Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Groups

Meeting of NHS Bristol, North Somerset and South Gloucestershire's (BNSSG) Clinical Commissioning Groups (CCGs) Commissioning Executive

Wednesday 14th March 2018, 11:30am-13:00pm
CCG Conference Room, 5th Floor, South Plaza

Minutes

	Martin Jones (MJ) (Chair)	Clinical Chair, Bristol CCG
	Lisa Manson (LM)	Director of Commissioning, BNSSG CCG's
	Sarah Truelove (ST)	Director of Finance, BNSSG CCG's
	Julia Ross (JRo)	Chief Executive, BNSSG CCG's
	Colin Bradbury (CB)	Area Director for North Somerset, BNSSG CCG's
	David Jarrett (DJ)	Area Director for South Gloucestershire, BNSSG CCG's
	Peter Brindle (PB)	Medical Director, Clinical Effectiveness, BNSSG CCG's
	Anne Morris (AMor)	Director of Nursing and Quality, BNSSG CCG's
Notes	Lindsay Sayers (LS)	Project Support Officer, Bristol CCG
Attendees	Shirani Rajapaksa	Attain (item 4)
	Bob Deans	Attain (item 4)
	Adwoa Webber	Head of Service Improvement, Bristol CCG (item 7)
	Julia Chappell	Deputy Programme Manager for MH and LD, Bristol CCG (item 11)
Apologies	Mark Pietroni (MP)	Director of Public Health, South Gloucestershire Council
	Sara Blackmore (SB)	Director of Public Health, South Gloucestershire Council
	Mary Backhouse (MB)	Clinical Chair, North Somerset CCG
	Mike Jenkins (MJ)	GP Clinical Lead, North Somerset CCG
	Deborah El Sayed (DES)	Director of Transformation, BNSSG CCG's
	Claire Thompson (CT)	Delivery Director, Bristol CCG
	Jon Hayes (JH)	Clinical Chair, South Gloucestershire CCG
	Alison Moon (AM)	Transformation and Quality Director, Bristol CCG

		Lead
01.	**Apologies** Apologies were received from Mark Pietroni (MP), Sara Blackmore (SB), Mary Backhouse (MB), Mike Jenkins (MJ), Deborah El Sayed (DES), Claire Thompson (CT), Alison Moon (AM) and Jon Hayes (JH). It was noted that David Jarrett (DJ) and Colin Bradbury (CB) would need to leave at 12.45pm to attend another meeting.	
02.	**Declarations of Interest** **02a. To consider any changes to attendee interests since the last meeting** None. **02b. To consider any conflicts of interest arising from this agenda** None.	

03.	**Minutes of the meeting and matters arising from 14th February 2018** The minutes of the last meeting were agreed as a true and accurate record.	
3.1	**Action log from 14th February and Forward Planner** Due to the large agenda for today's meeting, it was agreed that Lindsay Sayers (LS) would circulate the outstanding actions to owners for update. **Action – LS.**	**LS**
04.	**Reablement, Rehabilitation and Recovery – South Gloucestershire** Bob Deans (BD) and Shirani Rajapaksa (SR) from Attain joined the meeting to present an update on the 3R's options appraisal, following the presentation at the last Governing Body meeting: • A 26% increase in the ageing population in South Gloucestershire is predicted between now and 2030. It is thought that this will be concentrated around Patchway, Frenchay, Stoke Park, Yate North and Winterbourne. • The elderly population split across BNSSG is 32% in South Gloucestershire, 37% in Bristol and 31% in North Somerset, which is more comparable than initially thought. • SGC aim to deliver 700 additional housing units, with around 50-80 per site. It was clarified that this figure was part of their extra care housing strategy, however, these are already behind schedule, as they were due to be delivered by 2016. • Of the three Discharge to Assess (D2A) Pathways, pathways 1 and 2 are commissioned by the CCG and pathway 3 is joint funded between the CCG and LA using Better Care monies. In South Gloucestershire this equates to 8 CCG funded beds and 11 South Gloucestershire Council funded beds. • The equivalent position in Bristol is 19 pathway 3 beds, but they are commissioned by the CCG. LM said that she felt there was a big piece of work to look at what pathway 3 means. In Bristol, length of stay of more than 28 days in a pathway 3 bed has to be funded by Bristol City Council, meaning that there is an incentive to ensure patient flow. **Options:** BD and SR explained that there were 3 domains across which options have been explored. These are System Sustainability, Person Centred and Ease of Implementation, with the principles of appropriateness of care and affordability embedded across all of these. The options around increasing efficiency by reducing length of stay were discussed. One option would be to increase pathway 1 slots with decreased bed capacity in pathways 2 and 3 by reducing length of stay there. JRo commented that there needed to be agreement around what length of stay should be and this should then be consistently applied. This will also need to be evaluated in terms of PPI, so being able to provide evidence for change is critical. Analysis of the current bed base for pathway 3 shows that average length of stay across the 19 beds in South Gloucestershire is 38 days which raises the question of whether these are in the right place. A suggested approach would be to implement a phased reduction to 30 days length of stay. Furthermore, it was suggested that if the appropriateness of the beds was assessed, only around 12 would be needed. PB asked what can be done differently to reduce length of stay. It was noted that there is a difference between summer and winter, with length of stay around 34 days in summer to 28 days in winter. A possible reason for this is the increased pressure on the system as a whole during the winter months, where there are likely to be more initiatives to assist with flow.	

	BD felt that tighter processes would help in reducing length of stay and noted that some patients aren't being as rehabilitated as they should be. AMor queried whether length of stay for our providers followed the same winter/summer pattern and LM agreed to look into this, as it would need to be built into recommendations. **Action – LM.** LM queried whether there were also contractual levers for providers that could be built in around these options. In North Somerset, pathway 3 is done in a different way and is not labelled as such. There were 6 options presented for estates and these were discussed. The CCG preferred option involved the use of Frenchay and Thornbury. BD and SR also explained Options 3a and 3b. 3a involved having a centralised rehab hub at Frenchay, split across P2 and P3 with additional flex use capacity, which would be co located with extra care housing and 36 residential and nursing care units. The advantage of this would be the ability to step up/step down, along with the fact that it would be located near to BIRU to become a centre of excellence for rehab. Option 3b would be similar to 3a, but with P3 flex capacity located at Thornbury instead. JRo felt that it would be preferable not to locate beds at Thornbury on a permanent basis, although she acknowledged that spot purchasing beds there wouldn't be an issue. She added that option 1 would still be the preferred one and a slide was needed setting out what a co located site would look like. JRo suggested that a caveat could be added that where required or appropriate, we would spot purchase beds. The CCG commitment is to provide a primary care centre, but if the site was then used for a nursing home and extra care housing, we could then spot purchase from that facility if and when required. The Commissioning Executive **agreed** that the most appropriate option would be option 1, which would see all beds co located in one place with best possible clinical input. This is then moving towards a joint approach with the LA, which includes design and build, although it would need to be explicit that the CCG will procure the services and the LA will procure the facilities. BD and SR suggested that in terms of the timeline for procurement, this is likely to begin in April 2019 with the Frenchay development which is around 18 months. When the new building in Frenchay is ready, patients in Thornbury can be moved and the Thornbury primary care centre online for 2021/22. JR flagged that the rebuild of Thornbury was more urgent and patients would need to be moved sooner rather than later – she asked for this to be investigated further as the CCG could not support Thornbury remaining open until 2020. A sense check is now needed and a clinical audit of all 3 pathways was suggested prior to the spec being completed. Estates is going through the affordability process and more engagement with NBT as estate owners is needed. Reaching an outline agreement with the LA on estates is part of the process and needs to be included in the next report to the Governing Body. **Action – LM to write a briefing paper to NHSE and to ask DES to pick up with the Comms team.** JR also felt that a further conversation was needed about what next in terms of work.	**LM** **LM**
05.	**Urgent Care Update** **04a. A&E Delivery Dashboard – Headlines and Executive Summary** • The A&E Delivery Dashboard was circulated prior to the meeting.	

06.	**Locality and Area Commissioning Groups** DJ presented a paper setting out the proposed Terms of Reference for Commissioning Groups in localities, along with job descriptions for the Clinical Commissioning Lead Locality Chair and Area Representative roles. He explained that that the purpose of bringing the paper to this meeting was to get agreement on the development of locality commissioning and leadership group functions, so that it could go to Governing Body. LM highlighted that 3 sessions per week seemed a lot for the locality chair to do and DJ advised that this was what was being advertised across the patch. JRo asked about the Membership Group and said that a vote by proxy needed to be consistent and agreed across all areas - she also asked whether voting mechanisms should be included in the constitution and whether this should go through every group. **Action – DJ will check and ensure that this is reflected appropriately.** It was noted that other comments provided by JRo had already been implemented. DJ asked the group to send any further comments to go directly to him and it was agreed that as long as these were incorporated, the paper could then go to the Governing Body.	**DJ**
07.	**Healthy Weston – evaluation criteria for options development** CB and Adwoa Webber (AW) presented a paper outlining the progress and thinking so far in relation to evaluation criteria for the options development in the Healthy Weston work. The Commissioning Executive were asked to provide feedback on this, acknowledging that there is more to do around processes, which will be included in the Sustainability Board meeting next week. AW outlined that the paper gave a headline of what needs to be done, including ensuring that there is robust governance and stakeholder engagement. She added that it would also be useful to have comments on Appendix 1, which sets out ideas for shortlisting and the full evaluation criteria. JRo advised that that the inclusion of sub bullet points indicating what each point meant would be useful. Peter Brindle (PB) offered assistance from the Evaluation Team if needed.	
08.	**Weston Primary Care Capital Update – Enabling Primary Care – Estates Sub Group** The purpose of this item was to brief the Commissioning Executive on the Healthy Weston NHSE Estates and Technology Transformation Fund (ETTF) Primary Care Estate Capital Programme including background, current status and next steps. CB advised that he would also arrange to brief Sarah Truelove (ST) and LM in more detail. **Action – CB.** A specific option is included in the paper around development on the Weston Village Parklands site. North Somerset CCG successfully bid for ETTF money up to the value of £3.5m to support the development of new primary care premises in Weston/Worle and an initial options appraisal came up with 3 broad areas of potential work, with an Outline Business Case scheduled to come to the next meeting to look at the two different options. CB explained that the Commissioning Executive were asked to look at the key decision section around the proposed approach to identify an owner and developer for the site and invited comments on the criteria put forward. JRo	**CB**

	expressed some concern around this as she was not aware that the process had progressed to this level and it was agreed that a further discussion would take place outside of todays meeting.	
09.	**Improving Access to Psychological Therapies (IAPT) re-procurement update** It was noted that the Commissioning Executive needed to have sight of the engagement piece and this discussion was deferred to a future meeting.	
10.	**Joint Local Area SEND inspection in South Gloucestershire** It was noted that the purpose of this paper was to provide an update following the Governing Body meeting and to advise the Commissioning Executive that the Written Statement Of Action (WSOA) must be submitted by 28th March. JRo suggested that once complete, the WSOA should be signed off virtually but that SEND should come back to this group. This was discussed and it was agreed that a monthly update would be provided at future meetings. AMor agreed to ensure that the WSOA was circulated for virtual sign off. **Action – AMor.**	**AMor**
11.	**MH Funding decisions for 18/19** Julia Chappell (JC) joined the meeting and presented this paper with LM. It was noted that this had been presented at a previous meeting and the feedback given then was to discuss, revise and evaluate schemes. LM invited comments and questions from the group on the updated paper. JRo said that she would be happy to agree the paper in principle but noted that the only service listed for withdrawal was in Weston and asked how the Commissioning Executive could be assured that patients in Weston will get the services that they need. She also queried whether services badged as Bristol would be available across the whole BNSSG area. LM replied that contracting mechanisms could be changed to make things BNSSG wide. JRo felt that inequity across BNSSG was a big issue and consideration needed to be given to how the needs of the entire population could be met. JC advised that both crisis house providers were willing to accept patients from across BNSSG as of 1st April which should then help acute bed flow. Additionally, Control Room and Street Triage is already BNSSG wide and there is some recurrent funding for the service in Weston. The idea is that during this year, Control Room and Street Triage would be made into one service across the patch JRo queried whether the Police and other partners were contributing to Control Room and Street Triage through the S136 and JC confirmed that they were, but that there need to be further conversations about how this is split between organisations. JRo advised that she was happy for the paper to be approved in principle and thanked JC for the further work done. LM said that the next steps were to take back an action to identify services across BNSSG, which in turn will show where there are gaps. A paper will then be needed for the procurement, so LM will bring this back to the July meeting.	
12.	**Update on Pilot End of Life Service for Fast Track Patients (South Gloucestershire)** LM proposed that Sirona should be asked to evaluate the service so that it can	

	be commissioned. Another End of Life service is being run by BCH and LM has asked them to undertake an evaluation to be brought to a future Commissioning Executive meeting.	
13.	**Proposed approach to Sirona Contract Negotiation 2018/19** LM explained that work had been done with Sirona to look at what their cost pressures were outside of the 3% growth allocation in the community contracts, in order to look at what would it take for them to operate within a flat cash position. It was found that growth in District Nursing visits is still 12% above the activity level and this is evidenced in the contract monitoring, although JRo said that she didn't feel this was a good measure of activity. Additionally, non housebound activity appears to be very disproportionate between the two localities Sirona serve. JRo felt that it would be useful to look at what District Nurses do and don't do. PB expressed surprise that there were no mitigating actions for dressings costs but was also concerned at the proposed reduction in continence pads, although it was noted that this would bring it in line with the rest of BNSSG. The group then discussed the Falls service, which was noted as having a value of £210k, in terms of how well it worked and whether there was evidence showing how effective it was. JRo asked if this was affordable as is and LM advised that it was without mitigating actions, but then further savings would need to be found across the community. The group discussed whether any of the 3R's work would be able to offset this and LM advised that this would be what the CCG would look to do for some things. LM agreed to do another piece of work around housebound patients and also incontinence products. **Action – LM.** She also highlighted the disparity between the allocation of products for children and adults. Martin Jones (MJ) felt that it would be useful to have a discussion with the Diabetes team as well. Additionally, it was agreed that a review of contracts would come to future meetings on a monthly basis and would alternate between MH, Community and Acute.	LM
14.	**Any Other Business** PB advised that the NHSE Medical Director would be visiting Bristol on 12th April and a CCG only session would take place in the afternoon. He will be escorted by Nigel Aitchison and is doing a more system wide discussion in the evening. PB will send a note to MJ explaining what might need covering. **Action – PB.**	PB
	The meeting came to a close at 13: 10pm approximately.	
	Next meeting: Wednesday 28th March 2018, 11-1pm **CCG Conference Room**	