NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Commissioning Executive

Minutes of the meeting held on 14th June 2018 at 9.00am at South Plaza.

Minutes

Present		
Chair Jon Hayes	Clinical Chair, BNSSG CCG	JH
Julia Ross	Chief Executive, BNSSG CCG	JRo
Lisa Manson	Director of Commissioning, BNSSG CCG	LM
Sarah Truelove	Director of Finance, BNSSG CCG	STr
Anne Morris	Director of Nursing and Quality, BNSSG CCG	AM
Colin Bradbury	Area Director for North Somerset, BNSSG CCG	CB
David Jarrett	Area Director for South Gloucestershire, BNSSG CCG	DJ
Justine Rawlings	Area Director for Bristol, BNSSG CCG	JRa
Martin Jones	Medical Director, Commissioning and Primary Care, BNSSG CCG	MJo
Peter Brindle	Medical Director, Clinical Effectiveness, BNSSG CCG	PB
Geeta Iyer	Clinical Corporate Lead for Primary Care Provider Development, BNSSG CCG	GI
Shaba Nabi	Clinical Corporate Lead for Prescribing, BNSSG CCG	SN
Jonathan Evans	Clinical Commissioning Area Lead for South Gloucestershire, BNSSG CCG	JE
Kate Mansfield	Clinical Care Pathway Lead for Children's and Maternity, BNSSG CCG	KM
Kevin Haggerty	Clinical Commissioning Area Lead for North Somerset, BNSSG CCG	KH
Michael Jenkins	Clinical Care Pathway Lead for Integrated Care, BNSSG CCG	MJe
Kate Rush	Clinical Leadership Development, BNSSG CCG	KR
Lesley Ward	Clinical Care Pathway Lead for Unplanned Care, BNSSG CCG	LW
Jeremy Maynard	Clinical Corporate Lead for Quality, BNSSG CCG	JM

Kirsty Alexander	N&W LEG Representative	KA
Alison Wint	Clinical Care Pathway Lead for Specialised Care, BNSSG CCG	AW
Andrew Appleton	Corporate Clinical Lead for Digital, BNSSG CCG	AA
David Soodeen	Clinical Care Pathway Lead for Mental Health, BNSSG CCG	DS
Sara Blackmore	Director of Public Health, South Gloucestershire Council	SB
Apologies		
Deborah El-Sayed	Director of Transformation, BNSSG CCG	DES
Alison Bolam	Clinical Commissioning Area Lead for Bristol, BNSSG CCG	AB
David Peel	Clinical Care Pathway Lead for Planned Care, BNSSG CCG	DP
Mark Pietroni	Director of Public Health, South Gloucestershire Council	MP
In attendance		
Claire Thompson	Deputy Director of Commissioning (Planning and Performance) BNSSG CCG	CT
Emma Moody	Head of Contracts (Mental Health and Learning Disabilities) BNSSG CCG	EM
Carol Slater	Head of Transformation (Mental Health and Learning Disabilities) BNSSG CCG	CS
Kiersten Wilson	Transformation Manager, BNSSG CCG	KW
Ian Popperwell	Commissioning Manager (Mental Health), BNSSG CCG	IP
Padma Ramanan	Head of Finance (Partnerships and Mental Health) BNSSG CCG	PR
Rebecca Cross	Strategic Commissioning Manager (Children), Bristol City Council and BNSSG CCG	RC
Jo Kapp	Associate Director Quality – Continuing Healthcare lead, BNSSG CCG	JK
Lucy Powell	PA to Lisa Manson, Director of Commissioning, BNSSG CCG	LP

	Item	Action
01	**Apologies** Apologies were noted from Deborah El- Sayed and Alison Bolam. Kirsty Alexander attended on Alison Bolam's behalf.	
02	**Declarations of Interest** **02a. To consider any changes to attendee interests since the**	

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	last meeting None **02b. To consider any conflicts of interest arising from this agenda** Sarah Truelove declared an interest in item 6. It was agreed Sarah would take part in the discussion but not be part of the decision making process.	
03 03.1	**Minutes of the meeting and matters arising from 10th May 2018** Julia Ross highlighted the requirement that the minutes should not only state interests but record the action taken regarding the interest. The minutes were amended to reflect this. The following amendments were made: • Item 4 – Page 3, delayed transfers of care was amended to delays. • Item 4 – page 4, OOH was amended to Out of Hours. With these amendments the minutes were agreed as correct. **Action log from 10th May and Forward Planner** Please see attachment 3.2.	
04	**Urgent Care Strategy** Claire Thompson (CT) presented the Urgent Care strategy to the Committee, highlighting the engagement from the Sustainability and Transformation Plan (STP), BNSSG CCG, and providers across the STP footprint in the development of the strategy. CT asked for comments from the Committee on the strategy and the following points were raised: • Admission prevention to be stronger within the strategy • Integrated Urgent Care to be highlighted as key throughout the document	

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	• Focus on capitation needed to be stronger • Further identification of vulnerable groups within the document, specifically asylum seekers and those with English as their second language. • Digital solutions to be fully outlined and described in the strategy • Self-care to be highlighted as a key element to the strategy with an emphasis on education • Multi morbidity to include complex patients and frail and older people • Locality working to be included within the strategy The Committee discussed risk management and noted the need for a sustainable and consistent solution across primary and secondary care. Sara Blackmore (SB) highlighted that admission avoidance and prevention plans had been discussed and implemented locally but highlighted the need for a joint strategic approach across the STP. SB noted that the Urgent Care strategy, once implemented, would address this. Shaba Nabi (SN) asked whether there had been a review into the increase in workload for General Practice following the plan for NHS 111to book patients into GP practices directly. Lesley Ward (LW) explained that a review had been undertaken through the Integrated Urgent Care Clinical Assessment Service (IUCCAS) and found that for a practice with a population of 12,000 patients, the NHS 111 direct bookings had resulted in 2.2 additional patients a day, with an increase to 7 patients during out of hours. It was confirmed that the direct booking by NHS 111 would be reviewed continuously following implementation. There would also be provision for GPs to send comments to the CCG regarding the referrals. The Committee discussed the importance of patients using the right service the first time and the need to manage the front door to Urgent Care services appropriately. The Committee discussed self-care as an important part of this and Kirsty Alexander (KA) noted that she was pleased self-care was part of the Strategy. Sarah Truelove (ST) asked about the next steps for the Urgent Care strategy and CT noted that the timelines for implementation were challenging. The Strategy would be further updated as per the	**CT**

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	comments above before being presented to Governing Body in July.	
05	**Urgent Care Update** **04a. A&E Delivery Dashboard – Headlines and Executive Summary** Claire Thompson (CT) highlighted to the Committee that the key metrics presented within the delivery dashboard would be reviewed and other indicators would be included to provide an overall view of the Urgent Care system. CT noted that there had been a significant increase in 4 hour Emergency Department performance across the three Acute Trusts. It was highlighted that for one week in April, all providers reached their Delayed Transfers of Care (DTOCs) target. It was noted that the cancer related performance data was not yet validated but looked positive for April and May. The Committee discussed the metrics needed for review in the report. David Soodeen (DS) highlighted the need for an integrated dashboard to include data from: • Primary Care • NHS 111 • Urgent Care Centres • Rapid Response CT noted that there were other data streams such as those from the Quality team that could provide a further rounded view of the Urgent Care system. Lisa Manson (LM) highlighted the impact on 62 day cancer performance following the fire at the Haematology and Oncology Centre last month. It was agreed that a paper would be presented to the July Commissioning Executive meeting highlighting the impact and the associated recovery targets for the providers.	**LM**
06	**Mental Health Investment Standard** Sarah Truelove (ST) declared an interest in this item. It was agreed	

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	Sarah would take part in the discussion but not be part of the decision making process. Emma Moody, Carol Slater, Ian Popperwell, Padma Ramanan, Keirsten Wilson and Rebecca Cross all attended the meeting for item 6. Lisa Manson (LM) introduced the item to the Committee noting that the papers outlined the schemes proposed for the Mental Health Investment Standard (MHIS) to improve mental health services within BNSSG. Emma Moody highlighted to the Committee the commitment of the CCG to improve mental health service outcomes as well as improving access to these services. EM highlighted the investment in services through the 18/19 contract negotiations with Avon and Wiltshire Mental Health Partnership Trust (AWP) and explained that the rest of the available money had been apportioned through the Mental Health Strategy as outlined below: • Children and Adolescent Mental Health Service (CAMHS) EM outlined the lack of a crisis service in North Somerset and noted that some of the investment would be used to create a single crisis service across BNSSG. • Psych Liaison services EM explained that the service delivery model for psych liaison services was currently different across the three acute trusts and by investing in this service the model could be standardised across BNSSG with the aim to also provide CAMHS support. It was noted that a separate paper outlining the options would be discussed later in the meeting. • Smaller investments ▪ Conveyancing s136 patients ▪ Student Health Services (modelling triage to aid patients to attend appointments) ▪ Personality Disorder (Emergency Department pathway changes for BNSSG scheme) ▪ Homeless Service (investment into employment gaps) ▪ Crisis Café (Model from Weston to be reviewed for Bristol) EM explained that these were the major investments of the MHIS	

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	but there were other smaller workstreams ongoing as well as other projects which required further development. EM highlighted the current position regarding Laurel Ward and it was agreed to bring further information to the Commissioning Executive Committee in July. David Soodeen (DS) asked whether there would be cost implication of standardising BNSSG models of care. EM noted that this work was highlighted in the Mental Health Strategy for 2019/20 and would be further reviewed. The Committee discussed the need to support the Student Health Service and Carol Slater (CS) noted that work was ongoing with the University to widen the access of Mental Health support for students. Shaba Nabi (SN) noted that asylum seekers were also a high risk group for self-harm and suicide and queried whether these patients were included in the Mental Health investment. CS highlighted the need to link with Primary Care colleagues to identify the key groups at risk and widen access to support services accordingly. EM outlined the proposed investment in CAMHS noting that the money would be used to move towards a single integrated service across BNSSG. Anne Morris (AM) asked that the SEND Strategy be referenced within the Mental Health Strategy and linked to the CAMHS work. It was agreed that this would be incorporated. Alison Wint (AW) queried whether patients with dementia and Alzheimer's disease were included within the cohort of patients as set out by the Mental Health strategy. It was noted that part of the strategy was to review best practice for these patients The Committee approved the 2018/19 and 2019/20 proposed investments outlined in the paper and thanked the Mental Health team for their hard work. **BNSSG Psych Liaison Services** Keirsten Wilson (KW) presented the options for the Psych Liaison Service to the Committee noting that following a review of current service models across BNSSG, it had been found that the three Acute Trusts had been delivering different models of care for these services. An options appraisal had taken place with 3 options identified. The preferred option for the service model was for the Mental Health Trust to deliver the emergency department aspect of the service in all three Acute Trusts and for the Acute Trusts to run	**LM**

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	their own inpatient and outpatient services. KW outlined the reasoning for the preferred option noting that this allowed for the Acute Trusts to fully embed mental and physical health and allows for day and night crisis provision through one provider to provide lack of disruption in care. David Soodeen (DS) raised the issue of bringing crisis teams out of the community and into the hospitals. KW noted that the crisis teams would not be changed through this model as this service has always been provided through the emergency department but part of the proposal is a crisis team community hub within BNSSG. Martin Jones (MJo) noted the need for strong and robust computer systems to be in place so that information required is available to the right teams at the right time. Sarah Truelove (ST) noted that further financial analysis would be required and highlighted the differences in tariff for the three trusts in relation to Psych Liaison. The Committee approved the proposal for option 3, noting the need for the specification to be developed with the comments from the meeting incorporated and presented to the Commissioning Executive in August. **IAPT Recommissioning** Ian Popperwell (IP) presented the draft IAPT recommissioning specification to the Committee noting that the specification had been updated based on the comments from the last Commissioning Executive meeting as well as comments from various other forums including meetings with general practice. IP noted that the most common comments on the specification had been about the balance between improving quality of the service against increasing and improving access to the services. The Committee discussed the outcomes to be measured in order to quantify improvement of access as well as quality of service. IP explained that emphasis on the delivery and monitoring outcomes innovatively had been included in the specification. The Committee noted that this would be a crucial part of the recommissioning. The GP forums IP had attended had discussed the primary/secondary care requirement for this service and had asked that the specification highlight this and add requirements for a consistent approach to working with both primary and secondary care. IP confirmed that this requirement had been included in the specification.	**LM**

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	Andrew Appleton (AA) asked about information sharing across services and IP explained that wider information sharing had been included in the specification and highlighted particular data sharing systems such as Connecting Care. Julia Ross (JRo) noted that the next step for the specification would be consultation following the further comments being incorporated into the specification.	
07	Item removed from agenda	
08	Item removed from agenda	
09	**Proposed Termination of Continuing Healthcare (CHC) Fast Track Nurse Assessor Service** Jo Kapp (JK) presented the paper to the Committee explaining that the revised CHC Framework, published recently, incorporated clear new guidelines on the Fast Track Tool pathway. JK explained that the pathway no longer required validation of fast track patients by a separate team as the CCG must now accept eligibility following referral from an appropriate clinician. The function of the Fast Track Nurse Assessor service will therefore be carried out by the referrer. The Committee asked for clarification on the mitigations of the risks raised in the paper. JK explained that as the checking function will no longer be available, the CHC team will undertake monthly reviews of referrals through the Fast Track Tool and any inappropriate referrals will be raised with clinicians. Martin Jones (MJo) highlighted the need for potential education for clinicians on the appropriate use of the Fast Track Tool. JK noted that IDS undertake training at the Acute Trusts and the use of the Fast Track Tool would be included. Alison Wint (AW) also mentioned the need for Primary Care Clinicians to receive training if required. The Committee approved the recommendation to terminate the contract.	
10	Item removed from agenda	
11	Item removed from agenda	
12	**Community Recommissioning Governance and Terms of Reference** Item included within the seminar session.	

	Item	Action
13	**Seminar – Community Recommissioning**	
14	**Any Other Business**	

Lucy Powell
PA to Lisa Manson, Director of Commissioning
25th June 2018