

Bristol, North Somerset, South Gloucestershire CCG Annual General Meeting

Minutes of the meeting held on Wednesday 30th September 2020 at 6.00pm
held via Webex

DRAFT Minutes

Present		
Jon Hayes	Clinical Chair	JH
Colin Bradbury	Area Director, North Somerset	CB
Peter Brindle	Medical Director Clinical Effectiveness	PB
John Cappock	Lay Member Finance	JC
Deborah El-Sayed	Director of Transformation	DES
Jon Evans	GP Locality Representative South Gloucestershire	JE
Felicity Fay	GP Locality Representative South Gloucestershire	FF
Kevin Haggerty	GP Representative North Somerset Weston and Worle	KH
David Jarrett	Area Director South Gloucestershire	DJ
Martin Jones	Medical Director Commissioning and Primary Care	MJ
Lisa Manson	Director of Commissioning	LM
Alison Moon	Independent Clinical Member Registered Nurse	AM
John Rushforth	Deputy Chair, Lay Member Audit and Governance	JRu
Julia Ross	Chief Executive	JR
Sarah Truelove	Chief Financial Officer	ST
Sarah Talbot-Williams	Lay Member Patient and Public Involvement	STW
Apologies		
Kirsty Alexander	GP Locality Representative Bristol North and West	KA
Christina Gray	Director of Public Health	CG
Brian Hanratty	GP Locality Representative Bristol South	BH
Nick Kennedy	Independent Clinical Member Secondary Care Doctor	NK
Rachael Kenyon	GP Representative North Somerset Woodspring	RK
Umber Malik	GP Locality Representative Bristol Inner City and East	UM
Rosi Shepherd	Director of Nursing and Quality	RS
In attendance		
Gerry Bates	Head of Children's Services, Sirona care and health	GB
Jenny Bowker	Head of Primary Care Development	JB
Mark Hemmings	Transformation Manager	MH
Geeta Iyer	GP, Clinical Lead for Primary Care Development	GI
Lucy Powell	Corporate Support Officer	LP

	Item	Action
1	<p>Chair's welcome and apologies</p> <p>Jon Hayes (JH) welcomed everyone to the first virtual AGM of Bristol, North Somerset and South Gloucestershire CCG. The above apologies were noted and the Governing Body members introduced themselves. JH highlighted that 2020 had been a challenging year for everyone with people having to adapt to different ways of living and working. JH thanked everyone for their support of NHS staff and the healthcare system, highlighting how the response to covid-19 had changed the way healthcare services were accessed. JH highlighted the system challenge of bringing routine services back online whilst managing the pandemic. The health and safety of the local population was the CCG's priority.</p> <p>The AGM was a celebration of the successes of the past 12 months and there were a number of presentations to showcase some of these. JH explained that collaborative working across the local healthcare system was a core aspect to how the CCG worked, with system partners, stakeholders and the public working together to improve healthcare services.</p>	
2	<p>Declarations of interest</p> <p>JH explained that all members of the Governing Body were required to declare interests which were recorded and published on the CCG Register of Interests. This register was published on the CCG website (https://bnssgccg.nhs.uk/about-us/how-we-manage-conflicts-of-interest/). Members were invited to declare any new interests or interests relevant to the items to be discussed. There were no declared interests that conflicted with the agenda and no new declarations were made.</p>	
3	<p>Minutes of the 2019/20 AGM</p> <p>The minutes were approved at the Governing Body meeting September 2019. The Governing Body received the minutes.</p>	
4	<p>Annual Report and Accounts 2019/20</p> <p>Sarah Truelove (ST) presented the Annual Report and Accounts for 2019/20 highlighting that the full report was available on the website (https://bnssgccg.nhs.uk/library/annual-report-and-accounts-201920/).</p> <p>The financial duties were highlighted and ST explained that the CCG had not maintained expenditure within the revenue resource</p>	



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	<p>limit noting that this was due to a cumulative historic deficit. The CCG had not been required to repay the deficit in 2019/20. ST outlined where the total 2019/20 expenditure of around £1.5bn had been spent, which equated to £1,496 per person. ST highlighted some of where the expenditure had been spent including 50% on the Acute Trusts, 10% on Mental Health services, 11% on community care, and 1% on CCG running costs.</p> <p>ST noted the overspend of £34m, some of which had been planned and agreed with NHS England. Challenges to the position included the increase in long term care packages, increase in drugs costs, and slippage on savings schemes. The CCG continued to work to ensure that use of resources delivered the best possible healthcare and outcomes to patients.</p> <p>ST explained that during 2020/21 the health system had developed a five year financial plan but recognised that there had been huge changes to services since March 2020. There had also been significant changes to the financial framework to ensure that resources were available to respond to the pandemic. ST commented on the rapid pace of transformation and noted that the changes in services had been changes that were planned but accelerated to improve delivery of healthcare services.</p>	
	<p>The Year in Review</p> <p>A short video clip reflecting on the CCG's achievements in 2019/20 was shown. The contracts awarded to Vita Health to provide psychological therapies and Sirona care and health to provide adult community services were highlighted as well as the approval of the proposals to improve healthcare at Weston General Hospital following consultation with over 3000 people. In March 2020, the CCG led the local response to the coronavirus pandemic, fast tracking the introduction of video consultations, coordinated support to vulnerable people, and launching a mental health support line to provide access to emotional and practical support.</p>	
5	<p>Leading through Coronavirus and beyond</p> <p>Julia Ross (JR) acknowledged how the pandemic had changed everyone's lives beyond recognition and thanked everyone for attending the AGM virtually. JR thanked the population of Bristol, North Somerset and South Gloucestershire for following the guidance, and for supporting each other and the local health care</p>	



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	<p>system. JR thanked the 42,000 health and care staff that worked across Bristol, North Somerset and South Gloucestershire for continuing to provide good quality health and care services to the population during these challenging times.</p> <p>JR highlighted the strong partnership working through Healthier Together which allowed system partners to work closely to coordinate the response to the crisis including the flow of Personal Protective Equipment (PPE), wraparound support for care homes and the development of the Bristol Nightingale for surge capacity. JR noted that putting people at the heart of what we do was a core principle of the CCG and the citizens panel had been active to ensure the CCG could continue to consider the views of the local population to inform decision making. Listening events have been held with different cohorts of the population to understand the impact of covid-19 on specific communities. JR explained that understanding population needs and collating data from across health and social care meant that resources could be allocated to meet the needs of individuals and the population.</p> <p>JR highlighted the health inequalities that local communities had faced through the pandemic and explained that the CCG was investigating the causes and focusing on these inequalities to ensure that all the population had their needs addressed equally. A second wave of the virus was expected and the system focus continued to be returning services. JR highlighted the digital services that had been delivered including virtual GP consultations. JR explained that alongside these the NHS continued to be open for face to face appointments. The CCG had invested significantly in a range of new mental health services following the effect of the pandemic and lockdown on people. JR highlighted that the vision of the CCG was healthy, fulfilled lives for everyone and there were a number of priorities identified to achieve this including investment in children and young people, out of hospital care and mental health.</p>	
6	<p>People at the heart of what we do</p> <p>Mark Hemmings (MH) and Gerry Bates (GB) provided an example of ‘people at the heart of what we do’ and described the transformation of autism diagnosis for children and young people. MH highlighted that parents and carers asked for autism diagnosis to be faster and coordinated across services. Ofsted and the Care Quality Commission (CQC) had also highlighted</p>	



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	<p>concerns around the long waiting times and lack of coordinated pathways.</p> <p>MH noted that to initially reduce the waiting lists a choice was provided to families to opt to use an online autism diagnosis tool and many families took this opportunity. A project group was then set up with parent/carer forums and Barnadoes to co-design the autism pathway and an Autism Hub was developed. The Hub was launched in April 2020 and opened its doors in August 2020.</p> <p>The Autism Hub provided access to a wide range of clinicians in one place on the same day and referrals could be made by schools, health professionals including GPs, parents/carers and young people themselves. A short video was played where a parent explained the importance of the Autism Hub. MH highlighted that there was more work to do and feedback from young people and parent/carers would be considered to shape future developments.</p>	
7	<p>Developing care around people's needs</p> <p>Geeta Iyer (GI) and Jenny Bowker (JB) outlined the developments within primary care including the changes made to services during the pandemic response.</p> <p>GI explained care navigation and the training provided to reception staff to ensure they can signpost and support patients to the right care at the right time and highlighted the changes to access including video consultations. JB noted that due to the pandemic fewer people have been attending their GP in person and therefore consultations have been taking place via the phone or video but noted that consultations had continued safely face to face.</p> <p>JB described Primary Care Networks (PCNs) explaining there were 18 PCNs in Bristol, North Somerset and South Gloucestershire with 100% practice and population coverage. PCNs delivered services for the population including supporting care homes, early diagnosis of cancer and medication reviews. There was national support for recruitment to different roles within primary care, both medical and non-medical and the aim was for people to obtain support from the right professional for their needs.</p>	



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	<p>JB reiterated the message that primary care was open to patients. The CCG continued to utilise the feedback received from the Citizens Panel to develop services and from the Listening Events which had highlighted the extra support required from primary care throughout the pandemic.</p>	
8	<p>Questions from Members of the Public</p> <p>JH thanked the speakers for their presentations. Questions were invited from the members of the public.</p> <p>A member of the public asked questions related to children’s mental health provision in Bristol and inpatient beds now that two of the children’s wards at the Priory Hospital have closed: What is the CCG and NHS England doing to manage the situation?</p> <p>How is the CCG going to take control of vital acute services to ensure we are not at the mercy of future service closures by private providers?</p> <p>How is the CCG going to invest in integrated children’s mental health services to provide a service that they would be happy for their children to use?</p> <p>LM confirmed that the inpatient beds were commissioned by NHS England on behalf of the commissioning groups across the South West. The CCG has been kept fully informed of the changes to the Brunel ward and the Riverside unit. The Riverside unit was currently undergoing refurbishment work to provide a better facility for children. The priority for the CCG was the provision of safe and effective care and the CCG was working with NHS England to provide alternative care arrangements for those on the Brunel ward and for the future. The Riverside unit was due to reopen in March 2021 with increased beds. The staff from the Riverside unit were currently providing enhanced day services, 7 days a week from the Callington Road site. There was also a 24 hour support line for patients. JR confirmed that additional services and services within the community had been commissioned. Following assurance discussions with NHS England, children have been able to be managed within the additional community services in place. LM confirmed that NHS England was securing services across other parts of the system to address the gaps and the CCG continued to work with specialised commissioning to address the issue.</p>	



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	<p>LM confirmed that Child and Adolescent Mental Health Services (CAMHS) were a key priority for the CCG and there has been significant investment in these services. The CCG continued to strengthen CAMHS across Bristol, North Somerset and South Gloucestershire and were working with system partners to close the gaps in provision and provide help and support to children and their families.</p> <p>A member of the public commented that Simon Stevens had signalled that additional mergers of CCGs would result in the introduction of integrated care organisations, and asked how do we see this playing out in our area.</p> <p>JR noted that these were the partnerships that the system was working in now, for the local area this was Healthier Together. These were an effective way to use all resources to provide care for the local populations. JR noted that there was no additional impact for the local population as the CCGs had already merged.</p> <p>A member of the public asked: Was it possible to work with other medical teams in North Somerset to recruit more help and give priority at this busy time in the flu vaccination programme to Care Home residents.</p> <p>PB noted that flu vaccinations were happening across Bristol, North Somerset and South Gloucestershire and all resources were being utilised. MJ confirmed the CCG was working with pharmacists, Sirona and local practices to ensure that all patients in care homes were vaccinated in a safe manner as well as developing the delivery of vaccinations to care home staff.</p> <p>A member of the public asked whether the CCG expected to receive more money from the government to reduce the waiting lists for gender identity clinics and was the CCG engaging with transgender people to understand their needs.</p> <p>DES confirmed that the CCG was not aware of any specific funding. DES outlined that the CCG had been working with people with lived experience to develop a toolkit which was focussed on understanding the experiences that transgender people have with health and care services.</p>	

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	<p>PB noted that transgender services were under national review and there was recognition that national services were not where they should be and the review was investigating what was needed. It was expected that funding would be available following the review and the majority of this would be spent by specialised commissioning at a regional level but the CCG would be working closely with specialised commissioning to ensure there was good join up across the pathway to ensure that people get the support and care they need when they need it.</p> <p>JH thanked all the speakers and Governing Body members for attending and thanked the Communications team for their work arranging the AGM and providing the digital support. JH thanked everyone for their attendance and interest in the work of the CCG especially during these unprecedented times and thanked everyone for their support for the work of the CCG and noted that the CCG can only do this in partnership with the people we serve. JH thanked the public in assisting the NHS through lockdown and self-isolation. A short video was played thanking the members of the public for their help during the pandemic.</p>	

Lucy Powell, Corporate Support Officer, October 2020

