update

July 2026



Better Care Fund (BCF): Update

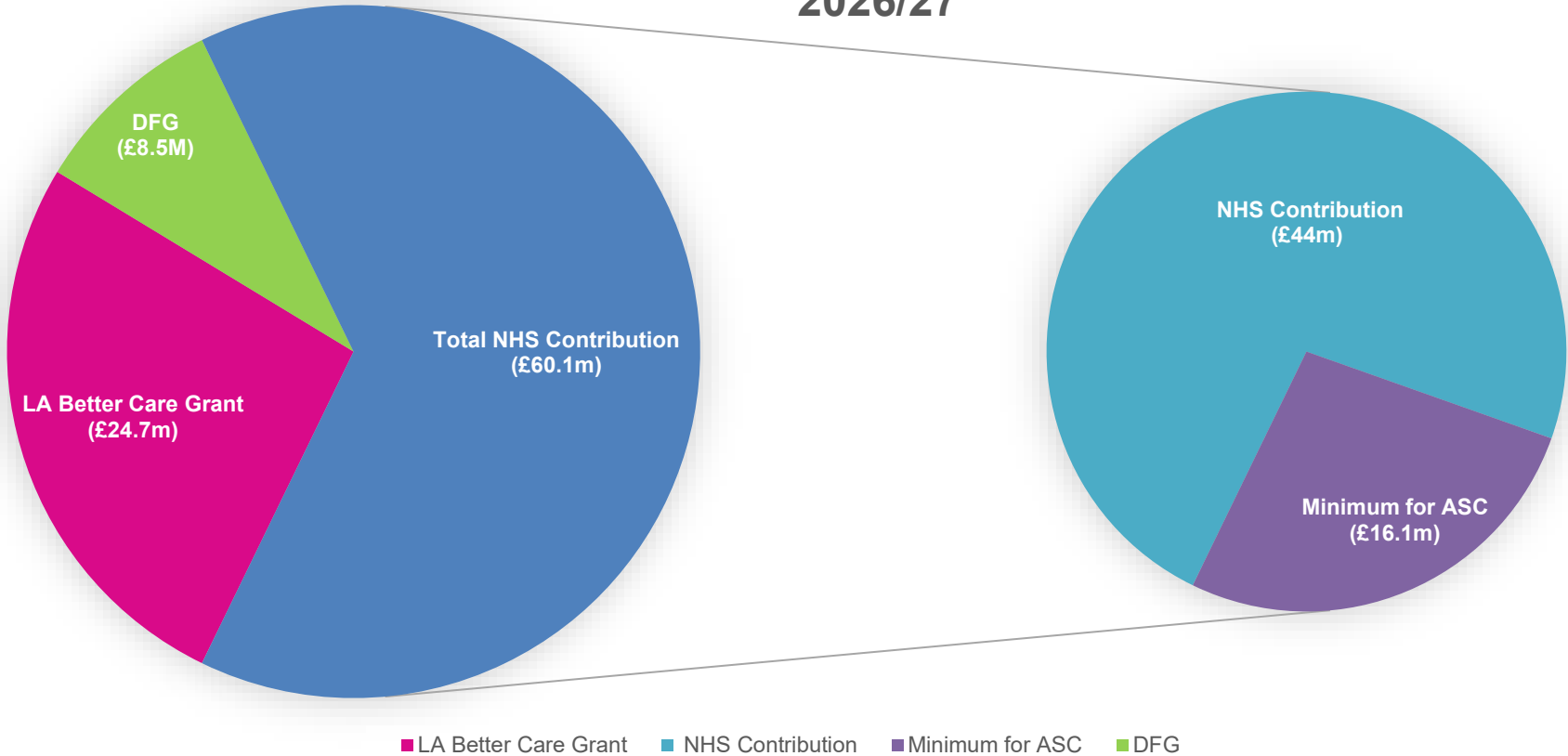
- The BCF Plan was circulated to HWB members in May 2026 for comments ahead of submission on 19th May 2026.
- As proposed, there were minimal changes to our BCF submission this year. This is due to the upcoming reform and changes due to Local Government Reorganisation (LGR).

Summary of Gloucestershire's Position for 2026/27

- Number of schemes in the plan reduced from 53 to 34 – this is for categorisation purposes as there have been very few changes to overall funding of services under BCF schemes.
- Local goals for metrics emphasise stabilisation and reduction where possible ahead of BCF reform and service re-design.
- Gloucestershire remain committed to integrated working to support our strategic priorities for neighbourhood health.

Funding Composition 2026/27

Funding Composition – £94.3m
2026/27



Maximising Delivery of Integrated and Preventative Care

- BCF is a key enabler of integrated health and care, aligning Gloucestershire's strategic priorities for prevention, early intervention and community-based support.
- Investment is closely aligned to the **Neighbourhood Health** model, supporting Integrated Neighbourhood Teams (INTs) that bring together primary care, community services, social care, VCSE organisations and specialist services.
- Funding continues to focus on proven priorities, including domiciliary care, reablement, community healthcare, palliative care, carers' support and Home from Hospital services.
- **Home First** remains a core principle, helping people recover and remain independent at home while reducing avoidable hospital admissions and reliance on long-term care.
- Housing, assistive technology and Disabled Facilities Grants support independence, prevent deterioration and enable people to live safely at home for longer.

Rationale for Metric Goal – Setting

- Gloucestershire's goals for non-elective admissions (NEAs) to hospital for people aged 65 and over per 100,000 population emphasise **stabilisation and reduction** where possible through maintenance of current levels for 2026/7.
 - Ambition to reduce NEAs from 1,470 to 1,454 per 100,000 population, despite increasing demand from an ageing population and more complex care needs.
- Improved discharge performance targeted through:
 - Increasing discharge on the ready date from 90.4% to 91%
 - Reducing average discharge delays from 8.2 days to 4.8 days
- Expansion of reablement services through a new in-house model will increase capacity from 1,756 to over 4,100 people annually by 2030, with around 80% returning home independently or with reduced care needs.
- Gloucestershire rates are below regional, peer, and national averages for long-term admissions: the focus remains on maintaining low admission levels despite demographic pressures.

The planned impact of BCF funding on goals

- Gloucestershire utilises **population health analysis** approach (Johns Hopkins Model for Evidence Based Practice) to identify priority groups and target investment where it delivers the greatest impact on outcomes and demand reduction.
- The highest forecasted growth will be in people with complex health needs; older people living with frailty are a key priority cohort.
- BCF funding supports **integrated, community-based services** that promote independence, prevent hospital admissions, improve discharge processes, and reduce long-term care needs.

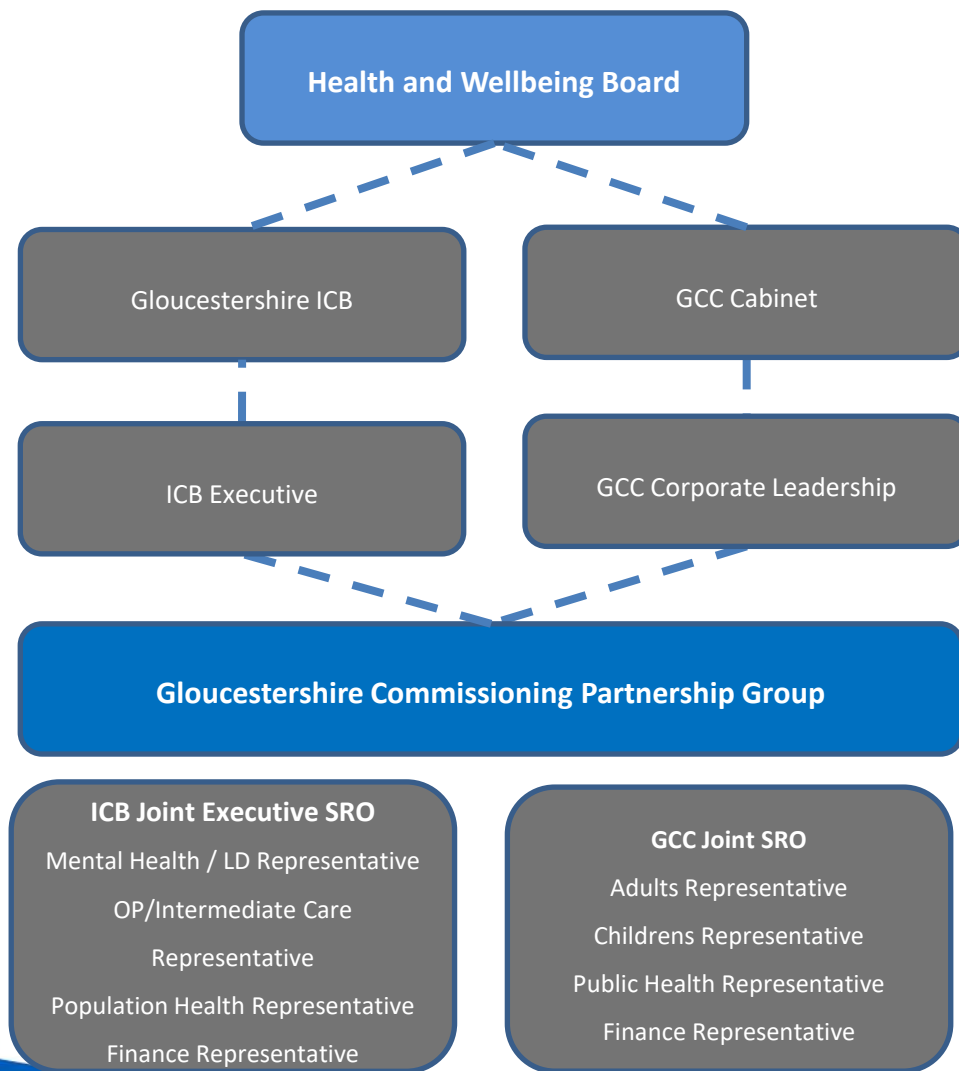
Targeted investment in reablement, urgent community response, and intermediate care helps reduce pressure on acute services and improve system performance.

- Neighbourhood working and continuous service review ensure resources remain focused on interventions with the greatest impact, supporting equitable access, reduced variation in outcomes, and better population health.

Value for Money and Productivity

- Value for money is assured at the point of commissioning through a **demand-led planning process**. Funding is targeted at services that prevent ill-health, promote independence and reduce pressure on acute and long-term care services.
- **Benefits Realisation Modelling** drives efficient resource use, maximises outcomes, and supports system flow through community-based care.
- **Integrated working and pooled budgets** through Gloucestershire's *Working as One* programme improve coordination, reduce duplication, and streamline care pathways.
- **Performance benchmarking** against national and peer authorities informs continuous improvement and strengthens system efficiency.
- Focus on **sustainable productivity gains** through integrated care, prevention, admission avoidance, and effective discharge support, delivering better outcomes, improved experience, and long-term financial sustainability.

Governance and Oversight



- Gloucestershire Commissioning Partnership Group (GCPG) leads strategic commissioning and joint planning
- Overall accountability is held by the Health and Wellbeing Board (HWB).
- Section 75 pooled budget arrangements provide financial oversight.
- Performance is monitored through key indicators including:
 - Emergency admissions
 - Discharge delays
 - Intermediate care capacity and pathway performance
 - Residential and nursing care admissions
- Regular joint data reviews support agile decisions, system flow and improved outcomes
- Value for money is achieved through evidence-based review and reinvestment in high-impact services.

Contact Information

If you have any questions about the content of these slides, please contact:

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Gloucestershire's Healthy Weight Strategy (2026-2036)

28th July 2026



Why does Gloucestershire need a healthy weight strategy?

This is not the beginning. Significant work is already underway across Gloucestershire to support healthy weight outcomes for residents and communities.

This strategy is an opportunity to:

- Celebrate success across the system, share learning and strengthen collaboration to address collective challenges
- Find the right balance between prevention, early intervention and treatment
- Establish clear governance and accountability to measure progress and success
- Take a system-wide stocktake of our current position, commitment, and opportunities for future progress.

We want to create the conditions that encourage and enable healthier lifestyles and healthier weight across Gloucestershire communities, with a focus on groups at greatest risk of weight-related inequalities.

Healthy weight: a Gloucestershire Health and Wellbeing Board priority

The scale of the challenge and opportunity to address inequalities

Many of the root causes of unhealthy weight extend far beyond local boundaries, they are shaped by national and global social, environmental, commercial and wider economic pressures.

This strategy seeks to address the weight-related inequalities experienced by residents in Gloucestershire:

- Nearly 3 in 10 Year 6 children in the most deprived areas live with obesity by the time they leave primary school – rates are twice as high compared to Gloucestershire's least deprived communities (28.6% vs 14.2%, respectively)
- Around 1 in 4 adults (24.9%) live with obesity
- Around 1 in 5 adults are physically inactive
- Nearly 3 in 10 pupils in the most deprived areas report skipping meals because there is not enough food at home
- Certain groups face additional risks, including people with disabilities, severe mental illness, long-term conditions and some ethnic communities
- Gloucestershire's urban areas have the highest concentration of fast-food outlets; nationally, outlet density is twice as high in the most deprived areas.

The strategy will be ambitious, while remaining grounded in what can be delivered locally.

Vision, mission and principles

OUR VISION: Gloucestershire is a place where every resident has the opportunity to maintain a healthy weight.

OUR MISSION: We will shape environments where healthy choices are the easy choice, challenge weight stigma, and act on the social and economic drivers of obesity. By doing so, we will ensure all residents have the opportunity to achieve and sustain a healthy weight, enabling better physical, mental, and economic wellbeing for all.

OUR PRINCIPLES

1. Turn the dial on inequality

- Recognise that unhealthy weight is driven by wider inequalities (environment, poverty, life circumstances).
- Focus on early intervention, especially in childhood.
- Address root causes (social, economic, environmental) alongside targeted support for vulnerable groups.

2. A compassionate approach towards weight

- Acknowledge that obesity is influenced by complex factors beyond individual choice.
- Reduce stigma and discrimination that prevent people accessing support.
- Prioritise overall health and wellbeing, using inclusive and supportive approaches.

3. Strengthen collaboration and maximise co-benefits

- Recognise healthy weight is linked to wider systems (e.g. transport, environment, mental health).
- Use actions that deliver multiple benefits (e.g., active travel improves health and air quality).
- Strengthen partnerships across sectors to deliver more joined-up, sustainable impact.

Gloucestershire's Healthy Weight Strategy: five pillars for healthy weight

- Informed by [NIHR](#) evidence on effective local authority approaches to tackling unhealthy weight.
- A whole-system strategy organised around five pillars for action, partnership and influence.
- Builds on existing activity, helping partners align effort and maximise impact.
- Provides a clear, shared framework for improving healthy weight outcomes across Gloucestershire.
- Strengthens collective leadership and accountability for tackling the drivers of unhealthy weight.

1 HEALTHIER PLACES AND SETTINGS

Create healthier, fairer places by shaping environments, policies and systems that make healthy weight an achievable, stigma-free and accessible choice for everyone.

2 MORE CHILDREN AND ADULTS EATING A HEALTHIER DIET

Support healthier eating by strengthening the local food system, reducing barriers to access, and helping residents make healthier food choices.

3 MORE CHILDREN AND ADULTS MOVING

Make physical activity affordable, inclusive and part of everyday life by improving active travel, safety, access to nature, and support to be active.

4 PERSON-CENTERED SUPPORT FOR HEALTH AND WEIGHT

Provide holistic, person-centred support across the life course, including prevention, weight-management options, digital support, and tailored care at key life stages.

5 EMBRACING SYSTEM WIDE APPROACHES

Work with residents, communities and partners to understand root causes, co-design solutions, and drive sustainable change through a whole-systems approach.

What does success look like?

1-3 years (short-term)

Building a foundation of trust and collaboration

System-wide alignment; we made healthy weight a shared endeavour.

4-7 years (medium-term)

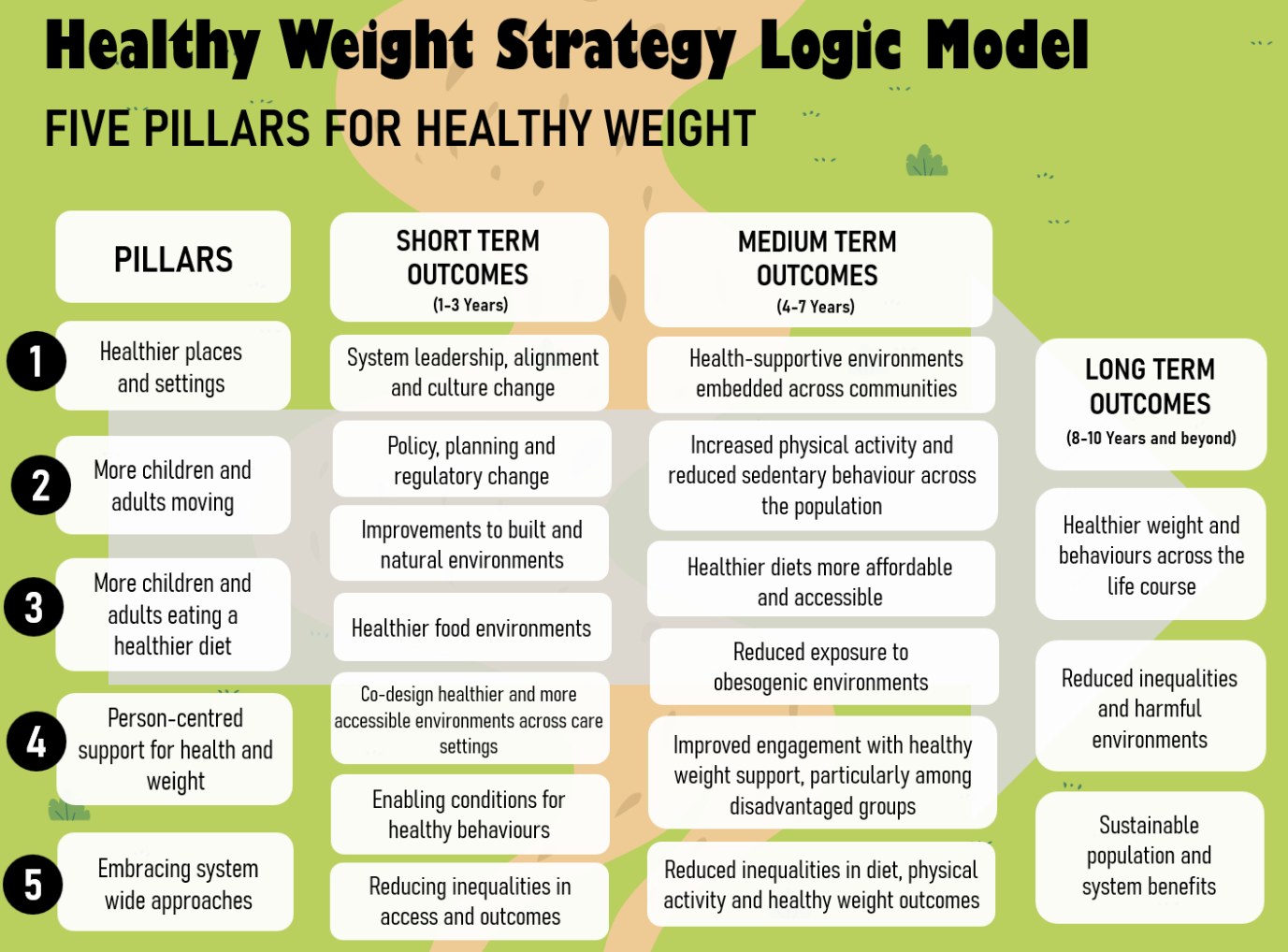
Making systems easier to navigate

We changed the environment to make healthy weight the easy option.

8-10 years + (long-term)

Equitable health across the life course

We improved population health and reduced systemic inequalities.



The strategy establishes a foundation for generational change, recognising that improvements in healthy weight outcomes require sustained action beyond a 10-year timeframe.

Delivery approach

Engagement

- Creating trusted spaces for local experts and stakeholders to inform and shape strategic priorities.
- Harnessing established partnerships to coordinate action, share learning and deliver a more joined-up approach.

Delivery

- 10-year implementation plan, co-produced by pillar action groups
- “Pillar leads” with oversight of delivery against each priority area
- Strong focus on lived experience and partnership working.

GOVERNANCE

Gloucestershire Health and Wellbeing Board

SYSTEM LEADERSHIP

Strategy Steering Group

PEOPLE & PLACE

Pillar Action Groups

What will make this strategy work? (Key enablers)

Leadership and governance

Shared leadership, accountability and partnership working.

Voluntary and community sector

Harness trusted community networks to reach, support and empower residents.

Equality, diversity and inclusion

Ensure healthy weight support is inclusive, equitable and accessible for all communities.

Data and intelligence

Use data to understand need, monitor progress and target action.

Research and evaluation

Learn what does and does not work and continually improve delivery.

Workforce development

Build confidence in compassionate discussions about weight and health.

Social value

Maximise community benefits through investment and commissioning.

Engagement

Shape action with residents and people with lived experience.

Communications

Consistent, compassionate and non-stigmatising messaging.

Behavioural science

Apply evidence-based approaches to enable healthier choices.

Our ask of Gloucestershire's Health and Wellbeing Board

Clear leadership, shared accountability across departments and a coordinated partnership is essential to drive whole systems action.

Therefore, we kindly ask the Board to:

- Endorse Gloucestershire's Healthy Weight Strategy
- Champion healthy weight as a system priority and the gateway to reducing avoiding ill health
- Support alignment across partner strategies and existing programmes of work
- Provide oversight through the Health and Wellbeing Board over the life course of the strategy.

Finally, please return any comments on the proposed strategy to callum.gutteridge@gloucestershire.gov.uk before 12th August. **Thank you.**