BNSSG ICB Board Open Meeting

Minutes of the meeting held on 5th September 2024 at 15.30 held at Bristol Citadel Community Church and Family Centre, St Paul's, Bristol

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
Shane Devlin	Chief Executive Officer, BNSSG ICB	SD
Ellen Donovan	Non-Executive Member – Quality and Performance	ED
Deborah El Sayed	Director of Transformation and Chief Digital Information Officer, BNSSG ICB	DES
Hugh Evans	Director of Adult Services, Bristol City Council	HE
Jon Hayes	Chair of the GP Collaborative Board	JH
Maria Kane	Joint Chief Executive, North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust	MK
Alison Moon	Non-Executive Member – Primary Care	AM
Julie Sharma	Interim Chief Executive Officer, Sirona care & health	JS
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
Apologies		
Dominic Hardisty	Chief Executive Officer, Avon and Wiltshire Mental Health Partnership NHS Trust	DH
Rob Hayday	Chief of Staff, BNSSG ICB	RH
Ruth Hughes	Chief Executive Officer, One Care	RH
Aishah Farooq	Associate Non-Executive Member	AF
John Martin	Chief Executive Officer, South Western Ambulance Service NHS Foundation Trust	JMa
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JMe
Dave Perry	Chief Executive Officer, South Gloucestershire Council	DP
Stuart Walker	Hospital Managing Director, University Hospitals Bristol and Weston NHS Foundation Trust	SWa
Steven West	Non-Executive Member – Finance, Estates and Digital	SWe
In attendance		

Jen Bond	Deputy Director of Communications and Engagement, BNSSG ICB	JB
Anne Clarke	Director – Adults, Housing & Community Development, South Gloucestershire Council	AC
Mark Cooke	Managing Director, NHSE South West	MC
Geeta Iyer	Deputy Chief Medical Officer, BNSSG ICB	GI
David Jarrett	Chief Delivery Officer, BNSSG ICB	DJ
Fiona Mackintosh	VCSE Alliance Representative	FC
Vicky Marriott	Chief Officer, Healthwatch Bristol, North Somerset and South Gloucestershire	VM
Lucy Powell	Corporate Support Officer, BNSSG ICB *minute taker*	LP
Sam Willetts	Energy and Sustainability Manager, University Hospitals Bristol and Weston NHS Foundation Trust	SWi

	Item	Action
1	**Apologies** Jeff Farrar (JF) welcomed all to the meeting and the above apologies were noted. Anne Clarke (AC) was welcomed as deputy for Dave Perry (DP) and Geeta Iyer (GI) was welcomed as deputy for Jo Medhurst (JM).	
2	**Declarations of Interest** No new interests were declared and there were no interests pertinent to the agenda.	
3	**Minutes of the July 2024 ICB Board Meeting** The minutes were agreed as a correct record.	
4	**Actions arising from previous meetings and matters arising** All due actions were closed.	
5	**Chief Executive Officer's Report** Shane Devlin (SD) outlined the three items within the report: • Response to the recent riots • Delivering sustainable system performance standards 2024/25 • Delivering financial sustainability in 2024/25 **Response to the recent riots** The Integrated Care System (ICS) was appalled by the recent riots connected to the deaths of three young children in Southport. A statement was made at the time condemning the action and reflecting that the ICB was an organisation with connections to thousands of people in the BNSSG population. SD explained that the ICB was an anti-racist organisation, as were those organisations represented on the ICB Board and the wider BNSSG system. The ICB had spoken to staff following the riots and the staff networks had thanked the system for the statement. SD explained that there was learning for the system and the ICB Board was actively considering next steps for the system in this space.	

	Delivering sustainable system performance standards 2024/25 SD explained that levels of No Criteria to Reside (NCTR) remained high across BNSSG. A lot of work was taking place to improve the position and the System Executive Group (SEG) had reviewed a series of actions proposed for the winter. This included the purchase of additional nursing and care home beds to support people out of hospital. The system was working to identify the £1.4m needed to resource these beds, however this was currently unidentified. Work was taking place to review capacity of existing schemes and identify slippage to find the £1.4m required. **Delivering financial sustainability in 2024/25** SD noted that at the end of month 4, the deficit position for the ICS was around £13m. The ICB continued to work with system partners to profile the system finances. A Performance and Recovery Board consisting of system partners had been established to manage corrective action. All partners are working on system financial recovery plans to return to the forecasted breakeven position. Ellen Donovan (ED) noted that NCTR continued to be a concern and explained that the ICB had committee to achieve 15% and was currently at 21%. ED asked whether the £1.4m noted in the report was in the original plan or was additional funding to identify. SD noted that he was surprised that ED was not aware that the additional bedded capacity had a cost attached to it that has yet to be funded. SD apologised that the original plan had not made that clear as the £1.4m had been included in the report, the £1.4m was the additional needed to implement the proposed plans. SD noted that all schemes to improve NCTR were in train and working but the 15% would not be achieved without the additional funding. ED asked when the system could expect to see some improvement. David Jarrett (DJ) confirmed that the system had identified some slippage to review and a meeting would be held with Chief Operating Officers to prioritise how this capacity was brought online to ease the backlog. The system continued to review the benefits realisation of the schemes in place and realigning the resource to maximise benefits. All other improvement activity was ongoing to achieve the 15% ambition and this included pathway reviews. ED asked what the Outcomes, Performance and Quality (OPQ) Committee needed to see to recognise positive change. DJ confirmed that there would need to be a step change in the right direction presented at the next OPQ Committee meeting. Alison Moon (AM) noted that the last two items were linked as a sustainable financial environment would provide the £1.4m needed to deliver a sustainable system. AM highlighted that if the £1.4m would provide the 15% on a continuous basis and support the system to be sustainable, then it was important that the system considered disinvesting in other areas to find the £1.4m. SD noted that	

	the £1.4m would be used to manage the current backlog, to reduce bed occupancy and remove the barriers to get people out of hospital. SD noted that all directors were working on identifying the additional money but this was a significant ask given the current £13m deficit position. Hugh Evans (HE) queried whether a bed based solution would inspire system change and explained that investing in domiciliary reablement would enable people to remain at home and avoid admissions to secondary care. HE noted that managing additional beds may create issues in patient flow. Maria Kane (MK) highlighted that both options needed to be considered, with the backlog reduced whilst the transformation work continued. NCTR was an expensive way to deliver care and keeping people in a hospital setting unnecessarily could be harmful due to the current increase in hospital based infections. MK explained that the system needed to focus on delivering care to people in the right environment which would support improving performance of the key four hour standard indicator. Anne Clarke (AC) noted that home first may not be possible for some patients for several reasons and therefore nursing beds were necessary. The important element was buying the beds in the right care homes whose staff maximised recovery for those temporary residents to support them to go home safely. Sarah Truelove (ST) confirmed that a meeting would be held next week to review the ongoing schemes. Deborah El-Sayed (DES) highlighted the work of the Joint Data Leads and the importance of shared data to ensure that the system could review the full impact of investments across the system. DES noted the importance of focusing on the capacity available to deal with the projected demand and highlighted the opportunity for the system to utilise the full range of data to do so. **The ICB Board discussed and noted the report**	
6.1	**Update from Bristol, North Somerset and South Gloucestershire ICB Annual Assessment Letter** The annual assessment letter had been produced by NHS England following review of the ICB's statutory duties, objectives set by NHS England and Secretary of State and the ICB's role in the ICS. The letter set out a summary of what the ICB was achieving, and the opportunities to improve. Mark Cooke (MC) noted that the letter also included the statutory requirement relating to the segmentation process and the sharing of good practice. JF noted that the areas of opportunity had been brought to the attention of both the ICB Board and the Integrated Care Partnership (ICP) Board.	

	The ICB Board discussed and noted the annual assessment	
6.2	**System Wide Digital Business Continuity** DES highlighted the global IT outages which occurred in July 2024 noting that the estimated costs globally had been $5.5b. Locally the EMIS system had been affected which impacted on GP appointments and access to patient information. Learning from the lessons of this event, the Digital Incident Management Process had been updated and although the incident could not have been avoided, the business continuity documentation had been updated with the lessons learnt. During the incident the strong system partnership arrangements worked well with input from One Care and the Local Medical Committee (LMC) and those not affected had good systems in place to support those who were. The incident taught many about the links with the pharmaceutical systems and the importance of those connections. The business continuity process has been updated with lessons learnt regarding communications as opportunities had been lost for people to use system solutions such as connecting care. DES noted that following the incident there had been a secondary impact and the business continuity strategy had been updated to ensure the system had a robust process in place and to ensure the ICB Board understood the responsibilities of the ICB. The paper outlined the work undertaken to provide assurance and minimise the impact on patients should another event occur. The Digital Incident Management Process would be linked to the Cyber Strategy which would be presented to the ICB Board in closed session early 2025. DJ explained that the local Emergency Preparedness, Resilience and Response (EPRR) systems linked through the Local Resilience Forum (LRF) and this linked into the whole system group. JF highlighted the importance of sharing learning across the system and DJ confirmed that this was happening. DJ noted that the LRF had representation from all local health partners and on the wider system group, DJ represented health. Jaya Chakrabarti (JCh) asked whether the systems were available offline and able to link and connect with other local systems. DES confirmed that handbooks were being developed for each individual system and the updates had been written to ensure that if there was no digital expertise available, staff would know how what to put in place for business continuity. This included between digital systems, as well as moving to paper systems. **The ICB Board:** • **Discussed and approved the Digital Business Continuity Plan** • **Considered specific areas of Board interest and education and reporting that may be required**	

6.3	**Annual Report on Delivery of the Green Plan** ST welcomed Sam Willetts (SWi) to the meeting to answer any detailed questions about the annual report. ST presented the green plan annual report to the ICB Board to demonstrate the ongoing work and building momentum. ST brought the Board's attention to page 6 of the report which showed the progress being made. ST outlined that carbon usage and the way it was measured had been included in the report. It was noted that plans to reduce carbon usage under the direct control of the system had been identified subject to achieving funding. It was noted that local work continued to identify schemes and work was being undertaken nationally to identify a way to fund this without using the Capital Department Expenditure Limit (CDEL). ST highlighted that much of the carbon usage was controlled by third parties, but many were happy to support reductions in carbon emissions. £3m in system capital had been prioritised to enable leverage and other funding streams were being identified. Work remained including influencing the national commercial strategies and it was noted that challenges included international suppliers not working to same net zero timescales as the UK. ST highlighted the rolling programme of workstreams which the Green Plan Steering Group would be embedding into everything the system did and green considerations would be included in the planning process for Healthier Together 2040. ST explained that the most impactful activity would be to keep people well in the community and the broader strategy was asking people to consider this principle. AM welcomed the green approach to operations and reductions in waste and asked how these improvements which included improved team working were translated across the system. SWi explained that the good work by teams was being shared and all the learning had been captured to share wider. SWi noted that staff were identifying actions within their own workstreams. AM asked about the scope for joint networks to get involved with the work and links to the wider system particular transport. SWi confirmed that the hospital teams were keen to link with the wider system to make the plan viable across the city. John Cappock (JCa) asked about the timescale and likelihood of receiving additional funding and noted the national engagement needed to fund the workstreams identified. JF asked whether the arrival of a green party MP in Bristol would support the work. SWi agreed that this had increased the opportunity and noted that the BNSSG area also contained the under secretary of state for Energy Security and Net Zero as well as the Chief Secretary to the Treasury so there were opportunities to discuss the green actions and issues with these local MPs.	

	MC welcomed the work and confirmed that the BNSSG system was leading the work in the South West and offered the support of NHS England. HE offered the support of Bristol City Council with this important work. ST thanked HE and confirmed that the Local Authorities were fully engaged with the work. **The ICB Board:** • **Noted that achievement of the carbon trajectory was dependent on revenue and capital investment was being provided to support actions** • **Supported work to continue lobbying for a compliant third party off balance sheet funding solution to deliver £196m of energy decarbonised projects** • **Reinforced increased use of Sustainability Impact Assessments in business cases and decision making** • **Noted that the most effective way to deliver the Green Plan is sustainable healthcare so continue to focus investment on primary and community services to support people to take care of their health** • **Agreed to integrate sustainable benefits into Healthier Together 2040 service redesign** • **Agreed to develop partnerships to optimise transport across the system and improve travel options in the region** • **Agreed to continue to focus medicines optimisation and identify a pipeline of future nest zero opportunities including work at a national level with suppliers** • **Supported development of a non-spend based measure of supply chain footprint** • **Reinforced the need to embed national requitements for carbon reduction plans and social value in procurement, commissioning and contracting processes** • **Approved the report as the annual report to show progress with the Green Plan**	
6.4	**Six Monthly Update on Health and Care Improvement Groups (HCIGs)** DJ presented the update to the ICB Board which provided a high-level view of the HCIGs. The focus of the HCIGs had been refined to service improvement rather than performance management and reported to the SEG. The highlight reporting template for reporting to SEG had been redesigned and was included within the paper. DJ provided an update on the work of each of the HCIGs:	

	Improving the lives of Children HCIG was working on the neurodiversity pathway and developing an action plan for delivering the early years work. Improving the lives of people in our Community HCIG had considered the prioritisation of work and a gap had been identified in the support infrastructure coordination for Long Term Conditions (LTCs). A group was being convened to address this and enhance work around LTCs. Improving the lives of people with Mental Health and Learning Disability and Autism HCIG had approved the quality transformation programme and were developing the action plan for the Mental Health Strategy. Improving outcomes through efficient and effective hospitals HCIG was focused on the long-term transformation programmes such as Healthy Weston, stroke service implementation and the impact of specialist services. DJ highlighted the paper included the summarised risks and these had been included on the system risk register. ED confirmed that reporting was improving. ED had met with DJ and Rosi Shepherd (RS) to review the Terms of Reference for the OPQ Committee which was focused on the assurance and governance within the ICB which would include updates from the HCIGs as appropriate and relevant for the Committee. This also included updates from the Performance and Recovery Board. JF agreed and noted that an escalation process needed to be developed for updates into Committees. DJ explained that the process was being developed and as part of this the neurodiversity pathway work had been presented to the OPQ Committee. ED asked whether the current governance processes were working effectively and whether any gaps had been identified. DJ confirmed that performance reporting into SEG had been developed and the processes were evolving. DJ noted that a session with ICB Executives and Non-Executives was planned for later in the year to review the breadth of governance across the ICB including the quality groups. GI confirmed that supporting people better at home and admission avoidance was a priority of the Community HCIG and this had been communicated through to the OPQ Committee. JCh asked whether workforce was discussed by the HCIGs and how any issues were escalated to the People Committee. JHi confirmed that a people directorate member attended 2 of the 4 HCIGs and the issues raised were triangulated with other groups. Escalation was through the People Committee but JHi noted that as the HCIGs become more active and workforce started to move around, there would be more to consider in terms of workforce. DES highlighted the work of the neurodiversity pathway transformation programme and explained that the work had been presented to 14 different	

	groups for assurance. DES asked the Board members to consider how the ICB Board could work efficiently to deliver impact and improvement when clinicians were spending their time in assurance meetings. DES acknowledged that there were areas where enhanced governance was necessary. JF agreed and suggested that the ICB Board discussed in the future governance session what work elements needed heavy governance processes. JF highlighted that where a lighter touch was proposed there would need to be clarity on why the governance could be reduced, for what purpose and consideration of the unintended consequences would be needed. DES reminded the Board that delegation was an effective way to reduce the length of governance routes. SD confirmed that governance processes would be explored as part of the ICB's development. SD noted the difference between delivery vehicles and governance vehicles and explained that not every delivery vehicle needed to be governed and HCIGs as delivery vehicles did not necessarily need every item taken through extensive governance routes. It was noted that if governance was light touch for a particular workstream, the reasons why needed to be clear and transparent. **The ICB Board discussed and noted the update in relation to the Health and Care Improvement Groups**	
7.1	**Outcomes, Performance and Quality Committee** ED noted that the latest minutes presented from the OPQ Committee were from the June meeting. The next meeting of the OPQ Committee was in September 2024. The Terms of Reference for the Committee had been reviewed at the June meeting to ensure the Committee provided effective scrutiny and oversight and the appropriate controls were in place. ED noted that the OPQ Committee members would challenge when there were concerns. The June OPQ Committee had received an update on the Cancer Faster Diagnosis Standard (FDS), diagnostic testing and elective 65 week waits. An update had been provided on the challenges which included a national issue relating to corneal transplants and NCTR. RS noted that Health Care Acquired Infection (HCAI) rates were increasing. This was a national trend and it was not clear what the reasons were. The ICB was actively engaged with the South West regional work to minimise the impact of rising infection rates. RS highlighted the international outbreak of monkeypox which had been covered in the national media. RS and ST confirmed that planning and actions had taken place to reduce the rates of monkeypox and situation would be carefully monitored. GI confirmed that no vaccination programme had been announced but there was an NHS England webinar planned next week to review the situation.	

	DJ explained that the urgent care system continued to perform strongly with ambulance handovers reduced to 24 minutes, category 2 ambulance waits were at 25 minutes in July 2024 and the NHS 111 call abandonment rate was at 3% which put the BNSSG system in the top 3 in the country. Emergency Department performance had improved to 76%. DJ explained that there was lots of very good work ongoing in the urgent care system. JCh asked how the system was communicating to the workforce on monkey pox. It was confirmed that information had been provided outlining the risk factors for monkey pox. The focus was the safety of staff and the public. Staff had been encouraged to raise any concerns. **The ICB Board received the update from the Outcomes, Performance and Quality Committee**	
7.2	**People Committee** JCh outlined the discussions which had taken place at the July ICS People Committee. These had included the approval of the actions outlined in the Public Sector Equality Duty and Equality Delivery System (EDS) Progress report, and the connections between the EDS toolkit and workforce model. JCh noted the positive impact of the implementation of the rate cards on agency staff reduction. It was believed that this would support a substantial long term workforce plan. JHi thanked the system partners for their work in reducing agency staff and increasing the number of substantive posts. **The ICB Board received the update from the People Committee**	
7.3	**Finance, Estates and Digital Committee** JCa explained that the FED Committee had been finance focused at the meeting held in July 2024. The Committee had reviewed financial performance and forecasts and welcomed the positive activity around agency spend but noted the additional pressure on bank services. The Committee had received information on the measures being put in place around medical devices and there had been focus on non-pay. The Committee also welcomed the joint work between the system Chief Nurse Officers and Chief Medical Officers. JCa noted that despite all the good work the system was still significantly financially challenged. ST noted that both the ICB and ICS financial positions had been included in the report. ST provided an update on the ICS financial position noting that there had been a slight improvement during month 4 following the work of the Chief Nurse Officers in reducing the agency spend. The ICB was working through the forecast outturn change protocol which required each organisation to undertake a deep dive into finances and then there would be some peer review of the two	

	acute trusts as this was where the most improvement was needed. For the ICB, the small deficit position was driven by the funded care savings and high-cost drugs and devices. JM was working with the Healthcare Professional Executive (HCPE) to review the position and a group had been convened to review the concerns around devices to understand how to control the spend. ST brought the Board's attention to page 7 of the system finance report which outlined the savings delivery by organisation. ST highlighted the significant improvement in savings delivery of Avon and Wiltshire Mental Health Partnership NHS Trust (AWP). ST highlighted the importance that every organisation was committed to delivering the savings. The Performance and Recovery Board was a commitment by the system to sign up to the delivery savings. AM highlighted the elective recovery funding and asked whether this would be improved. ST noted that elective recovery had been discussed at the Performance and Recovery Board and the system Chief Operating Officers had been confident that despite the slippage the position would improve. ST cautioned that this was unlikely to be immediate. HE explained to the ICB Board that Bristol City Council was facing significant financial pressure and the council needed to identify an additional £22m to breakeven. HE noted that this position may limit the ability of the wider system to find the savings needed for the NHS recovery plans. JF noted that these pressures were replicated in other Local Authorities although not at the same scale at Bristol City Council. DES highlighted that the digital portfolio benefits realisation was slightly under trajectory and there was a lot of work ongoing to improve this position. DES noted the continued work to understand the opportunities of the NHS App. An opportunity had been identified for the acute trusts and messaging through the app which could reduce the spend on communication to the public. The Connecting Care contract had been signed and was due to go live. The system had a extensive training environment which allowed staff to access information and demos which would support them to understand the functionality. A new User Experience lead had started whose role was to redesign the user interface to drive increased user uptake. **The ICB Board received the update from the Finance, Digital and Estates Committee**	
7.4	**Primary Care Committee**	

	AM highlighted that the Primary Care Committee (PCC) had received updates on the system partnership approach to the GP collective action, the Primary Care Assurance Framework, the Training Hub and the Dental Commissioning Hub. The Team had provided robust assurance for each item. The PCC reviewed the primary care assurance framework which was a RAG rated self-assessment of the responsibilities of the ICB. There had been four areas of red ratings and these related to dental. The PCC had received assurance of the proposed approach and actions to improve these ratings. The primary care assurance framework would be presented to a future ICB Board meeting. The Committee had received assurance of the set up, and told the achievements, of the Training Hub. AM highlighted the newly qualified GP training programme where evaluation had found that 100% of GP Fellows planned to stay in general practice following completion of the programme. The PCC had welcomed the formal evaluation approach to the training programmes which had identified what had worked well and what needed improvement. AM confirmed that the dental commissioning hub remained on the corporate risk register as there was a concern about the capacity of the hub to support the ICB. This was a regional concern. AM explained that ICB leaders had worked with the hub to develop new governance processes and a new oversight framework which would support the ICB to monitor the position. AM highlighted that the Committee had lacked partner representation from NHS England which was needed to support these conversations. MC offered to reflect this back to NHS England. **The ICB Board received the update from the Primary Care Committee**	
7.5	**Acute and Risk Committee** JCa confirmed that the BNSSG ICB annual accounts and report had been approved at the June Audit and Risk Committee. The Committee had received the statutory annual reporting documentation from the internal and external auditors. JCa noted that although good assurance had been received from the internal audit report, this was lower than previous years and therefore work was needed to sustain this position. JCa highlighted that the Committee had also received a green rated counter fraud annual report for the ICB. **The ICB Board received the update from the Audit and Risk Committee**	
8	**BNSSG Integrated Care Partnership Updates** There was no update	
9	**Questions from Members of the Public**	

	Members of the public who had worked for SVL Healthcare Services attended the meeting to ask for more information regarding the contract arrangements between BNSSG ICB and SVL Healthcare Services and the due diligence processes which took place when the contract was procured. SD explained that unfortunately the contract did collapse last week and the ICB was working quickly to get a new contract in place to provide patient transport services to patients. ST confirmed that SVL Healthcare Services had informed the ICB on the 27th August 2024 that services would cease on 28th August 2024. The ICB put interim arrangements in place to ensure that patients were immediately able to attend appointments. A medium term solution would be identified whilst procurement options for the long term provision of the service was considered. JF explained that the ICB had undergone a rigorous process of both procurement and due diligence in awarding the contract. The processes would be reviewed, and lessons learnt identified. The members of the public outlined the consequences of the contract collapse which included people losing their jobs and asked for assurance that future due diligence would be robust. JF noted that the FED Committee had reviewed the procurement information rigorously before awarding the contract but acknowledged that current situation was not satisfactory. ST noted that the procurement and due diligence process had taken in place in June 2023 when the contract was awarded and explained that a lessons learnt exercise would be undertaken to determine how to strengthen those due diligence processes in the future. *Post meeting note* A question was received from a member of the public by email prior to the Board meeting, this was unfortunately not answered at the meeting, but the question and response have been outlined below: “What actions are BNSSG ICB taking to encourage and support GP Practices in this area to implement green plans within their Practices to benefit public and planetary health?” Primary care is represented on the Green Plan Steering Group which connects into the Greener Practice Group. The ICB has provided funding for a partnership with the VCSE CATCH (Communities Acting Together for Climate and Health) project establishment phase to set up a long term programme of support for implementing green plans and connecting to VCSE sector.	

	The ICB has provided funding to deliver energy and green plan progress audits to identify opportunities for energy savings to enable primary care to develop business cases to work with 3rd parties to implement plans to de-carbonise their estate. Medicines optimisation has supported respiratory projects in the last three years which included reducing emissions from inhalers and reducing medicines waste. The Healthier Together 2040 programme of work is taking a population based approach to planning services recognising that the biggest difference the NHS can make to reduce carbon is by keeping people well in their communities and reducing the need for high technology hospital care. The draft Infrastructure strategy recognises the importance of investing in primary care to help people manage their health – reinforcing that preventing illness and keeping people well and out of high-carbon care are crucial for achieving net zero. This approach reduces demand on our services and decreases the need for high-carbon resources like medicines and equipment.	
10	**Any Other Business** There was none	
	Date of Next Meeting Thursday 3rd October 2024 via Microsoft Teams	

Lucy Powell, Corporate Support Officer September 2024

BNSSG ICB Board Annual General Meeting

Minutes of the meeting held on 5th September 2024 at 18.00 held at Bristol Citadel Community Church and Family Centre, St Paul's, Bristol

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DRAFT Minutes

Present		
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John Cappock	Non-Executive Member – Audit	JCa
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Ellen Donovan	Non-Executive Member – Quality and Performance	ED
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Hugh Evans	Director of Adult Services, Bristol City Council	HE
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Alison Moon	Non-Executive Member – Primary Care	AM
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Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
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Jo Walker	Chief Executive Officer, North Somerset Council	JW
Steven West	Non-Executive Member – Finance, Estates and Digital	SWe
Apologies		
Dominic Hardisty	Chief Executive Officer, Avon and Wiltshire Mental Health Partnership NHS Trust	DH
Rob Hayday	Chief of Staff, BNSSG ICB	RH
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Maria Kane	Joint Chief Executive, North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust	MK
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JMe
Dave Perry	Chief Executive Officer, South Gloucestershire Council	DP
Stuart Walker	Hospital Managing Director, University Hospitals Bristol and Weston NHS Foundation Trust	SWa

In attendance		
Jen Bond	Deputy Director of Communications and Engagement, BNSSG ICB	JB
Anne Clarke	Director – Adults, Housing & Community Development, South Gloucestershire Council	AC
Mark Cooke	Managing Director, NHSE South West	MC
Geeta Iyer	Deputy Chief Medical Officer, BNSSG ICB	GI
David Jarrett	Chief Delivery Officer, BNSSG ICB	DJ
Fiona Mackintosh	VCSE Alliance Representative	FC
Vicky Marriott	Chief Officer, Healthwatch Bristol, North Somerset and South Gloucestershire	VM
Lucy Powell	Corporate Support Officer, BNSSG ICB *minute taker*	LP

	Item	Action
1	**Welcome, Introductions and Apologies** Jeff Farrar (JF), Chair of BNSSG ICB, thanked everyone for attending the BNSSG ICB Annual General Meeting (AGM). The presenters introduced themselves and JF explained that the presentations would provide insight into the work of the ICB. JF hoped everyone enjoyed the evening and explained that following the meeting there would be an opportunity to meet with the ICB Board, ICB staff and system partners to learn about the work of the ICB. People were invited to enjoy the photography exhibition, which showcased the work of local photographer Kayane Allmer, which depicted local health and care services and staff. Attendees also had the opportunity to visit the stalls which reflected the work of the ICB and highlighted the work of the Voluntary, Community, and Social Enterprise (VCSE) Alliance, Autism Independence, the Localities team, the Performance team, the Vaccination team and blood pressure testing was available. The Customer Services team were also in attendance to receive any comments about services.	
2	**Declarations of Interest** No new interests were declared and there were no interests pertinent to the agenda.	
3	**ICB Annual Report April 2023 – March 2024** Shane Devlin (SD), BNSSG ICB Chief Executive, explained that the BNSSG Integrated Care System (ICS) was a collective system of all the organisations which could be involved in delivering health and social care services with the aim to improve the lives of the BNSSG population. The BNSSG Integrated Care Board (ICB) was responsible for coordinating system activities and finances and responsible for the delivery of high-quality services. SD noted the work with the VCSE sector to connect services and develop new ways of working such as a brokerage system of funding for VCSE organisations.	

	SD outlined the work towards preventive care in mental health services and the use of digital innovations. The system had increased delivery of physical health checks for people with severe mental illness, out of area placements had reduced and the ICB Board had started to discuss how the system could invest in innovative ideas to support preventative care. The BNSSG system was made up of 6 locality partnerships who were involved in working with local communities, identifying community differences and listening to the local people. These were: South Gloucestershire, North and West Bristol, Inner City and East Bristol, South Bristol, Woodspring, and Weston, Worle and Villages. It was explained that the ICB had a number of statutory targets to achieve and many of these had been exceeded during 2023/24. SD outlined the key performance indicators for urgent and elective care, primary care, and mental health and explained how the work of the system was delivering the improvements in health and social care services. SD highlighted the NHS App which supported patients to be more actively involved in their care and reminded the public to ensure that notifications were switched on. SD highlighted that there had been a number of challenges for the ICB during 2023/24 not least of which was a 30% reduction in workforce costs. This had been an understandably difficult process for staff. There was work to do to improve waiting list times and improve the use of urgent and emergency care services. SD acknowledged that there was more to do to support people to access dental services but was encouraged by the work during 2023/24 to procure services for a dental practice in St Paul's. SD outlined that the mission of BNSSG ICB was to deliver seamless, integrated care which enhanced the health and wellbeing of every individual in Bristol, North Somerset and South Gloucestershire. SD highlighted that during 2023/24 the ICB had moved both itself and the system forward and throughout 2024/25 the momentum would continue. **The ICB Board received the 2023/24 Annual Report**	
4	**ICB Annual Accounts April 2023 – March 2024** Sarah Truelove (ST), Deputy Chief Executive and Chief Finance Officer, outlined the five core ICB financial duties, revenue, cash, capital, running costs, and payment and confirmed that the ICB had achieved all of these duties in 2023/24. The ICB was responsible for coordinating the BNSSG NHS system finance and the ICS had achieved the system financial duties by ending 2023/24 with a	

	surplus of £0.74m. ST highlighted that this had been particularly important as achievement of the position had come with an agreement of formal 'write-off' of the inherited Clinical Commissioning Group historic accumulated deficit of £117m. ST highlighted the total 2023/24 expenditure for the ICB of £2,175bn, and explained that 51% went to acute hospitals, 14% to primary care, 11% to community services and 11% to mental health services. The rest was spent on medicines management, funded care and the running costs of the ICB. ST outlined some of the important investments made by the system during 2023/24 including improving urgent and emergency care by investing in a Home First approach. Investment in anticipatory care, prevention and wellbeing supported people to only spend time in a hospital bed where absolutely necessary. The ICB had invested in improving health inequalities and work would continue throughout 2024/25. Other investments included primary care access, commissioning new models of care through the voluntary sector and locality partnerships. The ICB had also invested in the delegated services of pharmacy, optometry and dental. 2023/24 has seen a number of financial challenges including high inflation on pay and goods, increased demand for long term funded care, the impact of industrial action, delayed information about allocations from NHS England and the 30% reduction of running cost allocation for ICBs. ST noted that despite the challenges the ICB had managed to strengthen financial governance arrangements and deliver the required efficiency savings, met the obligation on the mental health investment standard, and delivered against the system target for elective service recovery. 2024/25 would be a challenging year for BNSSG ICB and would require a substantial savings effort and a strong commitment to deliver had been received from system partners. Sustained financial progress would enable the ICB to invest in key priorities including addressing health inequalities, and proactive care and prevention. **The ICB received the 2023/24 Annual Accounts**	
5	**Presentation: Black Mothers Matter** Sonah Paton, Noshin Emamiannaeini-Menzies and Layla Green were welcomed to the AGM and gave a presentation explaining the Black Maternity Matters initiative which had been developed following the experiences of Sonah during her and her friend's pregnancies.	

	Sonah explained that Black women were four times more likely to die during pregnancy and their children were two times more likely to be stillborn. These statistics were true regardless of socio-economic factors. Sonah had contacted other Black women who had been fully engaged and supported the idea of a network of support resources for Black women. Sonah explained that despite the preparation a mother may undertake for their pregnancy and birth, the health of themselves, and their child would always be in the hands of the healthcare professionals and therefore Sonah connected with Noshin and Health Innovation West of England to identify improvements within maternity services. This grew into the Black Maternity Matters initiative which consisted of intensive anti-racism education delivered to perinatal teams, peer support and quality improvement transformation. Noshin explained that the programme aimed to reduce racial disparities in perinatal outcomes for Black women, families and babies. The pilot had been developed alongside Sonah and her friends and experts had been identified to deliver and design the anti-racism education. The BNSSG Local Maternity and Neonatal System (LMNS) had been instrumental in ensuring all perinatal staff were engaged with the programme as well as providing support with funding and encouraging other ICBs in the South West to engage with Black Maternity Matters. The local perinatal teams had released staff to undertake the training. This was a 6 month immersion programme of self-development to unlearn the things perinatal staff had learnt which led to the lower outcomes for Black women and babies. Black and Brown members of perinatal teams had been included in the initiative with a programme focused on therapeutic well-being. The initiative started with a pilot of 17 staff which expanded as more staff were released and was now finishing phase three which had included senior leaders who would lead and enable the transformation work to become embedded within maternity units. The programme was open to ICBs across the West of England and South West and 75 perinatal staff would start their journeys as part of phase four of the programme and an additional senior leaders cohort had been identified. Noshin explained that following the success of the programme, a pilot had been developed between Black Health Matters and Unity Sexual Health to replicate the work in another clinical area and NHS North Bristol Trust was planning a whole trust training pilot. Layla Green explained the significant positive impact the Black Maternity Matters programme had on maternity units and the sustained cultural change created by	

	the programme. The programme had given staff the ability to go back to the workplace and think about quality improvements they could make. Layla highlighted some of the changes in the units including the availability of silk bonnets for theatres and example photos of rashes shown on different skin colours. Layla explained that staff were more confident and positive about the care they could provide. Feedback from staff had included that Black Maternity Matters had changed their lives and had improved their work experience and diversity of the workplace. Layla also highlighted that the BNSSG LMNS had been selected as one of 9 sites nationally to participate in the NHS Race and Health Observatory programme focused on reducing the disparity in outcomes for Black and Asian mother and babies. The learning from the 9 projects would be shared between the systems participating. Sonah praised the Black Maternity Matters programme and offered reassurance to Black mothers that the maternity services within BNSSG had been trained and educated to provide great care. Sonah encouraged Black and Brown mothers to embrace the services offered by the local maternity system. JF thanked Sonah, Noshin and Layla for the presentation and welcomed the proactive antiracism approach across all public services. JF explained that the ICB Board members had discussed how the BNSSG system could implement an antiracist approach to its work and these initial discussions would be developed.	
6	**Questions and Answers** A member of the Patient Participation Group for Montpelier Health Centre asked three questions: What percentage of Black and Brown staff were employed in perinatal teams and how many held senior positions? They also asked whether Black and Brown staff undertook the same programme of Black Maternity Matters as white staff. Layla explained that Black Maternity Matters was open to all staff and although she did not know the numbers of staff, the NHS ran a number of courses to encourage and support Black and Brown staff to reach senior positions. Did staff feel safe to express any complaints and how was this managed through the Black Maternity Matters programme? JF explained that each organisation had a different approach to Speaking Up but noted that the NHS had the data which showed that career progression for Black and Brown staff was not the same as that for white staff and noted that the NHS was also aware of the racial inequality in areas such as disciplinaries. JF confirmed there were a wide range of ongoing projects to address these inequalities.	

	Were there any plans to replicate the Black Maternity Matters programme outside of BNSSG? Noshin explained that the programme had been designed to not grow too big too fast as there were a number of factors which needed to be considered before moving out of BNSSG. Community coproduction was an integral part of developing the training and Health Innovation West of England needed to be assured that strong community engagement and a robust Local Maternity and Neonatal System (LMNS) existed in other areas before expanding the programme. Phase four of the programme included cohorts in Bath and North East Somerset, Swindon and Wiltshire ICB and Gloucestershire ICB. A member of the public noted that the majority of the ICB allocation was given to the acute trusts and asked which part of the system was the most pressurised and if there was an extra half a billion where would the ICB spend it? JF confirmed that the acute trusts were significantly challenged and noted that it was an interesting question as two of four the aims of the ICB were to enhance productivity and value for money and help the NHS support broader social and economic development. SD explained that he would spend the additional money on shifting the focus from treatment to prevention and to support people to be treated closer to home and remain out of hospital. SD explained that the ICB had started to invest in this work but there was a lot of people already in the BNSSG system who needed treatment. The system was working on the balance between treating those waiting, treating new patients and then supporting people to ‘Start Well, Live Well, Age Well’. JF explained that this was about redesigning how the system delivered health and social care. JF described the positive relationships between the BNSSG system organisations which supported these conversations. The Chief Executive Officer of Wesport and cofacilitator on the VCSE Alliance asked two questions: They welcomed the work of the ICB particularly of Mark Hubbard in building the relationships between the system and VCSE organisations but asked if there was a way to develop the funding formulas to be more sophisticated to take into account the evolving populations across BNSSG such as an increasing aging population? ST explained that there had been a lot of work nationally around refinement of funding formulas and locally BNSSG ICB had used the Cambridge Multimorbity score to review how the resource available to health services was used more effectively for populations. The ICB Board often discussed how resources could be distributed to address health inequalities. ST highlighted that an important part of this work was the hyper local nature of the six locality partnerships and understanding the needs of the local populations. Deborah El-Sayed (DES) highlighted the importance of shared system intelligence which would support resource decisions to be evidence and data based.	

	The Chief Executive Officer of Wesport also noted the shared investment across the system and asked how resource allocations could work across system organisations? ST highlighted the Healthier Together 2040 programme of work which was a commitment for a whole system approach to improving the health of the BNSSG population and included consideration of investment to shift models of care from treatment to prevention. The Chair and Chief Executive Officer of the North Somerset Parent Carers Network noted the challenges in Special Education Needs and Disabilities (SEND) services to meet the needs of children and young people. They explained that they had been privileged to work with SD and the ICB teams on this agenda but highlighted the need for the continued commitment of the ICB to ensure that health services were available for children and young people at the point of need. SD acknowledged that 'Starting Well' needed focus, particularly the autism diagnosis waiting list. DES explained that the ICB and Sirona had implemented a coproduced approach to consider how to solve the problems. The new approach provided families and young people with support prior to a diagnosis, which meant support was not contingent on a diagnosis. This approach would be evaluated to identify whether the implementation had a positive effect on young people and their families. This approach could be adapted for other significantly challenged areas if successful.	
7	**Final Reflections, thanks and close** JF thanked everyone for attending and invited everyone to stay and meet the ICB Board and staff members, enjoy the photography exhibition and visit the stalls. JF introduced a short video which celebrated the achievements of BNSSG ICB during 2023/24.	

Lucy Powell, Corporate Support Officer September 2024