NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Bristol, North Somerset, South Gloucestershire CCG Annual General Meeting

Minutes of the meeting held on Tuesday 3rd July 2018 at 5.30pm, at the Vassall Centre, Gill Avenue, Downend, BS16 2QQ

Minutes

Present		
Jon Hayes	Clinical Chair	JH
Kirsty Alexander	GP Locality Representative Bristol North and West	KA
Colin Bradbury	Area Director North Somerset	CB
Peter Brindle	Medical Director Clinical Effectiveness	PB
Deborah El-Sayed	Director of Transformation	DES
Jon Evans	GP Locality Representative South Gloucestershire	JE
David Jarrett	Area Director South Gloucestershire	DJ
Martin Jones	Medical Director Commissioning and Primary Care	MJ
Nick Kennedy	Independent Clinical Member Secondary Care Doctor	NK
Rachael Kenyon	GP Representative North Somerset Woodspring	RK
Lisa Manson	Director of Commissioning	LM
Peter Marriner	Lay Member Strategic Finance	PM
Alison Moon	Independent Clinical Member Registered Nurse	AMoon
Julia Ross	Chief Executive	JR
John Rushforth	Deputy Chair, Lay Member Audit and Governance	JRu
David Soodeen	GP Locality Representative Bristol Inner City and East	DS
Sarah Talbot-Williams	Lay Member Patient and Public Involvement	STW
Sarah Truelove	Chief Financial Officer	ST
Apologies		
Felicity Fay	GP Locality Representative South Gloucestershire	FF
Kevin Haggerty	GP Representative North Somerset Weston and Worle,	KH
Brian Hanratty	GP Locality Representative Bristol South	BH
Viv Harrison	Consultant in Public Health, Bristol Local Authority	VH
Anne Morris	Director Nursing and Quality	AMor
Justine Rawlings	Area Director Bristol	JRa
In attendance		
Mary Backhouse	Chair, North Somerset Clinical Commissioning Group	MB
Kate Rush	Associate Medical Director	KR

Sarah Carr	Corporate Secretary	SC

	Item	Action
01	**Welcomes and Apologies** Jon Hayes (JH) welcomed members and members of the public and explained that this was the Annual General Meeting for the three former CCG's which had worked in close alignment during 2017-18. The above apologies were noted.	
02	**Declarations of interest** There were no new declarations of interest and no declarations of interest related to agenda items.	
03	**Reflections on 2017-18** Martin Jones (MJ), Clinical Chair of the former Bristol CCG, highlighted that this was the 70th anniversary of the founding of the NHS. A short video celebrating the NHS was played. A presentation was given by the Clinical Chairs of the former CCGs [attached]. MJ reflected on the HG Wells diabetes programme which had improved outcomes for patients with diabetes and the programme would be rolled out across BNSSG. Mary Backhouse (MB), Clinical Chair of the former North Somerset CCG, highlighted the delegation of Primary Care Commissioning. Responsibility for commissioning primary care had sat with NHS England. During 2017-18 the CCG's worked with NHSE to bring primary care and elements of specialised commissioning within the remit of the CCG to supported an integrated commissioning approach across BNSSG. MB drew attention to the Healthy Weston programme and thanked the team that supported this programme, working with local people and clinicians to understand the health needs of the population. JH, Clinical Chair of the former South Gloucestershire CCG, noted that 2017-18 had demonstrated how closely the three CCGs had worked together. JH highlighted the national recognition of the integrated care approach between GP practices, the community provider, Sirona, and local authority services working together in multi-disciplinary teams to support patients in their own homes. JH thanked those people who worked in partnership to achieve this. The programme helped to lay the foundations for practices working together as localities. JH noted that the CCG's worked together, meeting in-common as Governing Bodies to plan and structure care with a greater degree of equity and consistency across BNSSG. It had become clear, during 2017-18, that to create a sustainable position the three CCGs would need to merge to create a single CCG. An application for merger was made to NHSE in August 2017. A consultation exercise with the membership of the three CCGs and	

	Item	Action
	other stakeholders followed. The CCGs had merged and the Bristol, North Somerset and South Gloucestershire CCG was created on 1st April 2018. This allowed the CCG to concentrate on improving care for patients and delivering equitable, high quality care across the whole of BNSSG with a robust financial footing. JH thanked all of the members of the Governing Bodies of the three former CCGs, who held patient care at the core of their work, and left a sound foundation and a legacy to take forward. JH thanked MB and MJ.	
04	**The Homeless Support Team** Kate Rush (KR) gave a presentation on the Homeless Support Team [attached] and explained: • what homeless was, highlighting it was a health issue • the establishment of the Homeless Health Team and the underpinning reason for the integrated service and team • the focus on support to ensure that individuals' healthcare needs were met • homeless people attended A&E six times more often and the average age of death for male rough sleepers was 47years old and for women 36 years old. • the evaluation of the service which was split into performance targets and quality standards • the performance results which showed a decline across admissions, average length of stay, self-discharge, and the number of readmissions within 28 days • there was a reduction in discharges to the street, with improved access to temporary accommodation and more patients on the housing pathway • there was positive service user feedback about the service and increased homeless patient registrations and agreed care plans shared with primary care • more was understood about the patients including: their healthcare issues which included drug misuse, alcohol misuse, mental health needs and experience of trauma; that only 5% were known to mental health services and 70% had experience all of these issues • The service was continuing; outreach and occupational therapy services were being expanded. Close working with partners would continue. The model would be shared across BNSSG.	

	Item	Action

05	**Healthy Weston**
	MB gave a presentation on the Healthy Weston Programme [attached] and explained:
	• The background to the programme including work with the local Public Health team to identify the health needs of the population and the publication of the commissioning context in 2017. Three priority population groups were identified: frail and older people, children, young people and pregnant women, and vulnerable groups eg those with mental health needs, learning difficulties, and people with drug and or alcohol issues.
	• Following the publication of the commissioning context there was a period of co-design with the local population
	• The co-design process produced over 80 ideas that were categorised into a number of themes:
	  ○ Integrated frailty service
	  ○ Maternity services
	  ○ Stronger GP services
	  ○ Central knowledge hub
	  ○ Integrated children's hub
	  ○ Supporting vulnerable groups
	  ○ Urgent and emergency services
	  ○ Strong, focused hospital
	• Some of the ideas covered areas that could be taken forwarded immediately as business as usual. Some of the ideas required more development and would result in a business case, further ideas would require more involvement of the local Health Scrutiny Committee
	• The locality structure would take forward business as usual ideas. The South West Clinical Senate would be used to test ideas where further public consultation was needed. This process would take place over the Autumn and Winter and public consultation would start in January 2019	

06	**The Musculoskeletal pathway** David Soodeen (DS) and David Jarrett (DJ) gave a presentation on the musculoskeletal (MSK) pathway [attached] and explained: • There were over 200 MSK conditions and there were a range of specialities that contributed to the management of these conditions • The total amount spent on MSK services by BNSSG in 2016/17 was £87.4 million. National data suggested that this was more than expenditure in other areas of the country and there were	

	Item	Action
	possible savings of £7 million. Despite the level of expenditure patients were not experiencing better outcomes and care was fragmented with long waiting times. • During 2017-18 orthopaedic access policies were introduced, referral pathways were simplified and aligned and triage criteria were reviewed. As a result, there had been a significant reduction in referrals and a saving of £9.7 million, some of which would be reinvested in community services to reduce wait times and further support community care • The current MKS pathway was complex and fragmented. A programme of work was established to improve services and create consistency. There had been significant engagement and work with focus group to design a new integrated model of care that would be introduced from April 2020. The aim was to have a fully integrated pathway for MSK based on a tiered approach.	

7	**Annual Report & Accounts 2017-18**
	Sarah Truelove (ST) gave a presentation [attached] and explained:
	• The historic position had been declining with increasing deficits, and this provided the impetus for the CCGs to work together. Progress was made in 2017-18 and the year ended with a deficit of £28 million which was a significant improvement on the 2016-17 position. This was a result of a structured approach to the savings plan. The CCG agreed a three year recover plan with NHSE with a sustainable financial position to be achieved by 2021. The plan for 2018-19 was to deliver a £10 million deficit; if this was delivered the CCG would receive additional funding of £10 million which would bring the CCG back to financial balance in 2018-19. There had also been real improvements in patient care and outcomes as demonstrated in the previous presentations.
	• The CCG's had a total allocation in 2017-18 of £1.17 billion. The majority of this was spent on healthcare services. The CCGs underspent on the running costs target by £1 million. The deficit of £28 million was allocated over the three CCGs:
	  ○ South Gloucestershire CCG £19.3 million
	  ○ North Somerset CCG £7.4 million
	  ○ Bristol CCG £1.3 million
	• Over 50% of the allocation was spent on hospital services, the second largest area of expenditure was on community services with a similar expenditure on medicines	

	Item	Action
8	**Ambitions for year ahead** Julia Ross gave a presentation [attached] and explained: • The CCGs had achieved much over the past year, however, there were still significant challenges including continued financial recovery, the sustainable delivery of NHS Constitution Standards, and an assured further for Weston General Hospital • The new CCG enabled the development of a clearer vision for commissioning, shaping better health through system wide change, and the creation of greater consistency of services for people • There was an ambition to build a stronger commissioning voice across the system. System relationships had been built over the past year that allowed more to be achieved together as a system. The ambition was to ensure that whether people interfaced with services a consistent level of care was delivered with consistent outcomes. This was a challenge given the level of variation across the NHS. There was a commitment to resolve this across BNSSG • The focus on local communities continued with the development of six localities • There was a commitment to ensure that the NHS continued for the next 70 years. • A shared vision was being developed across the system through the STP and there was a commitment to build integrated care systems to ensure that services were joined up to support people to be health, well and independent in their communities. • There were a number of areas of focus including: developing integrated community based localities, developing an acute care strategy to join up care across acute hospitals to make the best use of the resources available, reviewing regional specialised services to continue to build the portfolio of services and ensure that these were properly linked to communities and local general hospital services. • To achieve the areas of focus there were a number of enablers: resolving the financial position to enable investment in the services, ensuring that staff were supported and developed, building a robust digital infrastructure • The priorities highlighted for 2018/19 included: ○ Procuring a BNSSG community services provider, the current community providers were doing a good job with the	

	Item	Action
	resources available, joining up services across BNSSG and integrating with colleagues in primary care. The CCG was required to re-procure these services and would be working with local people, partners and existing community providers to redesign community services ○ Improving services for people with mental health needs; the CCG was building a strategy for people with mental health needs working with local people, people who use and run services to develop a strategy that improved the offer made for people with mental health needs. • The CCG wanted to improve its engagement with local people; the CCG's had worked positively with local people through more traditional approaches to public involvement such as 'town hall' meetings. The CCG was now working on new ways to involve people including co-design of services and the establishment of a 'citizens' panel'	
9	**Questions from the floor** JH invited questions from members of the audience. Pat Foster, HealthWatch South Gloucestershire, asked about the 'citizens' panel'. JR explained that this was a STP initiative and approximately 1000 people were being recruited to the panel. Recruitment to the panel was designed to fully reflect the diverse population. JR explained that the panel did not undermine the important role played by Healthwatch and other partners. The panel provided a further opportunity to engage with a cross section of the local population. Daphne Havercroft asked if there would be sufficient GPs and community nurses to deliver the vison. JR commented that this was a challenge and there was work across the STP looking at how more staff could be recruited, retained and developed. Work was also underway to look at new roles and skill mixing. Barbara Harris asked about the Frenchay site, welcoming comments about co-design as she did not wish to be presented with a 'fait accompli'. She hoped that local people would be co-opted to engage with plans which were currently not detailed. Barbara Harris explained that she had asked the Health Scrutiny Committee to ask NBT about the future of Elgar House as she had been assured by NBT in 2012 that Elgar House would be demolished. Barbara Harris asked for it to be recorded that her	

	Item	Action
	view was that if the plans for the Frenchay site went ahead and Elgar House was demolished or decommissioned "we would be back to where we started". JR welcomed the comment on co-design. The Local Authority was procuring a new service that would include an element of NHS provision and the CCG would ensure that as the specificatio was developed there would be engagement with local people to ensure it was right. Barbara Harris asked if there were examples of similar arrangements with NHS provision within nursing homes. It was explained that there were examples of this within BNSSG. It was noted that Sirona was working in partnership with a nursing home in Yate, leasing a number of beds and providing a service. The model worked well and Sirona was looking to replicate the model elsewhere. Dick Whittington, Healthwatch North Somerset and West of England Rural Network, asked about the general issues of access in terms of obtaining appointments and the wider of issue of how patients in rural communities travelled to appointments. Dick Whittington observed that the issue of obtaining appointments was an area the CCG could work on, noting the research completed by Healthwatch that found GP practices' used different approaches and different technologies. Dick Whittington commented that there must be areas of good practice that could be shared to improve the patient experience. Dick Whittington commented that the wider issue of access was not specifically an issue for the CCG but felt that the CCG had a role in working with local stakeholders in terms of local transport provision. JH commented that access to services could be challenging and appointment availability in primary care was a key issue for communities. Work as part of the STP was focused on ensuring patients accesses the right services in the right place, at the right time. The issue regarding transport was important and something that commissioners needed to consider when working on service redesign. Racheal Kenyon (RK) commented on the Access to Healthcare initiative. Each locality was being asked to put forward a plan focused on improved access for patients. The aim was to develop locally appropriate plans. Regarding transport, RK noted that there were some local transport services, such as the Clevedon Care model and other voluntary services, which helped patients. Dick Whittington commented that the were a number of good ideas in North Somerset however these were not replicated in other areas and the approach was not consistent across BNSSG. JR commented	

	Item	Action
	that it would be helpful if the West of England Rural Network would work with the CCG and partners to look at the issue. Deborah El Sayed (DES) commented that the Governing Body had approved the BNSSG STP Urgent Care Strategy which focused on supporting patients to access the right services, at the right time and place. Jo Stokes Linkage Network asked how the conversations would start as to how the CCG would work with voluntary, community and social enterprise (VCSE) sector to meet the priorities identified. JR observed that the CCG was already working with VCSE organisations in partnership to deliver services and that the VCSE sector was critical to the NHS. JR noted that it was challenging for the CCG to work across a range of small organisations. Vicky Morris, The Care Forum and the West of England Civil Society Partnership, commented that the Partnership was made up of voluntary sector leaders working together to forge a single voice to talk to policy drivers in the West of England. The nature of the sector was diverse and it was difficult for organisations like the CCG to have a relationship with each organisation. The Partnership was working to create one channel that made the most of opportunities and worked jointly on outcomes whilst enabling all parts of the VCSE sector to participate. A question was asked how the CCG would work with other CCGs to break down barriers and end post code lotteries in relation to prescribing and make the CCG comparable to other CCGs. JR noted that the three previous CCGs had worked closely together in relation to medicines optimisation. The questioner gave the example of prescribing Freestyle Libre. JR commented that Freestyle Libre was not available on prescription locally and this was a decision for individual CCGs. The Commissioning Executive had looked at Freestyle Libre and made a decision that at this point the CCG was not in a position to make it available. There were different commissioning approaches across the country and this was because this was a new technology, recently introduced. JR commented that it was important that there was a consistent approach across BNSSG and the medicines optimisation team worked closely with teams in other neighbouring CCG's to ensure that the CCG understood policies in other areas.	

	Item	Action
	JH thanked the Communications and Corporate Teams for organising the event, thanked the speakers for their presentations and the CCG staff involved in the 'market stalls'. JH encouraged attendees to complete the feedback forms. JH thanked all for attending.	

Sarah Carr
Corporate Secretary
July 2018