

BNSSG CCG Governing Body

Date: 3rd July 2018

Time: 1.30pm

Location: the Vassall Centre, Gill Avenue, Downend, BS16 2QQ

Agenda item:7.2

Update on the Development of Locality Commissioning Groups and Locality Provider Groups within BNSSG CCG

Report Author: David Jarrett

Report Sponsor: David Jarrett / Colin Bradbury / Justine Rawlings

1. Purpose

The purpose of this briefing is to update the BNSSG CCG Governing Body on the progress made with the development of locality commissioning groups and the locality provider structures within BNSSG CCG.

2. Recommendations

- Note the progress made to date in developing locality commissioning groups and locality provider arrangements.
- Note progress made to date through Phase 1 and 2 of the locality transformation scheme.
- Supporting the continued development of Phase 3 the Locality Transformation through the STP Integrated Steering Group.

3. Background

3.1 Locality Commissioning Groups

The commitment to ensuring strong locality based commissioning has been enshrined within the constitution of BNSSG CCG (section 7.1 to 7.4). Their role being:

- to bring together the practice representatives for member practices within the commissioning localities;
- to contribute to shaping the CCG's commissioning plans;
- to ensure that the implementation of CCG-wide plans take account of local population needs; and
- to be responsible for choosing their area's GP representative(s) on the Governing Body

Locality Leadership Groups have now been firmly established within each of the 6 BNSSG Commissioning localities (three in the Bristol area, two in the North Somerset area and one in the South Gloucestershire area).



Clinical leads have now been elected into post across all localities and have taken up membership of respective Governing Body committees. The Locality Leadership Group's membership have been completed following Phase 3 of the organisational change process. Membership for each Locality now includes: Area Director, Commissioning Leads (GPs, Practice Managers and Practice Nurse representation), Heads of Locality Planning and Heads of Locality Development.

Each Area Team has also now established Quarterly Area meetings with extended membership including representation from Public Health, Local Authorities and local Healthwatch teams. These forums will ensure there is Area wide engagement in the development and delivery of the locality commissioning plans. In addition, the Area Teams are working with the Transformation Directorate to ensure that we develop local means for the development of public and patient engagement and ensuring that this feeds into the BNSSG Patient and Public Involvement Forum. The Area meetings will also take responsibility for the local delivery of Better Care Fund schemes.

The Area teams are now beginning to develop the locality commissioning plans and are working to have an outline plans by the end of Q2 18/19.

As per the Governing Body agreed Terms of Reference , Locality Membership Forums have now been established across each locality and the Area Teams to ensure there is consistency of information and communication with GP membership . The Area Teams have commenced a programme of workshops with each Forum to understand how best to engage with the wider membership in the development of our locality plans.

In Bristol and North Somerset there are plans to bring together the individual locality forums to enable engagement and discussion across the whole Area. Furthermore, a schedule has been developed for the full BNSSG membership forums (planned for two per year) and the next event is planned for September. These events will provide an opportunity for the whole membership to consider new ways of working and ensuring that local membership engagement, local needs, issues and service developments are reflected and integrated within our commissioning plans.

3.2 Locality Provider Groups

Following the Governing Body approval of the Locality Transformation Scheme (LTS) in October 2017, significant progress has been made in each of the six provider locality groups across BNSSG. The LTS set out the CCG's ambition and framework to implement a new integrated community model using a system wide population health management approach that secures collaborative and integrated ways of working through new, GP led models of care, based around General Practice.

The LTS framework was set out in three phases and included the release of GP Five Year Forward View Transformation Funds to support the developments:

Phase 1 concluded at the end of December 2017 and involved the identification of Locality Provider Vehicles across BNSSG and subsequent development of a Memorandum of Understanding between the member practices in each of the localities. The approved MoUs clarified leadership and governance arrangements for each of the Localities and how member practices would work together. The six identified Locality Vehicles followed the same footprint as commissioning localities across BNSSG.

Phase 2 of the scheme runs to the end of Q3 2018 and covers two core areas:-

a) Improved Access

The scheme asked the locality vehicles to develop and submit plans by the end of Q1 2018 for the delivery of Improved Access in localities. A service specification for Improved Access was developed by the CCG which set out the requirements and direction of Primary Care to



work at scale across 7 days, using a variety of skill mixes in an integrated way with partners in the community and the whole system, to meet the needs of the local population. Mobilisation of the locality based Improved Access model is to commence in October 2018.

b) Local Priorities

A further key element of Phase 2 is for the provider groups to begin to develop their relationships with other key local providers. Locality Provider Forums have been facilitated by the Area Teams to enable these discussions and thinking about further integration of services across localities. Initial identification of 3 key local priorities for joint working have been identified by each of the localities and will also be submitted at the end of Q2.

Phase 3 of the scheme (Q4 2018/19 onwards) will start to more formally bring together Locality Provider Vehicles with other providers to agree more formal alliance arrangements and the development of integrated models of care around priority groups e.g. Frail Elderly , Vulnerable groups and Children) .

The development of Phase 3 will be supported by joint work with locality provider leads and other provider leads through the STP's Integrated Care Steering Group. Locality commissioning plans will also be used to shape and support development of local priorities.

4. Financial resource implications

The summary of the release of funds to localities is set out below:



Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Groups

Locality transformation scheme

Establish locality vehicle to work at scale including: <ul style="list-style-type: none"> • Clear governance, leadership etc • Plan for delivery of Improved Access (IA) at locality level from 1/4/17 	31/12/2017	£0.50	Released up front to support planning
Joint working arrangements agreed with community providers IA phase 2 plan and plans for other joint priorities agreed	30/6/2018	£1.00	£0.50 on agreement £0.50 on agreement
Further implementation based on evaluation of effectiveness	1/7/2018 to 31/3/2019	£1.50	

5. Legal implications

There are no legal implications arising from this proposal.

6. Risk implications

The risks and potential mitigations are set out in the Locality Transformation scheme approved at the CCG Governing Bodies In-Common meeting October 2017

7. Implications for health inequalities

Development of locality models and plans will be subject to equalities impact assessments and the needs of specific groups. Focus on inequalities between and within locality populations will also be a key part of this work.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Development of locality models and plans will be subject to equalities impact assessments.

9. Consultation and Communication including Public Involvement

The development of the locality model and implementation plans will ensure appropriate and proportionate involvement and engagement of patients and the public.

10. Appendices

None