

BNSSG Commissioning Executive Committee

Minutes of the meeting held on 12th March 2020 at 9:20am, LG Flr Boardroom, South Plaza, and Bristol.

Minutes

Present			
Kirsty	Alexander	Clinical Lead for Children's and Maternity, BNCCG CCG	KA
Alison	Bolam	Clinical Commissioning Area Lead for Bristol, BNSSG CCG	AB
Colin	Bradbury	Area Director for North Somerset, BNSSG CCG	CB
Peter	Brindle	Medical Director, Clinical Effectiveness, BNSSG CCG	PB
Deborah	El Sayed	Director of Transformation, BNSSG CCG	DES
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
David	Soodeen	Clinical Care Pathway Lead for Mental Health, BNSSG CCG	DS
Sarah	Truelove	Director of Finance, BNSSG CCG	ST
Lesley	Ward	Clinical Care Pathway Lead for Unplanned Care, BNSSG CCG	LW
Alison	Wint	Clinical Care Pathway Lead for Specialised Care, BNSSG CCG	AJW
Apologies			
Andrew	Appleton	Corporate Clinical Lead for Digital, BNSSG CCG	AA
Sara	Blackmore	Director of Public Health, South Gloucestershire Council	SB
Anne	Clarke	Director for Adult Social Services, South Gloucestershire Council	AC

Terry	Dafter	Director for Adult Social Care, Bristol City Council	TD
Jon	Evans	Clinical Commissioning Area Lead for South Gloucestershire, BNSSG CCG	JE
Martin	Jones	Medical Director, Commissioning and Primary Care, BNSSG CCG	MJ
Shaba	Nabi	Clinical Lead, Prescribing	SN
David	Peel	Clinical Corporate Lead for Planned Care, BNSSG CCG	DP
Justine	Rawlings	Area Director for Bristol, BNSSG CCG	JRa
Julia	Ross	Chief Executive, BNSSG CCG	JR
Sheila	Smith	Director, People and Communities, North Somerset Council	SS
In attendance			
Sarah	Carr	Corporate Secretary, BNSSG CCG	SC
Neil	Turney	Transformation Directorate, BNSSB CCG	NT
Carol	Slater	Transformation Directorate, BNSSG CCG	CS
Debbie	Campbell	Deputy Director, Medicines Optimisation, BNSSG CCG	DC
Helen	Wilkinson	Medicines Optimisation, BNSSG CCG	HW
Vicky	Tucker	Medical Directorate (Clinical Effectiveness), BNSSG CCG	VT
Glenda	Beard	McMillan GP	GB
Chris	Moloney	Project Manager, Transformation Directorate, BNSSG CCG	CM
Jacqueline	Holden	Executive PA to Director of Commissioning (Note taker), BNSSG CCG	JHo

	Item	Action								
01	Welcome and Apologies Jon Hayes (JH) Chair welcomed members and attendees to the meeting. Apologies noted as above.									
02	Declarations of Interest David Soodeen (DS) declared a conflict of interest in Item 7. The Chair instructed that DS be excluded from the decision related to this item.									
03	Minutes of the meeting of 12th March 2020 It was agreed that the minutes of the previous meeting were a correct record.									
04	Actions arising from previous meetings: <table border="1" data-bbox="300 1816 1241 1899"> <thead> <tr> <th>Item</th> <th>Outcome</th> <th>Item</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>141</td> <td>Closed</td> <td></td> <td></td> </tr> </tbody> </table>	Item	Outcome	Item	Outcome	141	Closed			
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141	Closed									
05	Integrated Frailty Services - Investment Business Case									

	Item	Action
	<p>Greg Penlington was welcomed to the meeting and gave a brief summary of the document (taken as read). GP explained the document:</p> <ul style="list-style-type: none"> • represented the multi-year system wide strategy for BNSSG's delivery of better-integrated care for individuals with frailty through locality ICPs. • was a detailed first year plan of the service starting from April 2020 and looked at the impact on mitigating acute growth in line with the Long Term Plan (LTP). <p>Michael Jenkins summarised the model of care first reviewed by Commissioning Executive in September and updated the meeting on the development of the model of care for frailty.</p> <p>Kirsty Alexander (KA) queried how far forward had savings been modelled, what was the likely impact on Locality Hubs of the anticipated high turnover of social workers and was a May delivery date achievable. GP advised the financial figures took into account any underlying prevention on services that would be live when the programme commenced.</p> <p>Sarah Truelove (ST) considered the business case to be an excellent piece of work with a high level of engagement with all parties.</p> <p>Peter Brindle (PB) queried the level of confidence in achieving the savings detailed in the paper. GP advised there was relative confidence in using an 85% occupancy rate for the model developed partly from existing Canterbury and Oxford models. Lisa Manson (LM) advised that the assumptions around the business case for the LARC chairs had in terms of urgent care, been robustly developed with the Acute Trusts and ST considered the savings in the paper were very prudent.</p> <p>David Soodeen (DS) referred to the Outcomes Framework – asked how the information would be used to drive improvements.</p> <p>Alison Bolam (AB) queried the workforce capacity required to deliver the model in particular GP with special interest and Health Visitors.</p>	



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	<p>Colin Bradbury queried the governance of the programme and how the CCG would maintain oversight. GP advised that the governance route was in the process of being developed.</p> <p>Alison Wint (AW) considered the focus on preventative support was positive and suggested several additions to the referrals forms.</p> <p>Kevin Haggerty (KH) considered the paper to be good. KH queried the acuity and risks around estates and asked for clarity around what services actually need to be in the physical hub.</p> <p>Deborah El-Sayed (DES) considered the work done on the outcomes and benefits was exemplary and stressed the importance of collating the data required to successfully deliver benefits and identified more evidence on the capacity and demand work was needed.</p> <p>Commissioning Executive were asked to approve:</p> <ul style="list-style-type: none"> • Approve the model of care described in Section 5, with all partners committed to moving towards the agreed service descriptions and pathways beginning in 20/21. • Recognise the activity and financial impacts presented in Section 6 as a best estimate generated by the system, and use these to inform acute contracting for 20/21. • Approve the evaluation framework for inclusion in provider contracts from 20/21, set out in Section 7. • Approve the proposed next steps and governance for overseeing the mobilisation of the service, set out in Section 9. <p>Commissioning Executive approved the above.</p>	
06	<p>Delivering guideline level care to Chronic Obstructive Pulmonary Disease (COP) patients across BNSSG</p> <p>Peter Brindle (PB) introduced two observers from the Medical Directorate as Cathy Holloway and Vicky Tucker.</p> <p>Debbie Campbell (DC) and Helen Wilkinson (HW) presented the item noting that 2018 the CCG approved a programme of partnership working with National Services for Health Improvement Ltd (NSHI) for 2 years. This was to deliver excellent care to patients with COPD, in practices, funded by two</p>	



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	<p>pharmaceutical partners and commenced in January 2019 resulting in a positive impact on patient care</p> <p>One pharmaceutical partner had withdrawn and in order to meet the CCG's commitment to interested practices it was necessary to alter the arrangement with NSHI and change the branding on the literature used. Although the branding would change, the service would remain the same. The withdrawal of the other partner would result in a slight change to the funding flow in that the funding would go from the pharma company direct to NSHI who would deliver their COPD+ service.</p> <p>The nature of the clinical intervention and the reporting requirements would not change and the arrangements remained compliant.</p> <p>Commissioning Executive were asked to agree an adjustment to the current programme of work with pharmaceutical industry partners to optimise the management of people with COPD in primary care in BNSSG.</p> <p>Alison Bolam (AB) asked that Appendix 2 be updated to include a full explanation of acronyms.</p> <p>Alison Wint (AW) asked for the COPD service to dovetail in with the earlier diagnosis of cancer workstream currently running.</p> <p>David Soodeen (DS) queried whether the data reflected a deficiency within primary care generally or that possibly the service did not currently run in some practices. HW advised that a more detailed evaluation of the data was required and this would be carried out following completion of the project in December.</p> <p>Commissioning Executive Committee approved the adjustment to the current programme of work as above.</p>	
07	<p>Mental Health Support Teams – Expression of Interest</p> <p>Carol Slater (CS) and Neil Turney (NT) were welcomed to the meeting to present the paper on Mental Health Support Teams.</p>	



	Item	Action
	<p>CS explained that MHSTs were a new service designed to support mental health in schools and colleges. Largely comprised of Education Mental Health Practitioners (EMHPs), a new role created to expand the workforce they offered early intervention for MH and emotional wellbeing in schools.</p> <p>CS noted this was an opportunity to bid for targeted funding explaining this was a draft bid developed in partnership with local authority colleagues and the voluntary sector.</p> <p>CS advised that North Somerset Council was still compiling their Public Health data set, which once received would be slotted into Section 3 - Needs Assessment. The date for project planning completion was 29 June 2020.</p> <p>ACTION: CS to circulate updated Sect 3 once completed with the North Somerset Council data.</p> <p>CS asked Commissioning Executive for feedback. Deborah El-Sayed (DES) advised the bid was intended to cover the whole of BNSSG and that the initial bid was for three sites which would be determined once/if successful.</p> <p>Lisa Manson (LM) asked how many of the nine organisations were contributing to the scheme and if there was a requirement to cover the ongoing financial contribution, once funding expired. CS advised there would likely be a single provider and that ongoing financial contribution would be required.</p> <p>Sarah Truelove (ST) advised on ensuring clarity around how outcomes were to be measured, in particular the inclusion of outcome measures that ranged from immediate to long term.</p> <p>CS advised that the level of funding was not yet known at this early stage of the process.</p> <p>A discussion took place around the outcomes, the scope in adopting workforce, how teams might work and around strengthening the proposal and agreeing criteria for sites should the Expression of Interest be successful.</p>	151



	Item	Action
	<p>LM requested that there should be an agreed principle in place on the siting of the teams in order to deliver the most benefit for the system.</p> <p>ACTION: CS to return to Commissioning Executive before bid is finalised with the principles on agreeing where prioritisation on where teams are deployed.</p> <p>Commissioning Executive supported the Expression of Interest for submission subject to the above.</p>	152
08	<p>Commissioning Policies for Approval Vicky Tucker (VT) and Cathy Holloway (CH) were welcomed to the meeting and Peter Brindle (PB) introduced the item presented by Vicky Tucker (CT).</p> <p>Following the presentation there were no questions raised and the item unanimously approved.</p> <p>Commissioning Executive Committee approved the commissioning policies for adoption by the CCG.</p>	
09	<p>Proposed Implementation of Patient Portal My Medical Record (MMR) Chris Moloney (CM) and Glenda Beard (GB) were welcomed to the meeting to present the item on the progress of the implementation of the web based patient portal My Medical Record (MMR) to support the delivery of remote monitoring and patient stratified pathways for patients living with and beyond cancer.</p> <p>Commissioning Executive was asked to:</p> <ul style="list-style-type: none"> • note the work currently underway and led by the Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance (SWAG) to deliver the project across BNSSG. • support the development of a business case being prepared for UHB, NBT and WAHT for the implementation of a web based remote monitoring solution. • note and advise on any of the considerations outlined within this paper where appropriate. 	



	Item	Action
	<p>CH advised that SWAG had proposed that an approach for stratified pathways across the alliance for Breast, Colorectal and Prostate cancer should be agreed with implementation starting from April 2020.</p> <p>Kirsty Alexander asked around what opportunities existed to expand the service to other areas such as secondary care. GB advised this service could be set up for other chronic diseases on a tariff per licence per patient hence there would be an additional financial cost.</p> <p>GB advised that the funding available now was intended to trial the current model for 2 years without any commitment to SWAG to take forward.</p> <p>DES noted it would be useful to have a roadmap from the Southampton team who had developed the model in order to better understand the wider outpatient transformation.</p> <p>A discussion took place around responsibility of the ongoing costs, confirmed as Acute trusts likely to hold responsibility, and the implementation process about raising individual patient awareness of the service, their eligibility and the range of communication to ensure patients and GPs awareness.</p> <p>DES asked about the commercial risks and if these would be managed by NBT and the acutes. CM confirmed that was the case.</p> <p>David Soodeen (DS) considered that the potential additional costs to the CCG needed further discussion and noted the tariff quoted as £7 per patient was too expensive.</p> <p>Lisa Manson (LM) stressed the need to identify clearly within the model that contact with a clinical nurse specialist would be non-chargeable.</p> <p>Commissioning Executive noted the report.</p>	
10	<p>Urgent Care Activity and Performance Update</p> <p>Lisa Manson (LM) gave an update on urgent care activity and performance noting the position remained very challenging and spoke about:</p> <ul style="list-style-type: none"> • The single system recovery plan in place • Ongoing work across the system to understand the impact in terms of urgent care expectations pre-COVID-1 • Impact of the new community contract and mobilisation with regards to managing growth and activity next year • GP at the door programme via NBT 	



	Item	Action
	<ul style="list-style-type: none"> Structure around the programme of urgent care in place via the Urgent Care Oversight Board <p>Alison Bolam (AB) suggested a brief summary report highlighting the urgent actions and responses undertaken to address the actions would be helpful. LM agreed to review this.</p>	
11	<p>Contract Performance Update Report – Acute</p> <p>Lisa Manson (LM) introduced James Gold (JG) Head of Contracts – Acute to the meeting to present the Acute Contract Performance report including:</p> <ul style="list-style-type: none"> Mth 9 / Mth 10 position - adverse by £2.5m c/f M9 for NBT/UHB Rectopexy – current position update given noted some progress with strong clarification on contractual position around NBT’s responsibilities as the prime contract holder. <p>LM spoke briefly about the progression around contractual arrangements and the requirement for the CCG to approve all sub-contractors.</p> <p>Alison Wint (AW) noted that the cancer 28-day performance report due from the Acute Trusts in April would include data on NBT sub-contracting 2wk wait referrals, which had not previously occurred. LM advised, as this was outside of current national guidance on operating protocols, it would be reviewed by the Contracting team with NBT.</p> <p>David Soodeen queried the Quality meeting with Weston. LM advised a mini Quality Summit that had taken place at Weston to explore all the core risks, mitigating plans and to ensure they were documented and monitored whilst the merger with UHB progressed.</p> <p>Peter Brindle (PB) queried the Mth 10 £2.5m adverse figure. JG confirmed this was largely in non-elective. LM advised that there had been an increase in the number of attendances above plan; also an increase of attendances of less than 1 day and a decrease in the number of admissions longer than 1-day length of stay. Data showed that GP referrals had not increased whilst other referrals had and this was being worked through.</p> <p>Commissioning Executive noted the report.</p>	
12	<p>Monthly Finance Report (For information)</p> <p>Commissioning Executive noted the report.</p>	
13	<p>Corporate Risk Register and GB Assurance Framework</p> <p>Sarah Carr (SC) was welcomed to the meeting to present the Corporate Risk Register and Governing Body Assurance Framework.</p>	

	Item	Action
	SC updated the meeting on the Risk Register status informing Commissioning Executive of the removal of the Pier Health risk and that she would be working with LM and the EPRR team to update the current COVID-19 risk. . Commissioning Executive noted the report.	
14	COVID-19 Update Lisa Manson (LM) provided an update on the COVID-19 status and advised that further information would be cascaded later that day following the system call. DES advised a Comms telecon would take place that afternoon following which the Comms team would circulate information.	
15	Minutes of the Commissioning Policy Review Group – 18th February 2020 (For information) CPRG minutes were noted Commissioning Executive noted the minutes.	
16	Community Services Mobilisation update (For information) Lisa Manson gave a brief update on the Community Services Mobilisation noting: <ul style="list-style-type: none"> • the mobilisation phase was progressing well • the provider had implemented separate mobilisation and COVID-19 teams to ensure the mobilisation phase went smoothly • currently testing of access to data underway • in the final stages of TUPE staff across to new provider • a single telephone number will be in place by 1st April • normal contact for SPA will continue to work Commissioning Executive noted the report.	
17	Any Other Business	
	Committee Effectiveness: The Chair asked for comments on the meeting's Committee Effectiveness and there were no comments taken.	
	Date of next meeting: Thursday, 9 th April 2020 at 8.30 – 12:00pm CCG 4 th Floor Conference Room, South Plaza	

Lisa Manson
Director of Commissioning
NHS Bristol, North Somerset and South Gloucestershire CCG

