

AVON LOC MEETING MINUTES

Monday 2 October 2023

1830 hrs- 2100 hrs

The Venue for the next LOC meeting will be as follows and include a sandwich buffet dinner:

Newmedica, Building 720, Waterside Drive, Aztec West, Bristol. BS32 4UD

Attendees

Mark Humphrey-Ali, Andrew Edwards, Andrew Pinn, Amy Hughes, Carolyn Hudd, Amar Shah, Mona Thacker, Tailte Breffin (BNSSG Health & Wellbeing)

Apologies

Lynne Fernandes, John Hopcroft, Alvaro Borges, Jenny Ogidi

Action Log review:

LOC Member	Action	Outcome
Actions as of 02/08/23		
Andrew Pinn	To clarify with LOCSU paying dividend to lay secretary	Advice was subjective – this would be a committee decision
Andrew Pinn	Reintroduction of levy to 1.1%	Completed
John Hopcroft	Type spreadsheet of LOC's strategic pillars for discussion	To readdress on John's return

Agenda

Item	Topic	Notes	Decision ?
	Welcome		No
	Apologies, Minutes, Declarations -	Minutes were approved from August Meeting	No

ACTION: John to speak with Jenny to understand if there are any issues preventing regular attendance			
	Review of actions log	Latest actions above	Yes
ACTION: Unanimously decided that Carolyn, lay secretary, will be paid the honorarium over 10 months at £50 per month.			
	LOCSU – Alvaro	Due to unforeseen circumstances, Alvaro was unable to attend the meeting. One of the topics for discussion was the special schools service. NHSE have asked for a response from community on whether there would be uptake to the service by 16th October 2023. Unfortunately, given the lack of information about the service, it is unlikely the committee could provide a reasonable reply. It was also felt that due to the lack of funding in this area, it would be a challenge to implement this considering appropriate spaces to send domiciliary to.	No
ACTION: Request more information and updates from LOCSU. John to speak to Jenny Bowker for further clarification			
1	Share strategic pillars	Following on from the last meeting, Mark reviewed the pillars that were previously decided. This model is a work in progress and will be added to at each committee meeting. Amar noted the 'Good communication' is vital. Amar suggested bringing in a regular newsletter for the community. Onecare were going to help the LOC to create a roadmap of practices to aid in helping to get the correct messages to the correct area	Ongoing
ACTION: Mona to forward a list in her possession of the all the practices in the Southwest. (Note changes are due to come with this list due to changes in contracts. This is mostly due to the Hakem Group and Bayfields purchasing many of the independents)			
2	How is the committee feeling?	The committee discussed their ongoing state of mind. The previous meeting recognised the need to improve communication internally. The introduction of Teams has begun to improve this and as the skills of the members improve, this will in turn improve communication. Amy suggested putting documents into SharePoint before sharing them on Teams/files. Teams is more	

		of a WhatsApp setup, but SharePoint needs to be used for sharing 'copy link' files.	
<p>ACTION: To begin using SharePoint for easier file management. John to set up a training session on SharePoint</p>			
3.	BNSSG Health & Wellbeing in the workplace	Tailte Breffni gave a presentation to demonstrate a BNSSG funded 12 month study into the health & wellbeing of the care organisations within the ICB. 20 contractors were given the opportunity to complete questionnaires that were then analysed. The results of the questionnaire were then fed back to the organisations and ideas to help improve health & wellbeing were advised. The contractors were then left to choose what to implement and Tailte revisited them later to see how the changes had affected the workforce. There was a definite drop in work place stress.	No
<p>ACTION: Tailte to share presentation with Carolyn for summarising and provide a list of wellbeing links to promote on a new page on the website.</p>			
4.	Finances review	Andrew Pinn's financial update was approved unanimously. (See attached)	
5.	AOB: QiO – Dec 2023 NOC Attendance Venue for meeting Amar – Quick query on close-down of GSuite/Gmail account	<p>QiO deadline is Dec 2023 – John to contact NHSE to see if contractors have been informed of the deadline.</p> <p>NOC Attendance – Mona will attend on behalf of the LOC</p> <p>Meeting Venue – Unfortunately, a new LOC meeting venue booking was unavailable this time. The committee will attempt to book the December meeting at Bocabar Finzels, Bristol for a room and meal.</p> <p>Gmail Suite – Committee agreed unanimously to close the old gmail accounts</p>	

Written Updates (no decision required) - pre-meeting

Item	Who	Update
BEH update	John	<p>BEH are ruling out the manual data transfer option (harmony & opera/ PES)</p> <p>I have indicated that this means we likely would not support Harmony end to end.</p> <p>This does not mean we are at the end as NHS E are going to give the system more time to explore Opera/ Harmony as an integrated solution (automated data transfer).</p> <p>We need PES and Topcon to meet (scheduled 18 Sep) to get more details on timelines etc. The plan then is to come back to the committee early Oct.</p> <p>BEH would also like to share rationale on the decision-making process, so we understand that they didn't just dismiss the option of manual data transfer and did truly fully consider.</p> <p>As part of the work NHS E have asked that the LOC, BEH and ICB now clarify each other's requirements for this system and document. A small working group for the LOC met last week to start to capture these. We are clear that this work cannot be a backdoor for Topcon to simply suggest that they can meet all requirements and that a established system is needed. Amar has kindly volunteered to lead this meeting whilst I am on holiday with BEH.</p>
POD / PCB	John	<p>ICB funding for the group</p> <p>Funding was requested from the ICB to fund the PCB and the work that it is doing to help shape primary care strategy. This has been declined by the ICB. We have now been meeting for nearly a year and it was agreed that we should push back on this decision, with a view that a formal PCB cant exist for the system without funding. The group unanimously agreed this point however we will continue to meet as an informal group as we all value the cross benefits of this group.</p> <p>Health & Wellbeing</p> <p>We had a brief presentation from Tailte on the work that she has been doing on health and wellbeing in primary care. It was great that two Optical practices have been involved (vs no dental or pharmacies). I have sent a request for Tailte to run a session at our next committee meeting.</p> <p>Research funding</p> <p>The ICB and NHIS presented on research primarily care, this was primarily focused at dental and GP however if there is interest we can open dialogue on this?</p>

ICB	John	<p>I had a catch up with Jenny Bowker from the ICB which was very productive and updates covered below</p> <p>Accelerator bid I updated JB on the accelerator bid with BEH and our current position as an LOC I shared the learnings that this has given to us and BEH Stressed the importance of shifting the relationship with BEH on the back of this i.e. we are a partner and must be included in design not just delivery JB was supportive of this and will check in with wider ICB re the bid</p> <p>NHS SW meeting (QIO) I mentioned that I had met with SW NHS team to see how we could work more proactively on QIO learnings We will share reminders to our contractors/ performers that the deadline is end of December Learnings will then be analysed from submissions early 2024</p> <p>eRS JB queried eRS which is being trialled in the wider South West NHS region (Somerset, Devon and Cornwall) Shared that the CCG team had originally recommended we watch and learn from other systems for now JB will explore with NHS SW team further detail</p> <p>LOC & ICB The ICB changes will mean that they will look to providers to show more system leadership This gives us an opportunity to push forward with more services Shared that the LOC is creating its plan and strategic pillars and JB would like us to share this when appropriate</p> <p>Future services Operational capacity at the LOC would support capitalising on thought leadership to the ICB and moving forward new service opportunities We agreed that whilst the accelerator bid is being resolved we will re-review again in 1month as systems will depict how fast we can move on this. Following this we can agree the plan to get services going</p> <p>Special schools service JB has been invited to a meeting on this from the national team and will share on if appropriate.</p>
PES	Amy	
HCPE Meeting	Mona	<p>Regional Update:</p> <ul style="list-style-type: none"> • Winter preparation started • Covid: another wave (new Variant) • 30% reduction in running cost : ICB having to make cuts (approx.. 60 people at ICB likely to be cut in 2024/2025) • National Improvement Board Meeting next week: to discuss:

o Recovery programme

o Elective programme

o GP programme

- Sexual safety charter from NHSE released
- Flu+Covid vaccine started
- NCMO : no change in charter since Lucy Letby Case (Child Death Overview Panel- Sarah Weld on the Panel- indicated change may come).
- Mary Lewis from Sirona: they are doing a multifaceted review for competency governance in place and a review of it since the Letby case.

Children in Emergence Dept SOP:

- Bristol Children’s Hospital and NBT are considered safe place in statute.
- Increase in number of cars for acute response.
- SWASFT caller handlers increased
- Urgent care footprint is blocked

o Civil secure accommodation full

o Fostering full

- Number of children affected are small, but risks and costs are very high by keeping in acute ED.
- Stakeholders will be involved in progress mapping of next stage.
- Recommendation from meeting: need to take into consideration 16/17 yr olds -need a transition ward?
- Question in meeting: where is the work reporting into: Work is reporting back into children’s HCIG

BNSSG Strategy Update:

Work in train:

1. Development of strategic delivery plans
2. Strategic Investment Principles
3. BNSSG Story
4. Strategic Delivery Dashboard
5. Next steps/ workplan

1. Proposed Strategic Delivery Process: Work flow diagram discussed (too complex to explain in note form).
2. Strategic improvement: small incremental steps in spend. “In our objective of shifting investment “to the left”, it will often not be realistic to remove resources currently used to treat illness, injury and infirmity and immediately repurpose them for primary prevention. Instead, we need to use secondary and tertiary prevention techniques to anticipate and de-escalate care needs and incrementally and systematically move investment progressively earlier within the life course ”
3. BNSSG Story: A shared, system narrative that sets out:
 - The most important issues that we collectively face as an ICS in delivering our 4 Aims
 - The successes and progress we have made so far as an Integrated Care System
 - The key facts that explain what is driving the challenges we have, and what will happen if we continue on our current path
 - The actions and changes we are collectively committed to in order to

		<p>address these pivotal issues</p> <p>4. Strategic Delivery Dashboard: The next steps are laid out in quarterly plan.</p> <p>Question in meeting: How does the work integrate @ system level?</p> <ul style="list-style-type: none"> • Review each strategy document-mapping to check the read across it. Some congruence currently. There will need to be some incremental review, but there won't be a grand theory approach that fits all. It has to be a systematic approach. <p>System Planning:</p> <ul style="list-style-type: none"> • Operational Planning with Strategic Direction • Clinical Planning: check-in with who the clinicians are. • Principles approved: they align and product that comes through are better aligned. • Spreading the planning over the year. • Day 1 of planning 3/10/2023 • Geeta Iyer will be reaching out via the Primary Care Board for collaboration. • Sign up to the newsletter : The Blueprint : bnssg.planning.nhs.net <p>Next meeting in 2/12.</p>
BSW Cues	Andrew Edwards	<p>Meeting with Rob and Colin from Wiltshire LOC and Andy and Richard with Amy from PES and Alvaro.</p> <p>ICB cancelled meeting for contract review so discussed steps forward. There has been no formal notification that the service is to be reviewed or decommissioned. LOC need to send letter to commissioners stating that we have not been involved in any discussion around the status of the service. To arrange a meeting with 2 LOC to discuss what we want the service to be.</p> <p>To get LMC & LPC involved as primary care affected also patient groups as to what will happen if service disappears</p>