

Commissioning Executive

Minutes of the meeting held on 13th September 2018 at 9.00am at South Plaza, Bristol.

Minutes

Present		
Chair Jon Hayes	Clinical Chair, BNSSG CCG	JH
Julia Ross	Chief Executive, BNSSG CCG	JRo
Deborah El-Sayed	Director of Transformation, BNSSG CCG	DES
Lisa Manson	Director of Commissioning, BNSSG CCG	LM
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
Martin Jones	Medical Director, Commissioning and Primary Care, BNSSG CCG	MJo
Debbie Campbell	Deputy Director, Medicines Optimisation (attending on behalf of Medical Director)	DC
Mike Vaughton	Deputy Director of Finance (attending on behalf of Director of Finance)	MV
Shaba Nabi	Clinical Corporate Lead for Prescribing, BNSSG CCG	SN
Lesley Ward	Clinical Care Pathway Lead for Unplanned Care, BNSSG CCG	LW
Kate Mansfield	Clinical Care Pathway Lead for Children's and Maternity, BNSSG CCG	KM
Jeremy Maynard	Clinical Corporate Lead for Quality, BNSSG CCG	JM
Michael Jenkins	Clinical Care Pathway Lead for Integrated Care, BNSSG CCG	MJe
David Peel	Clinical Corporate Lead for Planned Care, BNSSG CCG	DP



Andrew Appleton	Corporate Clinical Lead for Digital, BNSSG CCG	AA
Shelia Smith	Director, People and Communities, North Somerset Council	SS
Apologies		
Jon Evans	Clinical Commissioning Area Lead for South Gloucestershire, BNSSG CCG	JE
Sarah Truelove	Director of Finance, BNSSG CCG	STr
Justine Rawlings	Area Director for Bristol, BNSSG CCG	JRa
Peter Brindle	Medical Director, Clinical Effectiveness, BNSSG CCG	PB
Geeta Iyer	Clinical Corporate Lead for Primary Care Provider Development, BNSSG CCG	GI
David Soodeen	Clinical Care Pathway Lead for Mental Health, BNSSG CCG	DS
Kate Rush	Clinical Leadership Development, BNSSG CCG	KR
Kevin Haggerty	Clinical Commissioning Area Lead for North Somerset, BNSSG CCG	KH
Alison Bolam	Clinical Commissioning Area Lead for Bristol, BNSSG CCG	AB
Alison Wint	Clinical Care Pathway Lead for Specialised Care, BNSSG CCG	AW
Sara Blackmore	Director of Public Health, South Gloucestershire Council	SB
Terry Dafter	Director for Adult Social Care, Bristol City Council	TD
Anne Clarke	Director for Adult Social Services, South Gloucestershire Council	AC
In attendance		
Claire Thompson	Deputy Director of Commissioning, Performance and Planning, BNSSG CCG	CT
Kiersten Wilson	Transformation Manager – Mental Health and Learning Disabilities, BNSSG CCG (for item 7)	KW
Lindsay Cox	Project Officer – Mental Health and Learning Disabilities, BNSSG CCG (for item 7)	LC
Sally Robinson	Performance Improvement Manager, Planned Care, BNSSG CCG (for item 9)	SR
Padma Ramanan	Head of Finance – Partnerships and Mental Health, BNSSG CCG (for items 9 and 10)	PR
Ian Popperwell	Service Improvement Facilitator – Mental Health and Learning Disabilities, BNSSG CCG (for item 10)	IP

Alison Ford	Head of Children and Maternity, BNSSG CCG (For item 12)	AF
Elizabeth Williams	Transformation Manager for Planned Care, BNSSG CCG	EW
Margaret Kemp	Service Improvement Facilitator (Planned Care), BNSSG CCG (for item 13)	MK
Pippa Stables	Inner City and East LLG Member (for item 13)	PS
Andrew Burnett	Interim Director for Public Health, North Somerset Council	ABu
Lucy Powell	PA to Lisa Manson, Director of Commissioning, BNSSG CCG	LP

	Item	Action
01	<p>Apologies</p> <p>Apologies were noted as above.</p>	
02	<p>Declarations of Interest</p> <p>02a. To consider any changes to attendee interests since the last meeting</p> <p>Jon Hayes highlighted a new declaration of interest regarding his practice. Hanham Health have been contracted to provide Primary Care Services to the Ministry of Defence based at Abbeywood, Bristol. It was noted that this did not affect this meeting's agenda.</p> <p>02b. To consider any conflicts of interest arising from this agenda</p> <p>Jon Hayes Item 11 – Community Health Service Procurement</p> <p>Jon Hayes highlighted that Hanham Health work with Bristol Community Health to provide custodial Primary Care Services. It was agreed that Jon Hayes would take part in the discussion but not the decision.</p>	
03	<p>Minutes of the meeting and matters arising from 9th August 2018</p> <p>The minutes were agreed as a correct record.</p>	



	Item	Action
03.1	<p>Action log from 9th August 2018 and Forward Planner</p> <p>Please see attachment 3.2.</p>	
04	<p>EPRR Policy</p> <p>Claire Thompson (CT) presented this item noting that the paper highlighted the roles and resources required for Emergency Preparedness Resilience & Response (EPRR) within BNSSG CCG. It was agreed that a paper regarding the NHS England compliance assessment would be presented at the next meeting.</p> <p>The Committee approved the policy for use.</p>	LM
05	<p>Commissioning Intentions</p> <p>Lisa Manson (LM) outlined the forums where the Commissioning Intentions had been discussed highlighting locality meetings, Governing Body and GP member's events. The Commissioning Intention letters were currently being drafted following input from CCG stakeholders and would be sent on the 30th September 2018.</p> <p>The key messages following consultation have been:</p> <ul style="list-style-type: none"> • Primary Care and localities • Prevention and Self Care • Primary Care investment <p>CT noted that these key themes would be included as part of the narrative of the letters alongside the broader Commissioning Intentions.</p> <p>Jeremy Maynard (JM) highlighted the need for something to be included in the Commissioning Intentions around using plain English when writing to patients as the issues around clinician/patient communications had been raised through the local GP Quality Portal. The Committee agreed with this and CT noted that to bolster this message, work could be undertaken with the Communications team as well as highlighted to NHS England to include within</p>	



	Item	Action
	<p>contracts.</p> <p>Shaba Nabi (SN) highlighted the self care and prevention theme and requested that this message be included as a separate commissioning intention for the CCG rather than included within other sections. The Committee discussed work ongoing in this area highlighting the need for the whole system to drive this message forward.</p> <p>LM explained that the draft Commissioning Intention letters would be signed off at the Strategic Finance Committee to be held on the 25th September 2018.</p>	
06	<p>Urgent Care Update</p> <p>04a. A&E Delivery Dashboard – Headlines and Executive Summary</p> <p>Claire Thompson (CT) informed the Committee that the dashboard would be refreshed to provide information in a more useful format. It was noted that the refreshed dashboard would show differences against year to date and previous year’s data and highlight a single diagnosis of system failure.</p> <p>CT reported on the current system status; North Bristol Trust (NBT) were reporting increased ambulance arrivals whereas University Hospitals Bristol (UHB) were reporting increased walk ins. The long length of stays were improving on last year’s position for NBT however, the short length admissions were increasing.</p> <p>CT shared with the Committee the analysis of the Urgent Care system undertaken by the Urgent Care Oversight Board and highlighted that the key information to note was the increasing level of attendances for both NBT and UHB. Lisa Manson (LM) highlighted the counting and coding work taking place at NBT and explained that the work should highlight the issues related to the growth in admissions. A meeting has been arranged for later this month with NBT to discuss the coding review.</p> <p>Martin Jones (MJo) highlighted the need for Primary Care intervention before A&E and the Committee discussed the GP Support Unit and GP Support Team at the Acute Trusts. Julia Ross</p>	



	Item	Action
	<p>reiterated that Prevention and Self Care were key priorities for the CCG.</p> <p>Following review of the Urgent Care statistics, Jeremy Maynard (JM) asked what the statistical significance was of the data being reported. LM agreed to ask the Business Intelligence team to add narrative to the report for clarity. The Committee then discussed the possibility of communications to GPs and patients containing further explanation of the A&E pressures to provide understanding of local issues.</p>	LM
07	<p>Children and Young People Emotional Health and Wellbeing Transformation Plan Refresh</p> <p>Kiersten Wilson (KW) and Lindsay Cox (LC) joined the meeting for this item.</p> <p>KW gave the background to the plans, noting that these were refreshed each year and approved by the both the CCG and Local Authorities at the highest level. It was explained that the plan focused on improving access and equality of service across BNSSG, working alongside the Local Authorities and Public Health across the STP footprint.</p> <p>Kate Mansfield (KM) asked that the plan consider the risk that Children’s services could potentially be part of the Community Reprourement.</p> <p>Julia Ross (JRo) commented that the paper was missing the vision for Children’s and Adolescents Mental Health Services (CAMHS) in 2019/20 and noted that the need for consistent care for every child in BNSSG needed to be the key message throughout the plan. The Committee discussed the need for a single point of access across the two providers of children’s care.</p> <p>KW highlighted that within the plan a single point of access had been alluded to and this had been discussed with the Weston Area Health Trust (WAHT). It was also noted that recruitment was currently ongoing at WAHT and money had been provided to improve the children’s services through this recruitment.</p> <p>Deborah El-Sayed (DES) highlighted the link between the plan and the Mental Health Investment Standard (MHIS) and noted the need for clear project delivery and improvements to the services to be shown against clear measurable milestones. The Committee agreed that further clarity regarding alignment to the MHIS needed to be</p>	



	Item	Action
	<p>presented to the Committee in November.</p> <p>The Committee approved the plan to move to a more unified system approach in 2019.</p>	
08	Item Deferred	
09	<p>Dementia Centre of Excellence Model of Inpatient Care</p> <p>Sally Robinson (SR) and Padma Ramanan (PR) attended the meeting for this item.</p> <p>Lisa Manson (LM) provided the background to the paper and explained that as the potential options could result in decommissioning beds the decision would need to be taken by the Clinical Senate.</p> <p>LM outlined the options as:</p> <ul style="list-style-type: none"> • Do nothing • Decommission beds in North Somerset • Decommission beds in Bristol • Decommission beds in both Bristol and North Somerset <p>It was highlighted that the preferred option was to decommission the beds in Bristol and move service provision to North Somerset. The Committee were informed that the quality of service at the ward in Weston was excellent and that the high quality staff were unlikely to continue if moved to Bristol.</p> <p>The Committee discussed service provision for patients with dementia and LM noted that following the decision at the Clinical Senate, further informed discussions can take place.</p> <p>The Committee agreed to approve the paper for Clinical Senate decision on the understanding that the paper would include further clarity on the case for change.</p>	
10	<p>Improving Access to Psychological Therapies (IAPT) Financial Envelope Report</p> <p>Ian Popperwell (IP) and Padma Ramanan (PR) joined the</p>	

	Item	Action
	<p>Committee for this meeting.</p> <p>The Committee discussed the governance route for the IAPT procurement and it was noted that the Strategic Finance Committee would be reviewing the budget and length of contract.</p> <p>The Committee discussed the Mental Health Investment Standard (MHIS) and prioritisation for this money. PR confirmed that previously at a Commissioning Executive meeting, IAPT had been agreed as a priority for 2019/20. Following this it had been agreed at Governing Body to delay procurement by 6 months which had resulted in a part year effect for the 2019/20 investment into IAPT. The share of the MHIS was discussed and the relative amounts for CAMHS and Psychiatric Liaison were highlighted.</p> <p>Lisa Manson (LM) confirmed that the decision for the CCG was whether the priority for IAPT was increased access for patients or improved recovery. It was highlighted that the specification had been written to prioritise performance outcomes as a key indicator to be monitored through the contract.</p> <p>The Committee discussed IAPT in terms of adult provision and the equivalent services for Children and Young People.</p> <p>The Committee agreed to support the investment on the 17% access rate but note that the contract specification should stipulate an amendment to access rates to national standard level as the service model increases access to the service. The Committee advised IP to discuss the wording of this with the Procurement team for clarity.</p> <p>The Committee agreed to invest 800k in 2019/20 with £1.6m to be invested in 2020/19.</p> <p>The Committee agreed a contract length of 7 years plus 3 years possible extension.</p>	
11	<p>Community Health Services Procurement</p> <p>Lisa Manson (LM) highlighted the scope of the Community Health Services Procurement noting that the PIN (Prior Information Notice) had been issued. It was noted that work was continuing on the service specification with the contract to be awarded on the 1st April 2020. LM explained that the current scope of the procurement does not take into account any change in service strategy through 2019/20 but there will be a requirement in the service to align to any</p>	



	Item	Action
	<p>CCG strategies and policies.</p> <p>The areas not included in the procurement were highlighted as:</p> <p>Elderly care in the Acute Trusts Rehabilitation and Reablement Integrated Therapies Mental Health alignment Outpatients appointments</p> <p>It was highlighted that Children’s services had been included within the PIN despite no current agreement that it would be included within the scope. Kate Mansfield (KM) raised concerns with including Children’s Services within the scope explaining that the time for stabilisation of a service was a long time in a child’s life particularly regarding healthcare.</p> <p>The Committee approved the procurement route and the timeline for procurement.</p>	
12	<p>Overnight Short Breaks for Children with SEND in South Gloucestershire</p> <p>Ali Ford (AF) presented this item explaining that the short breaks programme was a requirement of the South Gloucestershire SEND plan and an integral part of the joint commissioning work with the Local Authority. It was noted that the service was well regarded and of good quality and that the SEND review had requested more examples of joint commissioning such as the short breaks service.</p> <p>AF explained that the future plan would be to provide a similar service across the whole of BNSSG and this would be part of the 19/20 planning.</p> <p>The Committee agreed the extension of the contract with KIDS and agreed to continue to provide financial support for the next two years (2019 – 2021). The Committee noted that the monitoring of the contract would be jointly through the Better Care governance process.</p>	
13	<p>Planned Care</p>	



	Item	Action
	<p>Elizabeth Williams (EW) and Margaret Kemp (MK) attended the meeting for the planned care items.</p> <p>BNSSG Planned Care Strategy</p> <p>Dave Jarrett (DJ) introduced the strategy explaining that this was a joint piece of work between the planned care and transformation teams. EW asked that the Committee agree the mandate for work to start on developing and implementing a planned care strategy. It was noted that the aim of the strategy was to align work, particularly around urgent care, and provide patient centred care across BNSSG. EW informed the Committee that the process for developing and implementing the strategy would be through the same route as the Urgent Care strategy. LM noted that the strategy would be part of the work towards a single system plan.</p> <p>The Committee supported the proposal to develop the planned care strategy.</p> <p>Eye Care Strategy</p> <p>MK explained that alongside the planned care strategy it was proposed that an eye care strategy be developed to address the inequality of service across BNSSG. It was noted that the process for development and implementation would follow that of the planned care strategy. LM highlighted the need to engage with NHS England around current service provision and provide an end to end pathway for patients. The Committee discussed the referral route into the ophthalmology pathway noting that this could be a mixture of GP and Optometrist referrals.</p> <p>The Committee supported the proposal to develop the eye care strategy.</p> <p>Contract Award Recommendation Report for the Community Cancer Service</p> <p>MK outlined the award of the contract for Community Cancer Services to Bristol Community Health and explained that the service had been a successful 5 year pilot and consisted of 1:1 support and support groups.</p>	



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	<p>The funding for the service was confirmed as coming from the Cancer Transformation Fund with additional funding from Macmillan. It was confirmed that the funding from Macmillan would continue for the length of the contract of 1 year plus 1 year possible extension.</p> <p>The Committee supported the award of the contract to Bristol Community Health.</p>	
14	<p>Proposals for Public Health Services</p> <p>The Committee welcomed Andrew Burnett (ABu), from North Somerset Council to the meeting.</p> <p>ABu introduced the item noting that the Council receives an annual Public Health grant to improve the health of the local population. ABu highlighted that the proposal presented had been approved by Public Health England.</p> <p>ABu explained that local services receiving the Public Health grant had been assessed against a set of criteria to ascertain the schemes which would provide the greatest benefit to the health of the local population and the grant had been assigned to the highest priority schemes. ABu highlighted that it was important to note that the grant would not be the only source of funding for these schemes, but would be a percentage of the money available.</p> <p>The Committee discussed the criteria assessed against and it was noted that outcomes and the strength of the evidence of the outcomes was a large part of the assessment. The Committee noted the strategic fit rating and commented that it was the same for all the schemes. ABu noted that this had been recognised and this score had been removed from the final weightings.</p> <p>ABu highlighted that the proposal still needed approval from the councillors.</p> <p>The Committee discussed the impact to CCG commissioned services should the proposal be approved. ABu explained that any potential impact would be discussed with the CCG, however, any reduction in budget would be marginal.</p>	



	Item	Action
	<p>The Committee thanked ABu for the presentation, who commented that if there were any further questions to contact him directly.</p>	
15	<p>Locality Transformation Plans</p> <p>Dave Jarrett (DJ) highlighted the key points on the progress and approach of the Locality Transformation Plans. It was explained that the GP locality boards have submitted plans that been agreed and improved access would commence in all localities on the 1st October 2018. The GP locality boards were now developing monitoring and evaluation plans to ensure delivery and support.</p> <p>The Committee were informed that work was ongoing regarding integrated care and would be presented at the next Primary Care Commissioning Committee. Mike Jenkins (MJe) outlined the challenges of bringing providers together to test the arrangements before winter.</p> <p>Shaba Nabi (SN) noted the funding available through the collaborative work on phase 3 and highlighted the additional work ongoing through the locally enhanced services and primary care commissioning. Colin Bradbury (CB) agreed that there was still work that needed undertaking to include the GP locality commissioning leads and GP locality provider leads to review the collaborative work. The Committee discussed the requirement for additional funding decisions to be taken through the Primary Care Commissioning Committee.</p> <p>The Committee agreed the approach to the phase 3 development, noting the progress made to date and the plans to manage risk in delivery.</p>	
16	<p>CHC Audit</p> <p>Jo Kapp (JK) provided the background to the CHC audit noting that the CHC team had not yet undergone the same transition as the rest of the organisation and was fragmented across BNSSG. The audit had been undertaken to review how to provide the best quality service across the local area. Following the review, a number of recommendations had been developed including an options appraisal of the Adults CHC service and how best to transform this service. JK noted that the recommended option had been option 3,</p>	



	Item	Action
	<p>to bring the services in house to the CCG. JK informed the Committee that a CHC Programme Board would be established to monitor and review the progress against the recommendations.</p> <p>The Committee supported the recommendations:</p> <ul style="list-style-type: none"> • To undertake a rapid capacity and resource analysis of option 3 • Develop a new staffing structure based on the analysis • Clarify commissioning and procurement advice around this option • Produce a detailed business case for the Commissioning Executive Committee • Establish a CHC Programme Board and develop the recommendations into a work programme to be overseen by the Board. 	
17	<p>Risk Register</p> <p>LM asked the Committee to review the Risk Register and provide her with any comments. It was agreed to add the Risk Register and Governing Body Assurance Framework as the first item on the October agenda and allow for sufficient time to discuss.</p>	ALL
18	<p>Governing Body Assurance Framework</p> <p>LM asked the Committee to review the Assurance Framework and provide her with any comments. It was agreed to add the Risk Register and Governing Body Assurance Framework as the first item on the October agenda and allow for sufficient time to discuss.</p>	ALL
19	<p>BNSSG Drugs and Therapeutics Committee minutes</p> <p>The Committee received the minutes</p>	
20	<p>Any Other Business</p> <p>There was no other business raised</p>	
21	<p>Date of next meeting – 11th October 2018</p>	

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

