

BNSSG Commissioning Executive Committee

Minutes of the meeting held on 9th July 2020 at 10:40am, MS Teams

Minutes

Present			
Kirsty	Alexander	Clinical Lead for Children's and Maternity, BNCCG CCG	KA
Andrew	Appleton	Corporate Clinical Lead for Digital, BNSSG CCG	AA
Colin	Bradbury	Area Director for North Somerset, BNSSG CCG	CB
Peter	Brindle	Medical Director, Clinical Effectiveness, BNSSG CCG	PB
Anne	Clarke	Director for Adult Social Services, South Gloucestershire Council	AC
Deborah	El Sayed	Director of Transformation, BNSSG CCG	DES
Hugh	Evans	Director of Social Care, Bristol City Council	HE
Jon	Evans	Clinical Commissioning Area Lead for South Gloucestershire, BNSSG CCG	JE
Kevin	Haggerty	Clinical Commissioning Area Lead for North Somerset, BNSSG CCG	KH
Jon	Hayes (CHAIR)	Clinical Chair, BNSSG CCG	JH
Geeta	Iyer	Clinical Corporate Lead for Primary Care Provider Development, BNSSG CCG	GI
David	Jarrett	Area Director for South Gloucestershire, BNSSG CCG	DJ
Michael	Jenkins	Clinical Care Pathway Lead for Integrated Care, BNSSG CCG	MJe
Lisa	Manson	Director of Commissioning, BNSSG CCG	LM
Shaba	Nabi	Clinical Lead, Prescribing	SN
Julia	Ross	Chief Executive, BNSSG CCG	JR
Sheila	Smith	Director, People and Communities, North Somerset Council	SS
David	Soodeen	Clinical Care Pathway Lead for Mental Health, BNSSG CCG	DS
Sarah	Truelove	Director of Finance, BNSSG CCG	ST
Alison	Wint	Clinical Care Pathway Lead for Specialised Care, BNSSG CCG	AJW

Apologies			
Sara	Blackmore	Director of Public Health, South Gloucestershire Council	SB
Alison	Bolam	Clinical Commissioning Area Lead for Bristol, BNSSG CCG	AB
Martin	Jones	Medical Director, Commissioning and Primary Care, BNSSG CCG	MJ
David	Peel	Clinical Corporate Lead for Planned Care, BNSSG CCG	DP
Rosi	Shepherd	Director of Nursing & Quality, BNSSG CCG	RS
Lesley	Ward	Clinical Care Pathway Lead for Unplanned Care, BNSSG CCG	LW
In attendance			
Sarah	Weld	Deputy Director /Consultant in Public Health, South Glos Council	SW
Jacqueline	Holden	Executive PA to Director of Commissioning (Note taker), BNSSG CCG	JHo

	Item	Action
1	Welcome and Apologies	
2	Declarations of Interest No DOI arose nor conflicts of interest declared.	
3	Minutes of the meeting of 11th June 2020 The minutes of the previous meeting were agreed to be a correct record.	
4	Actions arising from previous meetings: The action log was reviewed and updated. It was agreed that updates on actions should be provided prior to future meetings.	
5	Governance Proposals – MH, LD & Autism, Children’s Lisa Manson introduced the item and Deborah EL-Sayed summarised the new proposed Governance arrangements for Mental Health, LD & Autism and Children. DES advised currently these were key areas where a number of programmes and inputs occurred across Commissioning, Transformation and Nursing & Quality Directorates with teams being split into functions resulting in potential duplication and inefficiencies. The new proposed governance arrangements would ensure the move to a more defined approach whereby Executive responsibility would be supported by a single defined team This single team approach would bring together the core functions of Nursing & Quality, Commissioning and Contracting, Transformation and Partnership/Engagement.	



	Item	Action
	<p>DES asked CE to endorse the proposed new governance arrangements that would include the establishment of governance meetings for each of the areas: Children, Mental Health and LD&Autism. Each SRO would be responsible for co-ordinating the overarching objectives of each of the single teams which will be agreed by the whole exec team /commissioning exec / GB each quarter. This would align priority focus and ensure that any overlaps or gaps could be identified early.</p> <p>LM advised that the proposed arrangements would focus on achieving improved internal collaboration and streamlining structures and functionality.</p> <p>KA supported the proposals in particular around communications and welcomed the link, noting that the opportunity to improve and highlight the planned and urgent care work for children. KA queried where the commissioning arrangements for the three areas would sit. DES advised that the TOR developed around each of the groups would include a list of priorities hat would allow CE members to review to ensure all priorities had been captured.</p> <p>Julia Ross (JR) commented that if anything arose via contracting and commissioning discussions then it would be appropriate to be overseen in terms of delivery at Commissioning Executive. LM advised that it was not intended that the Operational Delivery Boards received contractual feedback but rather they had a line of sight in terms of delivery so the contract management element would sit with ICQPMs.</p> <p>AW spoke about the increased need since COVID for psychological support for teenage adults experiencing cancer and asked where this would sit in these new arrangements. LM advised that it was expected this would go through to the children’s group initially acknowledging it would need to also feed into other relevant groups in the system such as Cancer and to colleagues in specialised commissioning where there was a shared responsibility. LM reflected on Sirona’s attendance at the CODB meeting, which had focussed on aligning to ensure best outputs as opposed to contractual conversations. LM advised this was about ensuring there was a collective set of shared priorities on each of the agendas.</p>	



	Item	Action
	Commissioning Executive approved the proposed governance changes.	
6	<p>Severe Weather Plan Lisa Manson presented the previously circulated Severe Weather Plan for review and agreement by Commissioning Executive Committee. The report was taken as read and LM advised the plan reflected the BNSSG Severe Weather arrangements in terms of Emergency Planning Resilience Response (EPRR) monitoring and had been reviewed and refreshed in order to ensure the policy reflected the current arrangements. LM advised that no significant changes had been made, asked for questions from the Committee however no questions were raised.</p> <p>Commissioning Executive approved the Severe Weather Plans</p>	
7	Item removed	
8	<p>COVID-19 Local Outbreak Management Plans Sarah Weld (SW) was welcomed to Commissioning Executive to present the item for information purposes only. SW advised every upper tier Local Authority was required to have in place a COVID-19 Outbreak Management Plan by the end of June 2020 to anticipate, prevent and contain incidents and outbreaks of COVID -19 in local areas. These plans would be in place for the foreseeable future. Given the evolving situation, the Local Outbreak Management Plans and the arrangements around them would be live and iterative processes.</p> <p>SW advised the three plans for North Somerset Council, South Gloucestershire Council and Bristol City Council all differed as each identified and addressed their specific high risk settings, communities and places; but were in common in relation to their application of health protection principles and operating procedures; relationship with the LRF and engagement with the NHS.</p> <p>LM commented that the CCG had started to identify from the plans how best to implement them and was developing a standard operating procedure to ensure when there is an outbreak, there would be a collective response that would minimise the impact of that outbreak. LM noted this was work in progress.</p>	



	Item	Action
	<p>SW advised that outbreaks (defined as 2 or more cases in a population) could be very small in a closed local setting or city wide resulting in different levels of response so working across geographical areas was considered to be important.</p> <p>Jon Evans (JE) asked about the relevance of R Level in broader terms when it activated a more general intervention around Public Health and lockdowns and what the anticipated value would be. SW advised of the LA level data collections and whole data dashboard that analysts looking across the system to identify how the data that came in at LA level could be aggregated so the whole system could view. SW advised it the intention was for the R Level to be used in that context.</p> <p>JE asked about a request from the SGlos membership of when Primary Care would have access to that data in a tool kit form. SW advised that there was a large piece of work being looked around this however was unable to give a timescale at that point.</p> <p>Michael Jenkins (MJ) raised a query on care home outbreaks where the practice was linked to the care home and how it could be ensured the Primary Care was informed of the outbreak. SW advised of a systematic approach being developed by South Glos to ensure the clinical lead for each of the care homes was notified of each outbreak.</p> <p>ACTION 165: MJ to link with SW regarding Care Provider Cell queries on care home outbreak notifications.</p> <p>LM spoke about the complexity of the work in progress in operationalising the National Guidance around testing in care homes and the need to ensure the most appropriate response was in place when managing such outbreaks. The rationale being that if outbreaks could be managed well surges could also be suppressed.</p> <p>SW advised of the LA Health Protection Boards, their memberships and the huge amount of work taking place on a large number of topics in a rapid amount of time to get this operational response in place as we come into the winter months and anticipated increase in numbers.</p>	



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	<p>SW advised that the LOMP documents had been through the Bronze, Silver and Gold Commands and were now live and accessible via the website.</p> <p>Commissioning Executive accepted the report.</p>	
9	<p>Urgent Care Activity and Performance update report</p> <p>Lisa Manson presented the item that was with Commissioning Executive for information. LM advised that the Urgent Care performance had improved through April, May and June; noting there had been less attendances and although there had been an increased number of admissions. This indicated Emergency Department attendances had not yet returned to pre-COVID conditions. LM advised of the Urgent Care workshop due to take place the next day and the focus of which would be on how to make across system changes to UC in new ways post COVID-19.</p> <p>Commissioning Executive accepted the report.</p>	
10	<p>Corporate Risk Register and Governing Body Assurance Framework</p> <p>Sarah Carr (SC) was welcomed to the meeting to present the paper on the GABF and CRR. SC advised that both had recently been discussed at Governing Body and the various changes proposed in the report had been approved.</p> <p>CRR:</p> <p>SC advised of a significant amount of change within the CRR as Directorates applied the COVID-19 risk element to their Directorate's individual risks.</p> <p>GBAF:</p> <p>SC advised that GB continued to work through its principle objectives and was developing a set to discuss in August after which these would be added to the framework.</p> <p>Jon Evans asked if there had been any learning around how as an organisation the CCG composed risk registers and whether this something that should be considered. SC advised that following an internal audit on risk management processes and an internal auditor presentation to GB, the way in which risks are presented within the register will be changed</p> <p>Commissioning Executive accepted the report.</p>	

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11	Area Prescribing Medicines Optimisation Committee Minutes of Meeting 2 April 2020 – <i>For information only.</i> Commissioning Executive accepted the report.	
12	Any Other Business No AOB was raised	
	Committee Effectiveness: None raised.	
	Date of next meeting: Thursday, 13 th August 2020 at 9.30 – 12:00pm	

Lisa Manson

Director of Commissioning

NHS Bristol, North Somerset and South Gloucestershire CCG

