



## **Minutes of the meeting of the BNSSG Integrated Care Partnership Board – 2pm Thursday 28<sup>th</sup> September 2023**

Attendance List:

**Partnership Board Leadership Group:** Councillor Helen Holland (Chair) Bristol City Council; Councillor Jenna Ho Marris, North Somerset Council; Councillor John O’Neill, South Gloucestershire Council; Jeff Farrar, BNSSG ICB Chair.

**Community and VCS Voices:** Aileen Edwards (Second Step); Tim Poole (sub Kay Libby); Chris Head (WERN); Mandy Gardner (VANs); Dominic Ellison (WECIL); Fiona Cope (North Bristol CAB); Jane Emanuel (ACFA The Advice Network); Mark Coates (Creative Youth Network); Alison Findley (Southern Brooks); Sado Jirde (BSWN)

**Voices in the Community:** Laura Welti

**Constituent Health and Care Organisations:** Hugh Evans (Director ASC Bristol CC); Matt Lenny (DPH NSCC); Chris Sivers (Director CS South Glos); Jayne Mee (UHBW); Amanda Cheesley (Sirona Care & Health)

**Locality Partnerships:** Huda Hajinur (Bristol City Inner & East); Sharron Norman (Bristol North & West); Steve Beet (South Bristol); Tharsha Sivayokan (South Glos)

**Other Attendees:** Georgie Bigg (Healthwatch); Colin Bradbury (Director SPP) Dr Joanne Medhurst (Chief Medical Officer); Becky Balloch; Ros Cox (ICS DPM); Claudette Campbell (Democratic Services); Ian Hird (Scrutiny Advisor)

**Apologies for Absence:** Kay Libby (Age UK Bristol); Mark Hubbard (Voscur); Alun Davies (VITC); Shane Devlin (BNSSG ICP); David Smallcombe (Care & Support); Raz Akbar (SWASFT)



## 1. Welcome, Introduction and Member Updates

Councillor Helen Holland (Chair of the BNSSG ICP Board) welcomed all parties to the meeting and asked everyone to introduce themselves.

## 2. To note the emergency evacuation procedure

Noted.

## 3. Minutes of the meeting held on the 16<sup>th</sup> June 2023

Resolved - that the minutes were agreed save for the additional note that Sharron Norman was present at the meeting.

## 4. Public Forum item

There was one item received and the answer provided was shared in the supplementary papers.

Following a discussion, it was agreed that a way would be formulated to ensure that relevant partners contribute to producing a reply to public forum questions where appropriate.

Noted that the reply to the question should have referenced the word 'Green' community transport.

**Action:** Ros Cox to find a way to enable this process without it being unwieldy.

## 5. Health and Wellbeing Board Updates

The update reports as per the agenda were noted.

The following additional verbal update was provided by the Chair of Bristol HWB.

- a. A joint meeting with the City Economic & Skills board on the 'Bristol Care Workforce' was held on the 27<sup>th</sup> September.
- b. This productive meeting had outlined and considered the challenges faced across Bristol's service providers, factors such as retention, vacancies and cost of living impact on the health & care sector. The challenge was to consider how to grow the pool of employees without drawing them away from other industry.
- c. The intention is that the outcomes will be shared.

ICB update by Jeff Farrar:

The following was noted:

- a. Directed all to note the following additional information to that in section 5 of his report.
- b. The trajectory for performance is good; waiting times had improved significantly over the past 12 months; similarly, in all areas there have been improvements.
- c. All were reminded that the current task of reducing the ICB budget running cost by 30% was a distraction when work had to continue on collaborative working; with the reduction in staff,

consideration must be given to what the ICB must stop doing and how to enable others in other parts of the system to step up.

- d. A governance review was underway of the integrated care system to establish clear lines of sight across all boards which will also identify any areas of duplication across systems.
- e. The Medium-Term Finance Plan comes with an historic 100million pound deficit that must be resolved.
- f. Ongoing issues such as industrial action carries with it an increase of 5.5million pounds cost that equates to cost of backfilling posts. In addition, approximately 7.5 million pounds in agency costs for unfilled posts.
- g. The preparation work on possible CQC inspection was discussed and the steps being taken to anticipate an inspection.

Resolved: The update reports were noted.

## **6. Integrated Care System All Age Mental Health Strategy**

Julia Chappell and Christina Gray spoke to the report and presentation circulated with the papers.

- a. The ICP board were asked to consider the MHS as set out and to agree to endorse the strategy and the next steps:
  - i. For the draft to be published on the ICB website and accompanying survey monkey shared with all partners (October – November 2023).
  - ii. Final draft compiled using feedback from engagement (December 2023).
  - iii. Final version to be endorsed by the 3 regional Health and Wellbeing Boards, the ICP Board and individual organisations.
- b. Following was noted from the discussion that followed the presentation.
- c. The Strategy was well received and viewed as an elegant and well thought out document.
- d. In answer to questions of clarification
  - i. The strategy is to run over 5 years.
  - ii. The ICP partner representatives were asked to feedback from their organisations on how they would contribute to the direction of travel and how they would embed the strategy as a living document.
  - iii. All were invited to feedback local information during the 8-week engagement period.
  - iv. A further paper will come to ICP Board accompanying the final strategy in February and will summarise comments and information/contributions received during the engagement.
- e. The following was noted from the comments made:
  - i. To note that the issues of debt/housing/homelessness amongst other wider determinants of health, that give rise to poor mental health, be reflected in the strategy.
  - ii. Encourage all to be part of an ongoing conversation that will enable all to achieve integration and pooling of resources.
  - iii. Agreed that Local Partners should be a part of the conversation and information gathering.

- iv. Discussion on metrics, the specific measurement that would be used to evidence impact; what data already exists and how this would be incorporated.
- v. Suggested the intention was to intervene as soon as possible where achievable.
- vi. Pleased to note that Holistic Care features as one of the 6 ambitions of the strategy.
- vii. It was suggested that the strategy reflect the equality between mental and physical health issues; that the 'person' is central should be clearly defined and aligned.
- f. In conclusion
  - i. CG invited the ICP Board member organisations to participate in the engagement process during October and November 2023. The draft will be accessible on the ICB website during that time. <https://bnssghealthiertogether.org.uk/mental-health-strategy/>
  - ii. Encourage the ICP Board as the system to make the strategy a living document.
  - iii. The final version to be endorsed by the 3 Health Wellbeing Boards and the ICP Board before being shared with individual organisations for sign off during January and February 2024.

**Resolved:**

- I. That the ICP Board endorse the draft strategy and the timeline set out and steps to be taken leading to sign off by the regional Health and Wellbeing Boards.
- II. That the final strategy document, when presented to the ICP Board is accompanied by a paper which details contributions during the engagement process.

**7. Voluntary Community and Social Enterprise (VCSE) Alliance update**

Rebecca Mears, Mandy Gardner and Fiona Cope presented the update on the BNSSG VCSE Alliance.

The ICS implementation guidance requires the ICS leaders to ensure closer working with the VCSE sector in their governance and decision-making arrangements; as a strategic partner in shaping, improving and delivering services; and in developing and delivering plans to tackle the wider determinants of health. This includes involving the VCSE sector in governance structure, in population health management and service redesign work, and in system workforce, leadership and organisational development plan (NHS England and NHS Improvement 2012)

The 3 aims of the BNSSG VCSE Alliance are to:

- I. Encourage and enable the VCSE sector to work in a coordinated way to inform policy, strategy and decision making.
- II. Provide the NHS & health colleagues with a single route of contact, engagement, and links to community organisations.
- III. Better position the BVCSE sector to contribute to the design and delivery of integrated care.

The ICP Board were asked to comment on the aims above.

- a. The Chair acknowledged the support from the former councillor board members and the ICB for providing the funding for the creation of the Alliance. This realises the intention of the ICP board to hear the voice of the VCSE sector.

- b. Most systems now include 'faith' community partners and note the absence in what was presented. The intention is for faith communities to be included in the event in January 2024.
- c. A discussion followed on whether 'Local Authority' should be listed in aim No. 2 which references 'NHS & health colleagues'.
- d. An ask for an ongoing conversation to explore how the alliance impacts Las' corporate plans and in turn support the outcomes of the Alliance.
- e. The language in the aims could be further adjusted to reflect the contribution from Integrated systems, so reflective of all partners that form the system.
- f. The ICB Chair shared that the funding from ICB funded the Alliance and the establishment of the independent advisory group on race. The funds are designed as NHS money for targeted engagement. The appeal is to the 3 LAs represented on the Board to add to the funding to allow sustainability.
- g. The opportunities that were available from national charitable organisations and business were noted that would contribute to ensuring sustainability.
- h. The intention is to ensure sustainability; to be certain what the Alliance is to achieve; to put systems in place to do so; to seek appropriate funding to secure sustainability.
- i. It was suggested that the evidence from the Alliance on community solutions was a necessity to feed into local authority decision-making process.
- j. The work 'influence' should be considered as an addition in aim no.1 following the word 'to inform and influence'; or even replacing with 'working together'.

**Resolved:**

To note the report and ask that the suggestions above be considered.

**8. Black Southwest Network (BSWN) presentation on the findings of the BSWN 'Make it work' programme's learning and evaluation report on the Building Equity within the Adult Social Care (ASC) Market in Bristol.**

Sado Jirde, Chiara Lodi and Tutu Adebisi, spoke to the presentation that was attached to the published papers.

Highlighting the following:

- a. The key objectives of the programme:
  - i. Improving the quality of services for Black and Minoritised Communities
  - ii. Increasing diversity and economic opportunities in the ASC Market
  - iii. Enhancing overall access to care via alternative financial models
- b. Identifying the Barriers to contracting those that result in disproportionately lower successful participation by black and Minoritised ASC providers.
- c. The project provided support to contractors and tracked participants' progress and achievements for example in the following areas:
  - i. One to one capacity building & mentoring
  - ii. Peer to peer learning/small group support workshops

- iii. Monthly whole-group workshops delivered by the BCC and other external organisations.
- iv. Submission and/or resubmission of applications.
- d. Programme Recommendations:
  - i. Investing into capacity-build of underdeveloped organisations to increase their access to the market and build their track-record.
  - ii. Moving towards the co-production of type-based processes e.g there is opportunity for social capital organisations to act as Introductory Agencies and deliver services through micro-org and self-employed.
  - iii. Moving away from transactional and traditional commissioning to a range of relational commissioning processes.
  - iv. Setting up projects with clear lines into key/future opportunities e.g. ICSs to ensure equality and sustainability.
  - v. Post contracting (on-going and long-term) relationship and support to ensure service performance, greater outcomes and sustainability.

The following was noted from the comments made.

- e. The Chair thanked BSWN for the presentation. Commended the work done and to move partners to fulfilling the ambition to commission black and minority led organisations. These small businesses need to be prepared and supported to engage in the commissioning and procurement process. The learning from this programme can move wider than the adult social care services to other service provision.
- f. Action: For the programme to be shared with South Gloucestershire Commissioners and other partners

**9. Date of next meeting**

2pm on Wednesday 29<sup>th</sup> November at North Somerset Community Venue To Be Confirmed

Meeting Closed: 4.05pm