**Inaugural Meeting of the BNSSG Integrated Care Partnership – 2pm on Thursday 21st July 2022 – PUBLIC SET OF MINUTES**

Attendance List:

Partnership Board Leadership Group – Councillor Mike Bell (Chair) – North Somerset Council, Councillor Helen Holland – Bristol City Council, Councillor Ben Stokes – South Gloucestershire Council, Jeff Farrar – BNSSG ICB, Chair

Community and VCSE Voices – Chris Head (WERN), Fiona Cope – substitute for Paul Lucock (VANS), Mark Hubbard (VOSCUR), Steve Curry (VCS)

Constituent Health and Care Organisations – Hugh Evans (Bristol City Council), Matt Lenny (North Somerset Council), Jayne Mee (UHBW), Gail Bragg (SWASFT), Charlotte Hitchings (AWP), Amanda Cheesley (SIRONA Care and Health), Ruth Taylor (Primary Care Services), Jonathan Hayes (Primary Care Services)

Locality Partnerships - Ros Cox (Weston, Worle and Villages), Nikki Carr (Bristol Inner City East), Sharron Norman (Bristol North and West), Steve Rea (Bristol South), Ruth Thomas (South Gloucestershire)

Population Needs Representative - Georgie Bigg (Healthwatch)

Other Attendees – Sarah Truelove (substitute for Shane Devlin – BNSSG ICB), Sarah Weston (ICS Development Project Manager), Sebastian Habibi (ICS Programme Director), Nicola Knowles (Policy and Public Affairs Manager, Bristol City Council), Menna Davies – Deputy Head of Communications Public Affairs (Attending Remotely) and Jeremy Livitt (Democratic Services Officer, Bristol City Council)

Presenting Officers – Gemma Self (System Transformation Lead – Population Health and Health Inequalities, BNSSG ICB), Cintia Faria, Ben Stevens (BNSSG ICB) and Michelle Smith (Deputy Director of Communications, Insight and Digital Development, BNSSG ICB)

Apologies for Absence: Paul Lucock (VANS) – Fiona Cope to substitute, Chris Sivers (South Gloucestershire Council), Michele Romaine (NBT), Shane Devlin (CEO, BNSSG ICB), Ellie Wetz (ICS Development Programme Manager, BNSSG ICB)

Agenda Item 1 – Apologies for Absence

The above apologies for the meeting were noted.

Agenda Item 2 – Welcome and Introductions

Councillor Mike Bell welcomed all parties to the meeting and asked everyone to introduce themselves. He noted that it was great to have various parties attending for the inaugural meeting to build upon the momentum of what had already been achieved.

Agenda Item 3 – Public Statements and Questions

There were no statements or questions received for this meeting.

Agenda Item 4 – Review of Mission and Purpose

Sarah Weston introduced this report and asked attendees to consider whether or not the Terms of Reference were fit for purpose. She made the following points:

* An assessment was required to establish whether there was a requirement for clauses on conflicts of interest and the ability for the ICP to create Task and Finish groups within the TOR
* The intention was to approve the Terms of Reference at the next meeting in September 2022. A final working draft was being prepared to be reviewed in the light of the guidance when it was issued and any additional feedback received
* Any views and feedback were sought from the various organisations within the ICP to make sure they were happy with the approach prior to sign off

Board members made the following points:

* Consistency of role and function was important. It was good to see that the Nolan Principles were being referred to.
* Consideration should be given to increasing the quoracy from 3 as this seemed quite low for a group with a membership of 28
* It was important that there were so many references to the voluntary and community sector. Work was requited to align a complex and diverse sector across three Unitary Authorities
* There needed to be greater clarification between the Integrated Care Strategy and the Health and Care Strategy
* The reference in the document to pooling budgets needed to be further explained to explain how this process would work
* Since the ICP is not a delivery board, there needed to be greater clarity concerning how oversight of the system would operate. Its purpose also needed clarification as an Integrated Care System in addressing issues such as population health, productivity and social inequality to stop people going into health care in the first place through effective collaboration
* This body needed to focus on outcomes and to develop a system which focussed prevention in the future

**RESOLVED – that amendments be included as required prior to re-consideration at the next meeting on Thursday 15th September 2022. Action: Sarah Weston to amend as appropriate, Nicola Knowles to add to list of agenda items for next meeting.**

Agenda Item 5 – Big Conversation

Michelle Smith introduced this report and made the following points:

* This had been launched on 1st July 2022 at the same time as the Integrated Care System (ISC) and was intended to build on the power of the partnership
* The purpose was to generate a thematic report guide strategy and development building on what was already known and not reinventing the wheel unless necessary
* The conversation was currently in week 3 of 9 with the engagement process running until 2nd September 2022 – what keeps you happy, healthy and well, what gets in our way when attempting to deliver and what needed to be prioritised. Also, a key issue was reciprocity and what colleagues and friends could commit to
* There had currently been 325 responses. Partners were carrying out work to ensure voices came forward and were heard
* Community conversations – there were over 60 of these, tapping into existing events such as one for the deaf community in Weston
* Talk Hubs – these were active social clubs
* Equality Impact Assessments (EIAs) were being used to ensure engagement and adopt an “Imagine if” approach
* A weekly update with key messages was provided on Fridays
* There was a need for a co-owned exercise to spread the word as we go, share networks and identify opportunities

The Board thanked Michelle for this piece of work.

Michelle Smith gave the following responses to Board members:

* Social Media - Work was taking place with the transformation team and to engage in community partners with young people aged 18 to 24 and groups like Barnardo’s and the Big Ask
* Carer groups were being encouraged to feed into the process. Areas where more detailed work was required were being identified
* An extension of the consultation period had been considered. Some events would be taking place after the formal consultation had ended to allow the maximum number of groups to participate

Board members made the following points:

* Door knocking was an important part of the process to see how things were taking place on the ground
* The citizens assembly and the three equalities forums in Bristol could feed into the city. There was also an active Youth Parliament who could be involved
* Carers were an important group to be involved as they did not always engage through the formal processes – people suffering from mental health issues, dementia sufferers and those with a Learning Disability could be involved in the process by this approach
* The Big Conversation needed to be seen as a back and forth process between user groups rather than a one-time consultation. Proper resourcing was required and to use the voluntary sector to engage with micro groups
* Past experiences of service users had been obtained over the years and might help with this process
* Young carers were a group which was often missed due to challenges around engagement
* Work with schools was a good approach to bring forward voices of young people. The Board’s attention was directed to the exhibition in the Central Library, Bristol entitled “Invisible Army” concerning young carers. Consideration of an extension to the response deadline of 1st September was suggested to enable engagement with schools following the summer holidays
* EIAs frequently revealed that some communities were underrepresented as users, such as refugees and asylum seekers

Sebastian Habibi made the following closing points concerning this item:

* ICS Development – the principal role was to reduce inequalities and contribute to socio-economic development. Between now and December 2022, the board’s role was to develop a strategy
* Analysis of emerging evidence in the data set helped analyse the requirements of populations
* Operational constraints from the supply side needed to be considered
* Future analysis looking many years ahead (up to 20 years or so) and measurement of improvement were important areas
* The first draft would be published by the end of the calendar year

At this point, the Chair ended the public part of the meeting. The remaining items were discussed under private session.

 This section of the meeting ended at 3.05pm

 Date of Next Meeting

The next meeting is scheduled for 2pm to 4.30pm pm Thursday 15th September 2022 at a venue to be confirmed.

The meeting ended at 4.37pm

CHAIR