NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG Integrated Care Board (ICB) Board Meeting

Minutes of the meeting held on 4th May at 12.30pm, at Somerset Hall, The Precinct, High Street, Portishead, North Somerset, BS20 6AH

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 Care and Housing, 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
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
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
Julie Sharma	Interim Chief Executive Officer, Sirona care & health	JS
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Jo Walker	Chief Executive Officer, North Somerset Council	JW
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		
Sue Doheny	Regional Chief Nurse (South West), NHS England	SDo
Jon Hayes	Chair of the GP Collaborative Board	JHa
Lisa Manson	Director of Performance and Delivery, BNSSG ICB	LM
Stephen Peacock	Chief Executive Officer, Bristol City Council	SP
Dave Perry	Chief Executive Officer, South Gloucestershire Council	DP
Will Warrender	Chief Executive Officer, South Western Ambulance Service NHS Foundation Trust	WW
In attendance		

Kate Bolger	Woodspring – Contracts & Commissioning Officer, Adult Social Services (North Somerset Council)	KB
Jen Bond	ICB Deputy Director of Communications and Engagement,	JB
Colin Bradbury	Director of Strategy, Partnerships and Population, BNSSG ICB	CB
Kirstie Corns	Woodspring – Head of Woodspring Locality (BNSSG ICB)	KC
Sarah Carr	ICB Corporate Secretary	SC
Fiona Cope	Woodspring Locality VCSFE Lead (and Chief Officer Citizens Advice North Somerset)	FC
Deborah El-Sayed	ICB Director of Transformation and Chief Digital Information Officer	DES
Rob Hayday	ICB Associate Directorate Corporate Services	RH
Jo Hicks	Chief People Officer, BNSSG ICB	JHi
Colette Howard	Business Manager, BNSSG ICB	CH
Gerald Hunt	Woodspring – Principal Head of Commissioning, Partnerships & Housing Solutions (North Somerset Council)	GH
David Jarrett	ICB Director of Primary and Integrated Care,	DJ
Vicky Marriott	Healthwatch Bristol, North Somerset and South Gloucestershire	VM
David Moss	Head of Locality – One Weston	DM
Dr Sarah Pepper	Woodspring - Chair of Woodspring Locality Partnership (PCN Clinical Director & GP Partner at Tyntesfield Medical Group)	SP
Ruth Taylor	Chief Executive Officer, One Care	RT

	Item	Action
1	**Welcome and Apologies** Jeff Farrar (JF) welcomed all to the meeting and noted the above apologies.	
2	**Declarations of Interest** There were no new declarations of interest and no declarations pertinent to the agenda.	
	Address from host Locality Partnership JF explained that this would be the final update from the Locality Partnerships, this time from Woodspring. Dr Sarah Pepper (SP), Gerald Hunt (GH), Kirstie Corns (KC), Kate Bolger (KB) and Fiona Cope (FC) attended and represented Woodspring Locality Partnership. It was explained that Woodspring included Nailsea, Clevedon and Portishead and was a rural locality, which was noted as a strength and a challenge. Woodspring has the highest population of frailty across BNSSG in the over 65s, who predominantly live at home. The Locality had a high prevalence of dementia, anxiety and depression, and increasing social isolation. Woodspring consisted of 3 Primary Care Networks (PCNs), all of which are single practice PCNs (Mendip Vale Medical Group, Tyntesfield Medical Group and Gordano Valley). These PCNs utilise Weston Hospital, Southmead Hospital and the Bristol Royal Infirmary (BRI). It was noted that when planning future services, the distance to these hospitals needed to be considered particularly as there were poor public transport links in the locality.	

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	Recently, a younger population has moved to the area from Bristol which has created new challenges for health in what was predominantly an older population. It was explained that due to the rurality and frailty predominant in Woodspring, prevention and early intervention was key to keeping the population well and the Locality Partnership worked closely with the voluntary sector. It was noted that domiciliary care, wellness and rapid response services were important to maximise independence. The importance of investment in technology for the Locality was noted. SP highlighted Woodspring's achievements which included: the development of supportive relationships with all partners; the initiation of phase 1 of the community mental health programme with phase 2 starting soon; overcoming workforce challenges; the Ageing Well/Dying Well work; the dementia directory; and the response 24 service which was a 4-month pilot to prevent falls and hospital admissions. This care model would be moved into planned care which would support night-time and 4x a day care packages. SP explained that Woodspring's virtual hub was unique and provided an example of how the hub worked for people with multiple needs. SP explained that many organisations such as Citizens Advice, social prescribing, council assistance etc. worked together to support the public. SP highlighted a pilot service developed to address inequalities and improve the wellbeing and health of the local population. SP described other services Woodspring planned to roll out such as mobilisation of the Ageing Well model, which included improving the last 1000 days of life through the encouragement of discussions around end of life. SP highlighted that locality partnerships were essential for place-based care and asked the ICB Board to make decisions which supported localities to do what they do best. JF asked what was not working well currently and what could the system do better. Steve West (SW) welcomed the close working of the locality partnerships to improve lives and prevent conditions worsening, but asked where else these pilots were taking place and how could implementation be broadened. SW noted that the ICB Board needed to consider how to fund the work across localities. Jaya Chakrabarti (JCh) welcomed the work that Woodspring had carried out and asked whether other locality partnerships had considered some of these projects. JCh suggested developing business cases to share and review best practice across the system. GH explained that the models of care were replicated across the system on many levels, although funding was a concern. GH noted that the 6	

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	Locality Partnerships differed in terms of population and challenges and therefore the care models developed for Woodspring may not work in other areas. Jo Walker (JW) highlighted that sustainable funding was needed and asked what areas needed additional funding. SP explained that the Ageing Well programme was important as it offered a system benefit. It would decrease pressure on hospitals and support people to live well at home. SP also noted that PCN clinical leadership and engagement was an important area for the maturing PCNs but noted that funding for this had been reduced. David Jarrett (DJ) thanked the Woodspring team for all their hard work and noted that the innovation illustrated was encouraging. DJ explained that the ICB needed to develop an operating model for working with locality partnerships and this would include what decisions would be delegated to locality partnerships. DJ also noted that the strategy needed to include recurrent funding for proactive care and this would be discussed at the Health and Wellbeing Improvement Groups. Shane Devlin (SD) explained that strategic investment was planned which would include investment in localities.	
3	**Minutes of the 6 April 2023 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 36** – Jo Medhurst (JM) confirmed that discharge to assess plans would be presented at the July meeting. **Action 54** – It was confirmed that a single report for Committees was being discussed regionally and a process was being put in place to achieve this. Ellen Donovan (ED) highlighted the importance that workforce and finance was included within the single report. It was noted that the Terms of Reference (ToRs) for each Committee had been circulated to the Executive Directors so that each Committee reported on similar information. **Action 57** – Sarah Truelove (ST) explained that the ICB was currently working in shadow in terms of delegated commissioning to the Provider Collaborative in preparation for the change in April 2024. ST confirmed she would be joint Chair of the group and additional information would be presented to the ICB Board next year. The action was closed. **Action 58** - DJ explained that The Haven, which provided specialist support to asylum seekers, have agreed to the development of strategic commissioning support across the system through a BNSSG Oversight Group. These arrangements were being rapidly progressed. Additional information would come back to a future ICB Board meeting. **Action 60** – SD confirmed that Children and Young People with experience would be discussed at the regional Children and Young People Board in July 2023. The action was closed.	

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	Action 61 – Deborah El-Sayed (DES) confirmed that there had been significant uptake in the in opt in to the Care Traffic Control programme. The action was closed. All other due actions were closed.	
5	**Chief Executive Officer's Report** SD highlighted the areas covered in the report: ICB organisational structures, delivering the operational plan and the ICB Digital Strategy. **ICB Organisational Structures** SD reported that phase 4 of the ICB reorganisation had concluded and the new organisational structures were launched on the 2nd May 2023. SD thanked the teams who had supported the restructure for their hard work and commitment. ED asked about staff wellbeing following the restructure. SD confirmed that there was some fatigue in the workforce, but by working with senior management, the aim was to learn from past experience and ensure the workforce was involved in future decision-making. **Delivering the Operational Plan** SD highlighted the significant amount of work in developing the plan and noted that changes would be implemented through engagement with NHS England. SD noted that the plan was a system plan and not just an NHS England plan. The challenge would be to deliver the plan jointly, and SD was assured it could be delivered by the system. **ICB Digital Strategy** SD explained that the ICB digital strategy would be fundamental for the ICB to drive the digital outline case and strategy which would assist with delivery of the operational plan. John Cappock (JCa) asked whether the ICB had developed a new strategy or used elements from other ICB strategies. DES highlighted that the system was utilising data better and an analytic forum was taking place to further develop system data use. DES noted that the system needed strong foundations to utilise digital solutions such as artificial intelligence. **The ICB Board received the report**	
6.1	**One Year Operational Plan 2023/23** ST advised that the final plan had been submitted. There had been no significant changes, but further learning had been included. The development of the plan started in November 2022 and there had been good system engagement at the various planning days. There had been significant focus on health inequalities and prevention and the attention on these areas would need to be maintained. ST	

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	reported that although there was a balanced financial plan, there were significant challenges including higher than expected inflation. A system meeting to further discuss the plan would be held on the 18th May 2023. Alison Moon (AM) asked about progress with the Health & Care Improvement Groups (HCIG). ST confirmed that further engagement with the system Chief Executives regarding HCIG arrangements would take place on the 18th May. This would be followed by a series of meetings to review the arrangements in more detail. ED asked how the HCIGs would interact with the Committees and what was planned to be delivered through the groups. ST noted that although NHS England had provided challenge, the arrangements included within the plans had been approved. ST confirmed that the interim forecasts and performance trajectories from the Groups would be available for the Committees to review. **The ICB Board:** • **Noted the approach to the development of the system operational plan for 2023/24 and the intent to learn for future planning activities** • **Committed to shifting the focus on to the effective delivery of the operational plan**	
6.2	**Acute Collaboration** Maria Kane (MK) provided an update on the continued development of the strategy. Workshops have been held to engage with staff including clinicians, medics, and administrative staff and feedback continued to be received. The focus has been on cross city/cross Trust pathways. MK confirmed that medical directors have been asked to review proposals and the final document was expected to be available later in the summer. MK reported that appointments had been made for Joint Digital Information Officers to sit on both boards, to commence on 1 June 2023. SD confirmed that acute collaboration arrangements were working well. JF agreed and noted that regular updates to the ICB Board would be valuable. JF thanked the two Medical Directors and everyone else involved for their work on this strategy. Ruth Taylor (RT) asked how the four HCIGs would fit within the collaborative work. SD confirmed that the Acute Collaborative work was a fundamental part of the work of the HCIG Groups, but noted that these Groups had short term aims which the Acute Collaborative could not address currently due to the improvement challenges outlined in the Operational Plan. SD confirmed that the Acute Collaborative work would focus on the Trusts initially. MK agreed that the work of the Acute Collaborative was not interchangeable with the HCIGs and explained that key service improvements were reliant on making connections with other partners in the System. **The ICB Board received the update**	**MK/EY**

	Item	Action
6.3	**ICB Corporate Risk Register** ST described the work carried out with regards to capturing system risk and differentiating these from the ICB specific risks. Work was being undertaken to create a new Corporate Risk Register which better reflected the risks of the ICB. ST outlined the four risks on the ICB Corporate Risk Register: • Capacity of the Commissioning Hub to support the ICB with delegation of pharmacy, optometry and dentistry services. • Pressures in Primary Care prescribing costs. • The risk of cyber attack if there isn't significant focus on cyber security. • The risk that the ICB will start to lose staff due to uncertainty following the recent announcement to reduce running costs. Dominic Hardisty (DH) questioned the risk scoring decisions and noted that he did not agree with the methodologies used. DH explained that he would have expected more robust mitigations. ST explained the scoring methodology and JCa explained how the risks were collated but acknowledged that further development was needed. SD agreed that the register needed to contain additional information to support the Board to understand the risk scoring. ST higlighted that the ICB was developing the register and Board feedback would be used to support the development of the risk scoring processes. **The ICB Board noted the progress to date to update the BNSSG ICB Corporate Risk Register and reviewed the risks escalated**	
7.1	**Outcomes, Performance and Quality Committee** ED explained that the Outcomes, Performance and Quality (OPQ) Committee had started patient voice events which had included some positive and some challenging stories. These events had received positive feedback from Healthwatch. The Committee had received the industrial action system risk assessments. The planning had been successful and services had remained safe. Rosi Shepherd (RS) noted that she had ongoing concerns regarding the impact the industrial action was having on patients waiting for treatment. JM had advised the Committee of new policy areas that had been approved. JF asked whether the right level of support, protection, scrutiny and governance processes were in place to support the Executive Team to make these decisions. JM confirmed that these processes were in place and were part of the new policy and governance processes. The Committee had received an update on the Integrated Care System (ICS) Strategy and the delivery mechanisms in place. This had led to discussions regarding the HCIGs. Lisa Manson (LM) confirmed that Ruth Taylor (RT) and Julie Sharma (JS) would Chair the Primary and Community Group and JW and DH	

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	would Chair the Mental Health Group. ED explained that the Committee would seek clarification on how the HCIGs would interact with the Committee. RS provided the OPQ Committee with an update on maternity services. The system Chief Nursing Officers would be invited to an ICB Board meeting soon to provide a more detailed update. The Committee explored two underperforming cancer service targets; 2 week waits, and 62 week waits. Dr Glenda Beard, ICB Clinical Lead for Cancer, had provided the OPQ Committee with an update and assurance on NHS England plans to provide patients with information within 28 days of their diagnosis or planned treatment. Dr Beard had explained that the reasons for the poor performance were well understood and the plans had been designed to improve the known issues. ED noted that the Dermatology pathway was also being redesigned. RS updated on autism health checks noting that the BNSSG system had achieved the national standard of 75% by completing 82% of checks. 98% of the people who had received a health check also had a health action plan in place. RS thanked primary care colleagues for their hard work to support this programme of work. JS noted that importance that the ICB remained focused on maternity services and asked that the Board were informed of the broader issues that occurred within maternity services. RS agreed and noted that a paper would be presented to the ICB Board in the future. RS noted that improvement in performance continued in urgent care services. **The ICB Board received the update from the Outcomes, Performance and Quality Committee**	**RS** **RS**
7.2	**People Committee** JCh provided updates on the ICB People Plan and Workforce Report. JCh confirmed the ICB had achieved national targets around staff metrics such as absence. The ICB and ICS People Committees continued to be held monthly. The Committees were provided with regular information from the workforce team which allowed the Committees to react quickly to situations. Deep dive discussions had taken place to support the people programme. Jo Hicks (JHi) advised that the workforce risk discussion would be raised at the ICS People Committee Meeting in May. ED asked about progress with the workforce recruitment challenge. JHi confirmed that plans had been tested and were reviewed monthly. Any successes or variations were addressed quickly which provided the opportunity to align workforce planning with finance and service pathway planning.	

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	SW highlighted that the People Plan would have an impact on medical student placements and suggested that training and education was considered as part of the People Plan as well as addressing staff retention. JCh noted that the deep dives had included these considerations and had been very informative. JS noted that the ICB Board had received the ICB People Committee update and asked when the next update from the ICS People Committee would be available. JCh confirmed that the Committees alternated each month and an update from the ICS People Committee would be provided next month. **The ICB Board received the update from the People Committee**	
7.3	**Finance, Estates and Digital Committee** SW thanked the ICB Teams for achieving a small surplus in 2022/23. SW noted the concerns that there remained a challenging deficit which would need to be considered in 2023/24. SW noted the importance that the system delivered on savings so the 2023/23 plan could be achieved but highlighted that financial pressures were expected and so flexibility around resources had been built into the plan. SW noted that the significant risks had been mitigated and would be monitored. SW highlighted the work being undertaken on models of care and noted that this work would have an effect on system workforce and workforce design. SW confirmed that a session had been planned for the Board to discuss the ongoing digital work programme and as part of this the Board would be considering how to adapt the workforce based on the new models of care and technology available. The Committee had discussed how system resources needed to be considered differently and the system needed to be aware of organisational financial positions and priorities. SW noted that the Finance, Estates and Digital Committee was in a good position to monitor overall workforce issues. JCh noted that the ICB Board needed visibility of estates and digital information to help support decisions regarding workforce. JF noted that the work undertaken to end the year with the reported financial position had been outstanding. ST reported that Chief Executives would be contacted soon regarding the delivery schedule for the Oversight Plan. A deep dive would be needed, and to avoid duplication, the Finance Committee Chairs would be involved in this process. JCa advised of the ongoing work on System risk and explained that BNSSG Audit Chairs would reconvene to discuss this in more detail. ED asked MK and Eugine Yafele (EY) if they were finding less duplication with regards to finance and governance processes. MK confirmed they continued	

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	working towards one assurance process with less duplication, but more work was needed particularly with transparency across the system. EY noted that work on the operational plan had been exemplary and highlighted the importance of Non-Executive Member attendance at assurance Committees. EY explained that this attendance supported joint system working but noted that more work was needed and deep dives would ensure greater system working. JCa agreed and reported that the attendance of provider Non-Executive Members was helpful in reducing duplication and supported rich discussions. JF noted that Non-Executive Members were able to offer a different level of challenge to the ICB Board. JF reported that Non-Executive Members attended system meetings and fully contributed to discussions and provided viewpoints not already considered. **The ICB Board received the update from the Finance, Estates and Digital Committee**	
7.4	**Primary Care Committee** AM confirmed the Primary Care Committee (PCC) meetings were well attended and beneficial in joining up primary care services. AM reported that the good news story for the April meeting had been around the annual health checks and health action plans for people with learning disabilities. AM highlighted that the April PCC meeting had been the first meeting following delegation of commissioning for pharmacy, ophthalmology and dentistry (POD) services. A transition plan was in place and the PCC had identified that there needed to be a significant level of joint working between the ICB and NHS England to support the delegation. NHS England supported this increased joint working. AM noted that the PCC could see the benefits to the population of the ICB having delegated authority for these services. DJ confirmed that improvements to services should be seen within 6 months. AM highlighted that PCC would focus on the transformation and outcomes for the services. DJ noted that there had been significant changes to the primary care financial position into 2023/24 and the impact of this was not yet fully understood. The PCC would review the management of funds, local expenditure, the pressures on primary care budgets and consider how funding should be managed through 2023/24. Ruth Taylor (RT) asked how the PCC would address the above and whether medical primary care services would be expected to support the POD services. DJ explained that medical primary care service colleagues would be included in these conversation through the Primary Care Collaborative Board so decisions about primary care would not be made in isolation. **The ICB Board received the update from the Primary Care Committee**	

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7.5	**Audit and Risk Committee** JCa confirmed that the internal audit plan had been approved and highlighted the key points raised at the Committee: • The Head of Internal Audit opinion had been received and the ICB was in a very satisfactory position after 9 months of operation. Feedback on how to make further improvements had been given. JCa thanked the Executive Team for their work. • The Counter Fraud draft plan for 2023/24 had been approved. • Work continued with the External Audit, but satisfactory progress was being made. JCa thanked the Finance Team for their excellent work, which had been delivered ahead of schedule. This work included delivery of the Assurance Statement, which was a "confidence inspiring" read and emphasised good partnership working. • The Committee had received a helpful update on the safeguarding strategy and training, good progress has been made, but further assurance would be received later in the year when the work was completed. **The ICB Board received the update from the Audit and Risk Committee**	
8	**BNSSG Integrated Care Partnership Updates** JF thanked Councillor Mike Bell of North Somerset Council for chairing the integrated Care Partnership (ICP) Board over the last year and advised that this responsibility would now pass to Councillor Helen Holland of Bristol City Council. JF highlighted that the ICP Board would review and agree the Integrated Care Strategy led by Colin Bradbury (CB). JF noted that the ICP meetings were well attended by all sectors. Those who attended were very keen to be actively involved and the contributions from these meetings were valuable. JF noted the importance that conversations were focused on strategic issues and not operational matters. SD highlighted the recent presentation at the ICP Board meeting on prescribing which had demonstrated the strength and benefits of integrated working. The system had presented the information considering all aspects of the system and not just health.	
9	**Questions from Members of the Public** A member of the public asked if there would be a face-to-face Annual General Meeting (AGM) and asked that the date and venue be published soon to allow people to attend. JF confirmed that the AGM was likely to be held in September on the same day as the ICB Board meeting, but details had not yet been confirmed. The member of the public then asked whether the ICB held the responsibility for sustainability plans and whether the ICB had the resources to complete this work. SD confirmed that the ICB held responsibility in this area and had the resources to develop a plan. ST confirmed that the first draft of the Green Plan was available on the ICB website and would be regularly updated.	
10	**Any Other Business**	

	Item	Action
	MK advised of the launch of the stroke service due to go live on 17 May and thanked everyone who had assisted. The Stroke Board recognised that the full clinical model outlined in the Decision-Making Business Case would be different from what would be delivered on 17 May. Whilst most issues had been resolved, the clinical thresholds in the Stroke Sub Acute Rehabilitation Units (SSARUs) remained a concern, as they would support lower acuity patients, and there would be inevitable delays inmoving patients with increased needs onto social care placements. The impact of this was an estimated requirement of 24 beds at North Bristol Trust (NBT). Discussions continued to resource this. MK highlighted that the launch of the stroke service demonstrated how well the system could work together. Changes had been made to clinical thresholds through solid foundations with University Hospitals Bristol and Weston (UHBW), Sirona and other social care colleagues. System working had supported the change to the model of care and system clinical leads were very happy with the outcome. Vicky Marriott (VM) of Healthwatch advised of a public and patient engagement area in The Galleries shopping centre in central Bristol which was now open. A launch party would take place in June. JF thanked Sarah Carr for her continued hard work for many years in the NHS, particularly for her work in her current role supporting the ICB Board. Sarah was retiring from the NHS after 34 years and this was her last Board meeting. All those present wished her well for the future and gave her a round of applause. The ICB Board presented Sarah with a floral tribute to mark the occasion.	
11	**Date of Next Meeting** 6th July 2023, meeting to be held remotely. There would be no meeting in August.	

Colette Howard, Business Manager, May 2023