



**Minutes of the meeting of the BNSSG Integrated Care Partnership Board
held at 2.00 pm, Wednesday 29 November 2023 at Somerset Hall, 11 The Precinct, Portishead
BS20 6AH**

***Please note: these minutes are draft and subject to confirmation as a correct record at the next BNSSG
ICP Board meeting to be held on 29 February 2024***

Attendance List:

Partnership Board Leadership Group: Councillor Jenna Ho Marris, North Somerset; Jeff Farrar, BNSSG
ICB (Chair for this meeting)

Community and VCS Voices: Aileen Edwards (Second Step); Tim Poole (sub Kay Libby); Chris Head
(WERN); Mandy Gardner (VANS); Fiona Cope (North Bristol CAB); Jane Emanuel (ACFA The Advice
Network); Mark Coates (Creative Youth Network)

Voices in the Community: Alan Davies

Constituent Health and Care Organisations: Matt Lenny (DPH NSCC); Chris Sivers (Director CS South
Glos); Amanda Cheesley (Sirona Care & Health); Ruth Taylor (PCS)

Locality Partnerships: Sharron Norman (Bristol North & West); Steve Beet (South Bristol); Tharsha
Sivayokan (South Glos); David Moss (WWV); Joe Poole (ICE)

Other Attendees: Shane Devlin (BNSSG ICB); Georgie Bigg (Healthwatch); David Smallacomb (Care and
Support West); Becky Balloch; Ros Cox (ICS DPM); Rosi Shepherd (Chief Nursing Officer); Claudette
Campbell (Democratic Services); Ian Hird (Scrutiny Advisor)

Apologies for Absence: Cllr H Holland; Cllr J O'Neill; Steve Curry; Raz Akbar; Kay Libby; Hugh Evans
(Director ASC Bristol CC); Jayne Mee (UHBW); Laura Welti (Voices in the Community); Alison Findley
(Southern Brooks); Dr Joanne Medhurst (Chief Medical Officer); Michelle Romain (NBT); Charlotte
Hitchings (AWP); Rebecca Mear (VOSCUR); Dominic Ellis, (WECIL)



1. Welcome, Introductions and Member Updates

- a. It was noted that Councillor Helen Holland (Chair of the ICP Board) had given her apologies for this meeting. Jeff Farrar took the Chair in her absence as Vice-Chair of the ICP Board. He welcomed attendees to the meeting and led introductions.
- b. Board members discussed whether future meetings could be held as remote virtual meetings, to potentially enable wider attendance. It was suggested that consideration could be given to future meetings alternating between being hosted on a virtual platform and in-person.

2. Minutes of the meeting of the ICP Board held on 28 September 2023

The minutes of the meeting of the Board held on 28 September 2023 were confirmed as a correct record, subject to noting that Charlotte Hitchings had tendered her apologies for that meeting.

3. Public Forum

It was noted that no public forum items had been received for this meeting.

4. Health and Wellbeing Board updates

The written update reports from the respective Chairs of the Bristol, North Somerset and South Gloucestershire Health and Wellbeing Boards were received and noted.

5. Integrated Care Board update

The written update from the Chair of the Integrated Care Board was received and noted.

Main points raised/noted in discussion:

- a. An update was provided on the liaison that had taken place with Avon & Somerset Police at local partnership level. Initial meetings had focused on outlining the work of local partnerships and considered how the Police can best connect and engage with them.
- b. It had been proposed that the Police and Crime Commissioner should be approached to sit on the ICP Board.
- c. It was suggested that Avon Fire and Rescue Service & other safety services may be a source of intelligence in terms of intelligence on vulnerable people in neighbourhoods; it was proposed that partners should consider liaising with them and other agencies to seek out vital intelligence and to identify ways in which duplication of efforts could be avoided.

- d. The impact of industrial action was still being felt causing a £15 million negative impact on budgets. Strikes have impacted waiting times and service delivery. NHS England had created a fund to go towards alleviating the burden and an application would be made to them for a funding award.

6. Trauma informed pledge

Hazel Renouf, BNSSG ICB Trauma Informed Systems Manager, presented the report. The ask of ICP Board members was to support the 'Trauma Informed BNSSG: A pledge for partners' and to commit to embedding a trauma-informed approach across services and systems.

The following was highlighted from the report:

- a. Experiences of trauma and adversity can have a profound and wide-reaching impact on the lives of individuals, families, communities and workforce. This can lead to poorer health outcomes.
- b. The trauma-informed Systems Manager leading on the programme is co-director of the Trauma and Adversity HIT and a Core20Plus Ambassador.
- c. BNSSG was the first ICB to have a dedicated Trauma informed Systems Manager to enable systems to be trauma informed.

The following was noted from the discussion:

- d. Further information was sought on activities and developments that currently operate to support trauma knowledge.
- e. It was suggested that further explanation will be helpful on how partners can best support the aspiration once the pledge was signed. Further clarity was sought on 'next steps' – it was suggested there is a need to consider/clarify the timeline for reporting/capturing progress; an annual review of progress was suggested.
- f. ICP Board members were asked to start the conversations about adopting the pledge within their organisations; assurance was given that an online resource would be available that would include contacts and guidance.

Decision

- g. The Chair confirmed that there was support in principle for the Board and organisations signing up to the pledge, pending a further report to the next ICP Board meeting in February 2024 to clarify all aspects of the programme and the commitment required from partners.

7. Winter planning update

Greg Penlington, Head of Urgent & Emergency Care, BNSSG ICB introduced the report setting out the BNSSG winter plan 2023/24. The report sought to assure the ICP Board that fit-for-purpose plans were in place and being acted on to support positive outcomes.

The following was highlighted.

- a. It was noted that good patient flow and delivery of effective high-quality care is pivotal to care delivery across winter. The BNSSG plan focuses on the flow within the hospital provider system but also the delivery of appropriate care in people's homes and communities.
- b. Partners welcomed the fact that recurrent investment from NHS England was made available from the start of the financial year; BNSSG had therefore been able to prioritise a wide range of schemes across the ICS aiming to address deficits in capacity for key services that are known to support system flow and performance.
- c. It was noted that the Winter Plan highlights how partners pull together as a system to address ongoing issues; this continues to be challenging but the approach is now more joined-up, bringing incremental system-wide improvement in dealing with the winter situation.
- d. It was noted that Locality Partnership planning links in with and supports the approach.
- e. A key challenge is to further develop and implement preventative actions, at the same time as delivering acute care.
- f. A particular issue to address is the identified increase across winter in respiratory infections in children and young people, likely to be linked with affordability issues around household heating due to the 'cost of living' situation.
- g. Assurance was given that there was a communication plan targeting all organisations, detailing the strategy, including using a winter wellbeing advent calendar to embed messaging.
- h. Board members were encouraged to share the update within their respective organisations/systems.

The Chair welcomed the report and, as per the above encouraged members to share and promote it within their respective organisations.

8. Discharge to Assess (D2A) Programme Update

Rosanna James, Programme Director (D2A) introduced the report and accompanying presentation setting out detail on the delivery of the Discharge to Assess transformation programme, including progress, priorities and the recent implementation of a refreshed governance approach.

Board members were asked to note the update on the delivery of the transformation; the report sought to reassure the Board that the programme was fully operational and that it was supported by the whole system.

The following was highlighted:

- a. It was noted that a key aim of the programme has been to improve system flow whilst maintaining a patient centred approach.
- b. It was noted that the programme has achieved significant inroads into the target of saving 200 acute beds, with 170 acute beds saved by August 2023.
- c. The overall progress achieved was generally welcomed. It was noted that in terms of system performance oversight, a D2A Performance Data Dashboard is being finalised. The dashboard focuses on demographic and health inequality data, using information from acute trusts with NHS numbers to allow linkages to the hospital record and to understand more details about the types of patients being discharged into D2A and their distribution (by age, geography, length of stay, deprivation quartile and reason for admission in the first place); further work is required to receive a full suite of data that can be linked with community providers, but this work is underway.
- d. It was noted that linked in with updated governance arrangements, there is ongoing communication and engagement with partners.
- e. The Chair thanked the Programme Director for the report, acknowledging that this work was encouraging; he noted in particular the positive emphasis on improving patient flow and welcomed the patient centred approach underpinning this work.

The Board agreed to note the report/update.

9. Smokefree BNSSG

Matt Lenny, North Somerset DPH and Samuel Hayward Consultant in Public Health introduced the report/presentation that provided an update on the BNSSG Smokefree Strategy. The Board was asked to note and support the whole system approach to improving tobacco outcomes in BNSSG.

The following was highlighted:

- a. It was noted that in line with the ICS strategic commitment to develop a whole-system programme for stopping smoking, system partners have set a vision for a Smokefree BNSSG where less than 5% of our population smoke by 2030.
- b. The vision and whole system approach to improving tobacco outcomes was strongly welcomed.
- c. It was noted that in terms of smoking prevention, it will be particularly important to continue to target interventions around young people.
- d. All partners were asked to continue to proactively support Smokefree BNSSG and related actions and interventions.
- e. The Chair confirmed that all partners endorsed the strategy and its excellent work and vision. At a future point, an update should be brought back to the Board assessing the ongoing delivery of the strategy.

The Board agreed to note the report/update.

The meeting finished at 4.15 pm