NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Integrated Care Board (ICB) Board Meeting

Minutes of the meeting held on 1st September 2022 at 11.00am, held at University of the West of England, Enterprise Park 1, Lecture Theatre, Long Down Avenue, Stoke Gifford

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DRAFT Minutes

Present		
Jeff Farrar	Chair of BNSSG Integrated Care Board	JF
John Cappock	Non-Executive Member – Audit	JCa
Jaya Chakrabarti	Non-Executive Member – People	JCh
Anne Clarke	Director of Adult Social Services, South Gloucestershire Council	AC
Shane Devlin	Chief Executive Officer, BNSSG ICB	SD
Ellen Donovan	Non-Executive Member – Quality and Performance	ED
Dominic Hardisty	Chief Executive Officer, Avon and Wiltshire Mental Health Partnership NHS Trust	DH
Mike Jackson	Chief Executive Officer, Bristol City Council	MJ
Maria Kane	Chief Executive Officer, North Bristol Trust	MK
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Alison Moon	Non-Executive Member – Primary Care	AM
Julie Sharma	Interim Chief Executive Officer, Sirona care & health	JSh
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
Jo Walker	Chief Executive Officer, North Somerset Council	JW
Will Warrender	Chief Executive Officer, South Western Ambulance Service NHS Foundation Trust	WW
Steve West	Non-Executive Member – Finance, Estates and Digital	SW
Eugine Yafele	Chief Executive Officer, University Hospitals Bristol and Weston NHS Foundation Trust	EY
Apologies		
Julie Bacon	Interim Chief People Officer, BNSSG ICB	JB
Georgie Bigg	Healthwatch Bristol, North Somerset and South Gloucestershire	GB
Colin Bradbury	Director of Strategy, Partnerships and population BNSSG ICB	CB

Jon Hayes	Chair of the GP Collaborative Board	JH
Vicky Marriott	Healthwatch Bristol, North Somerset and South Gloucestershire	VM
Dave Perry	Chief Executive Officer, South Gloucestershire Council	DP
Ruth Taylor	Chief Executive Officer, One Care	RT
In attendance		
Claire Armour	Covid Vaccination Programme Lead and Joint SRO	CA
Sarah Carr	Corporate Secretary, BNSSG ICB	SC
Deborah El-Sayed	Director of Transformation and Chief Digital Information Officer, BNSSG ICB	DES
Alison Findley	Chief Executive Officer Southern Brooks Community Partnership and Lead Locality Partner, South Gloucestershire	AF
Sue Geary	Healthwatch Bristol, North Somerset and South Gloucestershire	SG
David Jarrett	Director of Primary and Integrated Care, BNSSG ICB	DJ
Lisa Manson	Director of Performance and Delivery, BNSSG ICB	LM
Anne Morris	Chief Nurse, COVID Vaccination Programme	AMo
Lucy Powell	Corporate Support Officer (Minute Taker), BNSSG ICB	LP
Keith Robertson	Senior Performance Improvement Manager (Urgent Care)	KR
Jon Scott	System Chief Operating Officer, BNSSG ICB	JSc
Dr Tharsha Sivayokan	South Gloucestershire Locality Partnership Chair	TS

	Item	Action
1	**Welcome and Apologies** Jeff Farrar (JF) welcomed everyone to the meeting and noted the apologies outlined above.	
2	**Declarations of Interest** Jaya Chakrabarti (JCh) noted during item 6.2, that she was a school governor. There were no new declarations of interest.	
	Address from the host Locality Partnership Dr Tharsha Sivayokan (TS) and Alison Findley (AF) were welcomed to the meeting. TS explained that South Gloucestershire Locality Partnership was the largest locality within the local footprint, with a wide ranging population. It was noted that the Locality Partnership faced a number of challenges when improving services for the local population which included hidden inequalities in accessing services and care, digital exclusion concerns, and access to housing and public transport. The South Gloucestershire Locality Partnership was passionate about improving these inequalities and ensuring that the population of South Gloucestershire was able to lead their best lives and reach their full potential. AF provided the example of a weekly gardening project for South Gloucestershire residents which supported wellbeing and developed	

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	communities. The project had been developed by the local Primary Care Network (PCN). AF explained that residents aged from 16 to 84, from a wide range of backgrounds including those who had been socially isolated, were reconnecting through shared activity. AF noted that participants had reported that the project had made them feel happier and less anxious. It was noted that PCN social prescribers had been involved with the project and there had been engagement with hyper local voluntary sector organisations. TS highlighted that winter pressures and the cost of living crisis were significant concerns for the Locality Partnership, who had discussed which organisations were needed to support the local population with not only healthcare but socio-economic support. This included support for mental health, adult social care and voluntary and community support agencies. There was a shared understanding of risk and care needs for the local population across the PCN. TS highlighted the work supporting children's mental health services and supporting older adults to live well, with projects led by South Gloucestershire Local Authority and Sirona care & health working alongside the Locality Partnership. TS noted this was a great example of increased integrated working. TS highlighted a number of integrated working projects including the Local Authority led Prevention Board which developed projects to improve health outcomes. TS noted that at a system level, the local Health and Wellbeing Board set local joint ambitions and developed effective partnership working which supported recovery following the pandemic as well as the challenges to the population and health services throughout winter. The Locality Partnership nurtured the bottom up approach to system wide delivery and transformation across the Integrated Care System (ICS). Dominic Hardisty (DH) asked for an assessment on what system working felt like within the Locality Partnership. TS felt that it was a new approach and it was refreshing to see a single voice throughout the system which recognised the challenges facing organisations and the system as a whole. The new approach provided the system a chance to develop plan to overcome the multiple pressures throughout the system. JCh noted the challenges expected during the winter and asked how the Locality Partnership could support frontline staff and the voluntary sector organisations who would be affected by the cost of living and energy price increases. JCh noted the importance that frontline staff remained healthy and able to provide essential services safely. TS explained that learning from the mutual aid groups and community support established during the pandemic would be reviewed to support winter plans. The South Gloucestershire Locality	

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	Partnership would support the groups and would work together with them to support people. Alison Moon (AM) noted that hidden inequalities had been mentioned and asked how the inequalities could be made visible. TS explained that further work was taking place to engage with communities as IT systems did not always provide all the data needed to identify inequalities. TS noted that the feedback from the local communities would be considered and plans developed based on the information received. Shane Devlin (SD) asked what the ICB Board could do to support the Locality Partnership. TS asked that the ICB Board support and recognise the structure of the Partnership and acknowledged the challenges faced by the communities.	
3	**Minutes of the 1st July ICB Board Meeting** The minutes were agreed as a correct record.	
4	**Actions arising from previous meetings and matters arising** The action log was reviewed: **Action 7** – SD noted that there was an overall strategic approach to involve health care professionals, voluntary and community sector organisations and the citizen voice as part of the ICB arrangements. SD highlighted the work ongoing to develop this and agreed that an update would be provided at the next meeting. **Action 9** – JF confirmed that discussions had been held with the Non-Executive Directors regarding Committee membership. The action was closed. **Action 10** – It was confirmed that diary invites had been sent for the Committee meetings. The action was closed. **Action 11** – The options for a communications route were outlined and the action was closed. All other actions would be progressed and updates provided at the next meeting.	
5	**Chief Executive Officer's Report** SD highlighted the three areas covered in the report: ICB senior executive recruitment and organisational structures, winter planning and public engagement. **ICB Senior Executive Recruitment and Organisational Structure** SD highlighted that the ICB aims and objectives were different to those of the Clinical Commissioning Groups and therefore a process had begun to consider how the senior roles would deliver the four key objectives of the ICB. The deliver of these objectives could be achieved through the following ICB functions: strategy, innovation and development, delivery and review and improvement. SD noted that the ICB operational functions were interconnected and by reviewing the partnership working, the staffing structure within the ICB would be built.	

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	SD noted that all but one Senior Executive post had been recruited to and congratulated all those recruited. The Chief People Officer post remained vacant following a recruitment process and would be back out to advert imminently. **Winter Planning** SD confirmed that the ICB had been charged with delivering the winter plan and noted that the report outlined the objectives the ICB was responsible for delivering. The proposal was currently in development and would be presented to the October ICB Board meeting for approval. SD noted that delivering the objectives would be a significant challenge which would need system partnership working to achieve. SD noted that there were other socio-economic challenges would have a huge impact on the local population. **Public Engagement** SD explained that the Integrated Care Partnership (ICP) overarching strategy would be developed with the voice of partners and the public, and a 12 week public engagement exercise was currently underway. SD asked members of the ICB Board and members of the public to undertake the online survey and attend any of the public engagement events being held so that the ICB could understand local population needs. Ellen Donovan (ED) asked what arrangements were in place whilst the Chief People Officer role was vacant. SD noted that Julie Bacon would continue as Interim Chief People Officer until the end of December and this would be reviewed if the post remained vacant at this time. SD noted that there were a number of strong workforce groups led by many senior people across the system. Steve West (SW) highlighted that these were difficult times for the population and a strong communications strategy for engagement with the public was important. SW also noted the importance of working proactively with the media to ensure that communications were consistent and clear. SD highlighted the significant public engagement ongoing and agreed that a good communications strategy was important. Deborah El-Sayed (DES) highlighted the Home First insights work which would help inform the communications strategy. AM welcomed the public engagement plans and asked whether the current work had identified any gaps in communication across the population. DES noted that there were gaps in feedback from young men and young people from ethnic minorities and work continued to engage with these groups. Community and voluntary organisations and the Local Authorities were supporting this work. SD noted that the engagement processes were ongoing and a partnership meeting would take place later in the year to review the	

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	outcomes. Jo Walker (JW) noted that some of the connections already existed through established COVID-19 networks and suggested that these routes were utilised to support public engagement. SD agreed to share the dates of the engagement events with the ICB Board members and asked members to share these widely.	**SD**
6.1	**'Care Traffic Control'** DES presented the item noting that following discussions from across the system it had become apparent that organisations and staff believed that if they understood what was happening in other parts of the system, better decisions could be made. Jon Scott (JSc) noted that this had been developed into a single information sharing dashboard for the system to support organisations to work together and respond to issues before they become more significant. DES noted that the dashboard highlighted the flow of patients and the connections between organisations. Keith Robertson (KR) presented a prototype dashboard to the ICB Board and explained how it worked. KR demonstrated the live snapshot of the system model including how potential patient harm could be monitored. DES noted that additional elements developed by the Business Intelligence (BI) team would be included which would predict and forward forecast model simulations based on decisions made such as the movement of staff within the system. DES noted that engagement was currently taking place to understand data quality across the system as it was imperative that the dashboard provided reliable information which could be used to make decisions. It was noted initial feedback had requested a timeline for development and elective care data be added to the dashboard. Maria Kane (MK) highlighted that elective care influenced urgent care patient flow and noted that including this within the dashboard was very important. MK asked whether there would be an interim solution whilst the dashboard was being developed and asked who would be utilising the dashboard and whether a prioritisation process had been developed. DES noted that it was expected that the dashboard would be in place by September with a wider piece including elective care developed at a later date. DES explained that the prioritisation process would be discussed as part of the approach to winter and EPRR processes. It was noted that the dashboard would be utilised by those decision makers supporting patient flow and SD explained the dashboard was expected to be used at a tactical level by staff coordinating functions and noted that the dashboard would be useful tool for the ICB Board to review. Will Warrender (WW) asked how the undifferentiated patients in the community waiting for an ambulance would be identified through the dashboard. Lisa Manson (LM) noted that call stacking was included within the dashboard and	

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	DES confirmed that work continued to identify what data needed to be included on the dashboard. SW asked how the dashboard would help staff to identify the high risk areas and DES replied that this was part of the work the BI team were undertaking through review of historical data and identifying under what circumstances there was high risk. SW asked whether Artificial Intelligence and machine learning was part of the future of this and DES noted that once the patterns were identified then cognitive learning would be important. Julie Sharma (JSh) asked who would review the data and whether it would be available for review at strategic meetings. DES explained that the dashboard had been designed as the intelligence into the system and the data would be presented to inform decision making where required. Joanne Medhurst (JM) asked about the escalation route and clinical frameworks related to the dashboard and suggested that there needed to be a route to ensure clinical representation and noted the importance that Chief Medical Officers and Chief Nurse Officers from across the system were able to make decisions together based on the dashboard data. JM also noted that it was important that the dashboard could be reviewed daily during a crisis. LM highlighted the importance that the dashboard was developed to show all areas of the system including social care and primary care so that the system could respond to a crisis. LM explained that the tool needed to be developed to be proactive to system needs and built into the records data and escalation process and visible to everyone. JCh noted that workforce was a complex dataset and asked how workforce health and therefore numbers of staff would be represented on the dashboard. DES confirmed that the digital strategy had not been fully developed yet but would include workforce and show how this data could be meaningfully linked with performance and quality. DES explained that for the dashboard to work as intended clinical engagement was critical as was the consideration of social care and how this data could be included. It was noted that North Somerset Local Authority had started reviewing how data could be shared and these discussions would be had with South Gloucestershire and Bristol Local Authorities. DES welcomed the engagement from system partners who had been forthcoming regarding data sharing. KR noted the importance that operational leads were included in those discussions as they knew what data needed to be included to develop the dashboard. JSc explained that the dashboard had started with clinician review and was now being presented to the operational staff.	

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	JW welcomed the dashboard but highlighted the importance that there was no duplication of work within the system and asked whether the dashboard could be used for an all age system approach. DES explained that children's data was more difficult to collate and was not currently included in the dashboard however this could be considered for the future. JF asked where the development of the dashboard would be reported. DES explained that open show and tells had been arranged to demonstrate the dashboard to staff and noted that there would be a decision point in the development, possibly with an ask for investment in the future. MK noted that the system needed to consider what extra information needed to be included in the dashboard and what permissions were needed for this to work to best effect. DES agreed that the dashboard needed to add value to the system. **The BNSSG ICB Board endorsed the direction of travel and timeline for development**	
6.2	**'Lessons learnt from the Mass Vaccinations programme'** Anne Morris (AMo) and Claire Armour (CA) were welcomed to the meeting. CA described the COVID-19 national emergency and noted that there had been no budget constraints to meet the challenge and solutions had been tested to identify the right solutions for the local population. As part of this, significant learning had been identified throughout the programme which included feedback on the meetings and real time decision making. Data and insights from the population had been utilised to drive vaccination initiatives to ensure that clinics were appropriate for communities. CA noted that a key part of the work had been building trust with the local community leaders and working in partnership with individuals and groups to support vaccinations. CA highlighted an extremely successful outreach clinic at Southmead Mosque which had booked 400 people. CA explained that the Mosque leaders had driven the approach including all communications and bookings. The vaccination programme had learnt that working with voluntary groups to utilise existing communication routes had been highly successful. AMo explained that the learning from the programme had been used to propose various projects to support population health. These projects had been developed with a single purpose to focus on and would integrate with existing services. AMo outlined the project proposals noting that these projects would develop as population needs were identified and it was important to recognise that there would be population areas where needs would need to be met in different ways. AMo noted that insights and engagement work from the vaccination programme had identified that some communities did not trust healthcare providers and/or understood how to access healthcare services. Feedback had also been received which indicated that the NHS would gather insights from communities but miss the opportunity to talk through the proposed solutions with the public.	

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	John Cappock (JCa) welcomed the proposals and noted that it was clear how the approach outlined could be applied across the local population consistently. SW also welcomed the learning approach and identification of key concerns across health communities. SW suggested that the proposals would benefit from quick decision making and rapid implementation. SW noted the importance of prevention plans and highlighted that these would save money in the future and bring community populations together which would increase the impact of the projects. Sarah Truelove (ST) noted that one of the benefits of the vaccination programme had been the lack of budget constraint and asked how having a budget would affect the proposals. AMo noted that initial costs had come within the budget and CA added that the proposals would utilise current infrastructure and build on existing structures. AMo noted that projects would identify other opportunities for supporting people which included consideration of the current cost of living increases. JCh declared that she was a school governor and asked whether the projects would be connected with the schools and asked whether schools would be supported. AMo highlighted that there was a very good local school immunisation programme and noted that vaccination teams had been into schools to run clinics alongside COVID-19 and MMR clinics to close the vaccination gaps. It was noted that schools and the Local Authorities had been very supportive of the vaccination programme. DES welcomed using the COVID-19 vaccination project approach for other projects and highlighted that the projects were an excellent example of every contact counts. It was noted that Locality Partnerships and mental health partnerships could support the projects. JF asked that the ICB Board receive the final proposals for approval. David Jarrett (DJ) highlighted the proposal relating to heart health and agreed as Co-Chair of the Cardio-Vascular Disease Board to discuss the proposal with the Board. **The ICB Board discussed the learning from the COVID-19 vaccination programme and identified how this learning could be adopted in other health improvement programmes**	**TBC** **DJ**
7.1	**Performance Framework and Reporting** LM highlighted the publication of the winter planning letter from NHS England which outlined the objectives and aims of the ICB. The letter also outlined the requirement for the ICB to develop a Board Assurance Framework which would include a number of metrics outlined by NHS England and locally designed	

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	performance metrics. LM confirmed that the assurance framework would be presented to the ICB Board in October. LM highlighted the work undertaken by North Bristol Trust (NBT) to improve ambulance handover delays and category 2 performance by increasing patient flow through hospitals. LM also noted the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) reset month where specific actions had been undertaken to improve performance, particularly important was that out of area placements had reduced to 2020 levels. Rosi Shepherd (RS) highlighted the work of the NBT Chief Nurse Officer to develop a balanced risk framework that could be used to model end to end pathway work. RS also noted that University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) had also undertaken a significant programme of work in this area. It was noted that LM, RS and JM would review the system assurance and this would be included as part of the Assurance Framework. ED provided an update on the Outcomes, Performance and Quality Committee noting that the Committee had met twice during the summer to progress membership and review performance including metrics associated with cancer, ambulances and discharge to assess. ED highlighted that workforce was a significant challenge. It was noted that there were areas of underperformance and ED was encouraged by the plans in place to improve. ED noted that the ICB team was committed to reviewing plans and adjusting these where improvements were not being made. SD noted the importance that the Assurance Framework helped to improve performance. JF explained that the Committees would review concerns regarding performance and ED highlighted that the Executive Directors and Committee Chairs would need to coordinate those deep dive discussions across the Committees. **The BNSSG ICB Board noted the current performance and the actions being taken to improve the system performance**	**LM**
8.1	**Finance Report** ST explained that the report outlined the overall financial position for the system NHS organisations. ST explained that the same financial report would be presented at all NHS Board meetings to ensure that all organisations recognised the position presented. ST noted that due to the transition from the CCG to the ICB on the 1st July, the ledger was not complete for the month 4 report, however future reports would contain both the ICB and system position. ST noted that the ambition was to create an integrated finance and performance report in the future.	

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	ST highlighted that the system had an agreed balanced plan with all organisations reporting delivery of a break even financial position, noting that there was a deficit as part of the underlying position. ST reported that the system was not delivering the level of savings expected and the Programme Management Office (PMO) was working to improve this across the system, this was also a focus of system Directors of Finance. ST noted that workforce remained a challenge particularly around agency spend. ST reported that more information regarding in year recovery planning would be included in next months report and ST confirmed that due to the unanticipated prevalence of COVID-19, the system had been notified that there would be no clawback of Elective Services Recovery Funding during the first 6 months of the financial year. SW provided an update on the work of the Finance, Estates and Digital Committee, noting the wide remit of the Committee. SW confirmed that the Committee Chairs were working together to ensure that the savings plan was joined up as the financial plan would impact on all partnership organisations. SW noted that the performance element was linked to the financial plan and workforce, with workforce being a particular challenge to the system. SW raised that the cost of living increase would have an impact on the system particularly on care providers as costs increased. SW highlighted that developing estates and digital solutions would be critical to shift how funds were spent. JF explained that ICB Committee Chairs would attend the Audit and Risk Committee to ensure they had a full understanding of risk appetite within the Committees and would work together to ensure that the Committees were aligned. JF also noted the ambition for the system to develop a joint workforce, performance and finance report which would support understanding of system challenges. **The ICB Board discussed and noted the year-to-date position at June 2022**	
9.1	**NHS BNSSG CCG Annual Report and Accounts 2021/22** ST reported that an Annual General Meeting of BNSSG CCG was not required and therefore the 2021/22 Annual Report and Accounts was being presented to the ICB Board and to the public through the ICB Board. **The ICB Board received the NHS BNSSG CCG Annual Report and Accounts 2021/22**	
10.1	**Finance, Estates and Digital Committee** SW provided an update on the work of the Committee during item 8.1.	
10.2	**Primary Care Committee**	

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	AM explained that a short Primary Care Committee meeting had been held in July with a full Committee meeting planned for September. AM thanked the Partner Non-Executive Directors who had agreed to attend and support the Committee. AM explained that a key focus of the Committee was the delegation of pharmacy, optometry and dentistry services from April 2023 and there was a significant amount of work ongoing to prepare for the additional liabilities which would sit within the ICB. AM confirmed that the ICB Board would receive a paper on how the ICB would deliver delegation as well as the challenges facing these services. AM explained that NHS England had created a transformation programme for dentistry and pharmacy services and the ICB would be accountable for the actions within the plans. AM highlighted that other areas of focus for the Committee were the Primary Care Strategy and primary care workforce. AM noted that primary care was under as much pressure as the rest of the system and highlighted the programmes of work undertaken by GPs to support the system, including the enhanced access plans which were due to be received from PCNs. AM explained that these plans were integral to the system as they supported out of hours access. AM agreed that connection between the Committees was crucial to ensure that the Non-Executive Directors were not duplicating work.	
10.3	**Outcomes, Performance and Quality Committee** ED provided an update on the work of the Committee during item 7.1.	
10.4	**People Committee** JCh highlighted the significant challenge the system faced in terms of workforce and noted that data collection regarding workforce needed to be improved to ensure that workforce was in place to support the population. JCh noted that alongside this issue the People Committee would also discuss equality. diversity and inclusion. JCh explained that the People Committee was made up of two Committees, an ICB focused Committee and an ICS Committee which reviewed workforce across the system. JCh confirmed that both Committees would meet on the 10th September. The ICB Committee would be review the effectiveness of the Staff Partnership Forum and recommend plans for staff and the ICS Committee would review staff programmes across the system. JF noted that equality, diversity and inclusion would be a standing item at the People Committee and noted that testing the advisory group for equality, diversity and inclusion would be discussed at the next ICB Board meeting.	

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	ED noted that the People Committee alone could not fix the challenge presented by workforce and asked whether the current workforce groups had all the information, skills and knowledge needed to support the system through the winter. SD acknowledged the significant challenge facing the system and explained that there were some actions the system could take and these would be put in place, however there were some challenges that needed to be further considered.	
10.5	**Audit and Risk Committee** JCa explained that the Audit and Risk Committee would meet 5 times a year with the first meeting being held in September. JCa noted that the Non-Executive Directors had been invited to the Committee and thanked Jo Walker for agreeing to attend as the Local Authority Representative. JCa explained system Audit Committee Chairs would be meeting regularly to review common concerns and discuss how to avoid duplicating work across the system. JCa also highlighted that as Audit Chair he was the Conflict of Interest Guardian for the ICB and was considering how best to publicise this. JCa confirmed that the contract for internal audit and counter fraud services had novated to the ICB, however the external audit service was due for procurement. The procurement process was in place and would be completed in October. The external audit plan for 2022/23 had been agreed.	
10.6	**Remuneration Committee** ED confirmed that the Remuneration Committee had met three times to agree remuneration for the recruited Executive Director roles. The Committee would meet again in September to agree the Very Senior Manager pay award.	
11	**Integrated Care Partnership Board Updates** Sebastian Habibi (SH) was welcomed to the meeting. JF thanked Mike Bell, the Chair of the Integrated Care Partnership (ICP) Board, and confirmed that the strategy of the ICP Board was reflected in the ICB Board agenda. JF confirmed that he met with Mike on a regular basis to ensure that the Boards were aligned. SH explained that the ICP Board was developing the system strategy and invited all ICB Board members to a Partnership day to be held on the 18th October which would shape the strategy. SH noted that the strategy was in the discovery phase with public engagement being undertaken to understand population needs. SH explained that the event on the 18th October had been designed for system leaders to participate in decisions regarding prioritisation. SH highlighted that emerging insights indicated a growing population driven by age and multi morbidities in areas of deprivation and it was recognised that health inequalities contributed to this. SH highlighted the opportunities these challenges presented and noted the importance of prevention strategies particularly around hypertension and anxiety and depression.	

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	SD highlighted the need to deliver plans during winter and noted that the ICB Board would be reviewing and taking actions based on the ICP Strategy. RS highlighted feedback from families and young people regarding their mental health and noted the importance of working with families and young people early to ensure that people had access to the right support to improve their mental health. ED welcomed the plans and noted that strategy development linked with the lessons learnt from the mass vaccination programme work and the challenges expected over the next 6 months.	
12	**Questions from Members of the Public** A member of the public noted the responsibility of the ICB in terms of sustainability and asked whether the Green Plan had been published yet and whether the public would have an opportunity to comment on the plan. ST responded that the Green Plan had been developed and a link to the published Green Plan and details of how to comment on the plan would be sent to the member of the public following the meeting. ST noted that the Sustainability Lead was working across all organisations and that the Green Plan had been developed by the whole system. The Chief Executive Officer of St Peter's Hospice reflected that the discussions at the Board meeting had given him much to consider including how St Peter's Hospice could further its integration with the system. RS noted that St Peter's Hospice was actively engaged with the Clinical Cabinet.	**SC**
9	**Any Other Business** There was none	
10	**Date of Next Meeting** 6th October 2022 at 9.30am	

Lucy Powell, Corporate Support Officer, September 2022