NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

DRAFT

Bristol, North Somerset, South Gloucestershire CCG Governing Body meeting

Minutes of the meeting held on Tuesday 3rd December 2019 at 1.30pm at Clevedon Hall, Elton Road, Clevedon, North Somerset, BS21 7RQ

Minutes

Present		
John Cappock	Lay Member Finance	JC
Kirsty Alexander	GP Locality Representative Bristol North and West	KA
Colin Bradbury	Area Director, North Somerset	CB
Peter Brindle	Medical Director Clinical Effectiveness	PB
Deborah El-Sayed	Director of Transformation	DES
Jon Evans	GP Locality Representative South Gloucestershire	JE
Felicity Fay	GP Locality Representative South Gloucestershire	FF
Christina Gray	Director of Public Health	CG
Kevin Haggerty	GP Representative North Somerset Weston and Worle	KH
Brian Hanratty	GP Locality Representative Bristol South	BH
David Jarrett	Area Director South Gloucestershire	DJ
Martin Jones	Medical Director Commissioning and Primary Care	MJ
Nick Kennedy	Independent Clinical Member Secondary Care Doctor	NK
Rachael Kenyon	GP Representative North Somerset Woodspring	RK
Alison Moon	Independent Clinical Member Registered Nurse	AM
Justine Rawlings	Area Director Bristol	JRa
John Rushforth	Deputy Chair, Lay Member Audit and Governance	JRu
Julia Ross	Chief Executive	JR
David Soodeen	GP Locality Representative Bristol Inner City and East	DS
Sarah Talbot-Williams	Lay Member Patient and Public Involvement	STW
Julie Thallon	Interim Director of Quality	JT
Claire Thompson	Deputy Director of Commissioning	CT
Sarah Truelove	Chief Financial Officer	ST
Apologies		
Jon Hayes	Clinical Chair	JH
Lisa Manson	Director of Commissioning	LM
In attendance		
Jenny Bowker	Head of Primary Care Development	JB
Sarah Carr	Corporate Secretary	SC

Matt Nye	Head of Digital Transformation	MN
Lucy Powell	Corporate Support Officer	LP
Sharon Woma	Inclusion Coordinator	SW

	Item	Action
1	**Apologies** Apologies were received from Jon Hayes (Chair) and Lisa Manson. John Cappock Chaired the meeting in the Chairs absence. Claire Thompson attended on behalf of Lisa Manson.	
2	**Declarations of interest** There were no new declarations of interest or declarations of interest relevant to the agenda.	
3	**Minutes of the previous meeting of the 5th November 2019** The minutes were agreed as a correct record.	
4	**Actions arising from previous meetings** The Governing Body reviewed the action log: 04.06.19 4.0 – An update on the Integrated Care Bureau would be provided as part of the December meeting, the action was closed. 06.08.19 7.1 – The dashboard has been completed. The teams are considering how best to report the data to the Governing Body. This action was closed. 01.10.19 9.1 to 9.1.5 – It was confirmed that the amendments to the Patient and Public Involvement Forum Terms of Reference suggested at Governing Body had been discussed with Jon Hayes who took Chair's actions to approve the Terms of Reference. All associated actions were closed. 05.11.19 6.4 – It was confirmed that the communications team were working with the toolkit team to develop some wording for the toolkit. 05.11.19 11 – Michelle Smith has arranged to meet with Mr Blethstowe. The action was closed.	
5	**Chief Executives Report** Julia Ross (JR) reported that the draft Long Term Plan had been submitted on 15th November and the CCG were waiting for feedback from NHS England/Improvement. The Long Term Plan would be resubmitted with further financial detail during December 2019. Due to the General Election, the CCG was currently unable to publish the draft Long Term Plan, but would publish the plan in the new year. JR highlighted the urgent care system pressures the CCG has reported throughout 2019/20 and noted that Claire Thompson	

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	(CT) and system colleagues were starting a system reset which involved a week of focussing on new plans and ideas to make urgent care more sustainable. The reset was noted as an opportunity for the CCG to test new models of care. CT noted that the Chief Executive of North Bristol Trust would be leading the system reset at Chief Officer level.	
6.1	**Integrated Care Bureau (ICB) Digitalisation** Deborah El-Sayed (DES) noted that the paper provided an update on the digitalisation of the Integrated Care Bureau (ICB) highlighting that there were further conversations to be had around the model of digitalisation and funding. DES noted that this was an opportunity to streamline the patient discharge process. Matt Nye (MN) was welcomed to the meeting. MN provided the background to the digitalisation noting that the CCG had engaged with system partners to map the data streams across the three Acute Trusts. MN explained that the key ambition of the project was to ensure that following the admission of patients to hospital, other areas of care were alerted to possible support that may be required particularly around complex patients who may need additional support following a hospital stay. MN highlighted the development of a single referral form to be used throughout the system to improve access to services and communication between providers. MN highlighted that the challenge facing the CCG was in changing the culture of how teams work together. The CCG would continue to engage with all system partners to mitigate this risk. Jonathan Evans (JE) praised the staff working at the ICB but noted that the IT systems needed updating as well as become standardised across providers. JE highlighted the data sharing issues inherent with patients registered at practices outside of their Local Authority area. John Rushforth (JRu) asked about the resources outlined within the paper and asked what resources had already been allocated. DES clarified that the paper provided an overview of the current position, and explained that the CCG would be considering the options through a task and finish group. Money has been received from NHS Digital and this money would be allocated as part of a business case once the task and finish group have	

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	completed the review. Sarah Truelove (ST) noted that the review would investigate whether the ICB was the correct model to improve patient flow across the system. ST highlighted that if the overall culture changes were not adopted by the whole system then the fundamental issues would not be addressed. Alison Moon (AM) noted the ICB as an example of the CCG undertaking something different in order to improve services for patients. AM noted that the risk regarding engagement behaviours from the system partners had not been outlined in the paper and suggested that this be included. DES noted that this was a common concern regarding any transformational programme of work. Julie Thallon (JT) suggested that digitalisation was unnecessary for those parts of the system that were performing well and it was noted that these areas would be highlighted as part of the ongoing analysis. Nick Kennedy (NK) asked whether the team were assured that the plans would provide the outcomes expected. DES noted that the plans would be monitored and reviewed following implementation and amendments made to the model if required. JR recognised that the ICB had been developed by the system and suggested that the funding received was utilised to improve the existing service. It was reiterated that any concerns regarding the system model would be investigated as part of the service model review. It was noted that the paper did not mention ICB capacity mapping or whether there was a way to review the capacity of the ICB without phoning care homes. MN noted that health data relating to capacity was available, however there were some external concerns with sharing Local Authority data across the BNSSG area. JR asked how the risks had been identified and it was explained that these had been developed by the staff operating the ICB. DES assured the Governing Body that the review would involve all system partners and would ensure that the CCG took the opportunity to improve the service and reduce the time staff spent on administrative tasks.	

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	The Governing Body noted the update on the Integrated Care Bureau.	
7.1	**Quarter Two Patient Experience Report** JT presented the report which included information regarding compliments, complaints and general enquiries received by the CCG. The themes of the contacts were outlined, which included queries regarding waiting times and exceptional funding requests. JT noted that the number of complaints had increased during quarter 2 and the team were reviewing whether there were any recurrent themes to cause the increase. JT noted the long waits recorded at A&E during quarter 3 and highlighted that the CCG could see an increased number of contacts regarding waiting times during the next quarter. Felicity Fay (FF) suggested the increase in complaints could have been due to the increased visibility of customer services following advertising the service. JT agreed and confirmed that visibility would further increase following the move of the customer service function to the Corporate Services team. JE noted that the section relating to the numbers of contacts regarding primary care access and waiting times were unclear whether they were for North Somerset or South Gloucestershire. JT agreed to check and update the Governing Body. AM asked whether the CCG had the tools to provide letters and forms in languages and formats other than sign language and easy read versions. JR confirmed that a variety of languages and formats can be accommodated if requested. David Soodeen (DS) asked about the 36 contacts regarding primary care access and waiting times in Bristol. JT confirmed that these were queries regarding GP registration and were most likely related to the closure of Bishopston and Northville Practices. Racheal Kenyon (RK) praised the inclusion of the Healthwatch report summaries, including their review of access to mental health services for children and young people. Sarah Talbot-Williams (STW) asked whether there was a way to monitor protected characteristics data in order to review whether	**JT**

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	there were any groups of patients who needed further support to contact the Customer Services team. It was suggested a feedback form could be sent which included monitoring information. JR suggested that this needed further consideration to gather feedback in a more structured way. **The Governing Body noted the contents of the Quarter 2 Patient Experience Report.**	
8.1	**BNSSG Quality and Performance Report** Claire Thompson (CT) outlined the key points from the performance report: • BNSSG Trusts' 4 hour A&E performance decreased in September but remained better than the national average for type 1 emergency departments. The performance challenges were driven by volume of attendances and admissions, not matched by discharges. CT explained that the South West was an outlier nationally for cost increase without improvements in productivity and this might explain why A&E performance was comparatively better, as there has been significant acute investment in supporting front door performance. • Total waiting list sizes were increasing for BNSSG and performance continued to be under trajectory with some recovery expected in quarter four. • The risk to achieving zero 52 week waiting patients by the end of quarter 4 was highlighted. This was due to provider transfer difficulties and patient choice. The number of waiting patients continues to be driven mainly by North Bristol Trust (NBT). • Cancer target performance continues to be a concern for BNSSG and the South West region, however 2 week wait performance improved during September. Work was noted as ongoing in the skin and urology specialities to further improve performance. • CT highlighted that the CCG has been in discussion with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) regarding concerns with the ADHD waiting list. Following the November Commissioning Executive meeting a recovery plan has been agreed with AWP which the CCG will closely monitor.	

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	FF asked for clarification regarding the total elective admissions being 'worse' than plan and it was confirmed that this meant that elective admissions were marginally higher than planned. FF also asked whether any analysis of harm had been undertaken on the patients waiting over two weeks for skin diagnostics. CT noted that harm reviews for long waiting patients are routinely undertaken by providers but would update specifically on the 2 week wait breaches. FF asked whether the dementia data included information from the memory clinic. CT agreed to check and report this to the Governing Body. AM highlighted the improvement in planned care diagnostic performance during September and asked whether this would continue. CT confirmed that there was expected to be regional provision in place to support diagnostics, for example endoscopy, however performance was expected to plateau and the providers were not expected to achieve recovery trajectories during 2019/20. The concern raised by AWP regarding availability of flu vaccinations was discussed and CT noted that Bristol Community Health (BCH) had similar concerns. CT informed the Governing Body that weekly monitoring was taking place and the CCG was supporting these providers to ensure that flu vaccination uptake was high. Kirsty Alexander (KA) noted the increase in consultant referrals and CT confirmed that the CCG were monitoring 'other' referrals noting that these included those from interface services such as opticians and dentists, and not just consultant to consultant. KA asked why non-elective attendances were higher from March and asked whether this related to an increase in respiratory attendances. CT noted that there had been sustained high levels of non-elective demand driven by a range of specialities not necessarily respiratory. Sarah Truelove (ST) explained that there had been a change in recording from July 2019 which may have affected the data. KA also asked why the maternity data appeared erratic. CT agreed to investigate and provide a response.	**LM/CT** **LM/CT** **LM/CT**

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	DS highlighted the 4 hour A&E wait data noting that the waits at NBT were currently better than those at University Hospitals Bristol (UHB) and Weston Area Health Trust (WAHT). CT explained that NBT have made some significant changes and investment to their front door model to improve performance. JR noted that this was following months of variable performance from NBT. The focus for the CCG would now be supporting UHB (both children's and adults) and WAHT to improve their 4 hour wait performance. DS noted the low recovery rates reported for the Improving Access to Psychological Therapies (IAPT) service and suggested that these could be attributable to the fact the service was new but also that patients with illness too severe for the IAPT service were remaining in the IAPT system. JR noted that if this was the case the teams would need to be taking action to refer patients to the most appropriate setting. CG noted the national access rates for IAPT and JR confirmed the IAPT specification had been written with an emphasis on improving recovery rates rather than access rates. It was confirmed that once recovery rates had improved, access rates would be addressed. Dave Jarrett (DJ) noted the decrease in performance for the 62 day cancer standard at NBT and asked whether the CCG was confident that the recovery plans for the skin and urology specialities would improve performance. CT confirmed that the required recruitment has taken place and this would continue to be monitored. JT outlined the key points from the quality report: • The CCG were monitoring the workforce data received from BCH. The quality team were working with BCH to ensure that contract performance would be maintained until the adult community health services contract transfer in March 2020. • The CCG were working with Sirona to monitor the risks associated with Looked After Children during the adult community health service contract mobilisation period. • There were a number of infection control issues reported at Weston General Hospital which resulted in bed and	

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	ward closures. A number of lessons learnt have been identified and actions developed. • There were increased numbers of 12 hour trolley wait breaches at Weston General Hospital. • NHS England/Improvement have been concerned about the safety of A&E departments during winter and weekly phone calls have been arranged with the CCG Directors of Nursing for assurance. • Calls answered within 60 second performance at SevernSide Integrated Urgent Care has decreased during September. The CCG has discussed call quality and call drop rates with the provider. AM highlighted the mortality rates within the report and requested that the Quality Committee undertake a deep dive into this area and report back to the Governing Body through narrative in the Quality report. The Governing Body discussed the revalidation of A&E calls and ambulance calls taking place at SevernSide. Kevin Haggerty (KH) suggested that due to the activity across the urgent care system, more resource should be provided to revalidate ambulance calls. JT explained that the revalidation related to the increasing category 3 and category 4 calls which were being validated noting that calls to 999 were diverted if not answered after 30 minutes. CT noted that SevernSide were trying to provide 'intelligent' revalidation, i.e. where was the revalidation likely to have the most benefit in terms of avoided conveyance, rather than simply achieving the volume metric for revalidation. **The Governing Body received the Quality and Performance report.**	**JT**
8.2	**Finance Report** ST outlined the key points from the finance report. The net risk has increased from the previous month due to: • A new cost pressure relating to prescribing following significantly higher volumes of prescriptions issued in August, particularly from Lloyds Pharmacies • Re-assessment of mitigations related to additional funding from NHS England for the Integrated Care Bureau and Category M drugs	

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	KA highlighted that practices had noticed issues relating to Category M Drugs and explained that there were problems with obtaining certain drugs and alternatives were being suggested by the system. ST confirmed that the CCG were investigating what was driving the price and volume increase of these drugs. It was explained that this was a national issue. FF asked for further information regarding the overspends within the independent sector. ST confirmed that this was driven by over activity within the MSK speciality by two providers, Care UK and Newmedica. JE asked about the overspend on Continuing Healthcare (CHC) and asked whether there was a review process for high cost learning disability packages. ST confirmed that there was currently an external review ongoing to assess CHC processes which included benchmarking against other CCGs. The review would evaluate whether there were systems the CCG could implement to improve CHC processes. **The Governing Body received the Finance report.**	
9.1	**Equalities Annual Report** DES highlighted that this was the first equalities annual report for the CCG. Sharon Woma (SW) presented the report noting that the CCG had achieved an 'amber' rating overall. It was explained that this was the first Equality Delivery System2 (EDS2) undertaken as a single organisation. SW outlined the work the CCG has undertaken which sets the foundation for future equality, diversity and inclusion work. This included the development of the CCG values, the development of the inclusion forum and implementation of staff networks. SW outlined the opportunities for improvement including further training on completing Equality Impact Assessments and improving the diversity of staff recruited. SW noted that the CCG were working towards an 'evidence into practice' approach by utilising resources such as public health data and the Healthier Together patient panel data to improve decision making. DS praised the inclusion of the section 'seldom heard communities' and encouraged the CCG to develop a formal framework for receiving feedback from local communities.	

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	JRu was encouraged by the actions included within the report such as reverse mentoring and noted that the work appeared to be heading in the right direction. JRu suggested that the annual report was focussed heavily on the legal obligations of the CCG rather than the passion and aspirations shown at the Governing Body. Michelle Smith (MS) noted that the equalities annual report was part of the wider equality, diversity and inclusion strategy which outlined the aspirations and showed the passion of the CCG to improve equality throughout BNSSG. JR noted that creating a more inclusive culture was critical and suggested the inclusion team think about what this would look like for the CCG and how this could be monitored. CG suggested that SW attend the Health and Wellbeing Board to consider working jointly with the Local Authorities on Equality Impact Assessments and how these can work for the system. SW noted that currently the team were implementing more training sessions on completing Equality Impact Assessments and discussing how best to work with other organisations. DES noted that the natural progression was considering the assessments across organisations to ensure that the assessments were adding value to the process rather than being viewed as a 'tick box' exercise. **The Governing Body received the Equalities Annual Report.**	
9.2	**Emergency Preparedness Resilience and Response (EPRR) Policy** **The Governing Body approved the Emergency Preparedness Resilience and Response Policy.**	
9.3	**Quarter Two Primary Care Commissioning Report** Jenny Bowker (JB) outlined some of the key work overseen by the Primary Care Commissioning Committee (PCCC) during quarter two: • There was continued engagement with patients, the public and stakeholders on a wide range of issues including the refresh of the Primary Care Strategy. • The Committee received a report regarding the Primary Care Network (PCN) development plans and the PCCC discussed how the CCG would support these. The PCNs	

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	- self-assessed their maturity against a national matrix and the locality teams were working with PCNs to develop organisational development packages based on the needs identified through the self-assessment. - The PCCC received a presentation on the Intensive Support Site scheme project that had taken place in Weston and Worle. The paper had outlined what aspects of the scheme had worked and the lessons learnt from the project. This has been shared with the localities. - The Committee were informed that the BNSSG Training Hub had been successful in bidding for funding for a practice based placement pilot that would review skill mix within primary care. The Committee discussed the need for the Hub to support the BNSSG STP ambitions and the importance of working with Healthier Together. - The PCCC received reports on the dispersal of the registered patients with Bishopston and Northville Practices. The dispersal was completed in October 2019 and the CCG continued to meet with the receiving practices and Brisdoc as the exiting provider. - The GP patient survey results had been presented to the Committee with the response rate reported as above national average. It was reported that the CCG benchmarked well against a majority of indicators. Work was continuing with practices that received a lower rate or score on indicators. - The Committee agreed to review a Primary Care focussed Risk Register at the meeting quarterly. Brian Hanratty (BH) asked how the locality teams were supporting the development of the PCNs. JB confirmed that the CCG were supporting PCNs through various means including through the population health management programme. The PCNs were reviewing population metrics and developing plans based on the data. Justine Rawlings (JRa) highlighted that there needed to be an estates review as there was currently no sense of all the estates projects ongoing across BNSSG. It was noted that a review of estates projects for 2019/20 would be undertaken by the PCCC at the end of the financial year.	

	Item	Action
	The Governing Body noted the contents of the report and recognised the work the Primary Care Commissioning Committee has overseen through quarter two 2019/20.	
10.1	**Minutes of the Quality Committee** **The Governing Body received the minutes**	
10.2	**Minutes of the Commissioning Executive** **The Governing Body received the minutes**	
10.3	**Minutes of the Strategic Finance Committee** **The Governing Body received the minutes**	
10.4	**Minutes of the Primary Care Commissioning Committee** **The Governing Body received the minutes**	
10.5	**Patient and Public Involvement Forum Update** **The Governing Body received the minutes**	
11	**Questions from Members of the Public** A member of the public highlighted recent care home closures and the numbers of hospital beds available for patients and asked whether the CCG had contingencies in place to manage any reductions in the numbers of beds. JR noted that care home beds were the responsibility of the Social Care sector, however local health and social care organisations were working hard as a system to understand bed capacity. The system was working on ensuring that patients were treated in the correct place for example, providing care at home rather than within a care home setting. JR confirmed that any reductions in beds would be reviewed and monitored by the CCG. CG confirmed that there were also plans developing within the Adult Social Care sector regarding capacity planning. CG noted that the plans including increasing workforce noting that in order to ensure care homes can provide safe care, the staff and skill levels needed to be appropriate. It was confirmed that care home staff were included as part of the local workforce plan. It was noted that recruiting and retaining staff was a national issue and NHS England, Public Health England and the Department of Health and Social Care understood the importance of both health and social care staff.	

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	Colin Bradbury (CB) noted that the CCG worked closely with the Local Authorities regarding risks related to existed care homes as well as plans for new developments.	
12	**Any Other Business** There was no other business.	
13	**Date of Next Meeting** Tuesday 8th January 2020, 13.30pm, The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ	
14	**Motion to Exclude Press and Public** The "motion to resolve under the provisions of Section 1, Subsection 1 of the Public Bodies (Admission to Meetings) Act 1960 that the public be excluded from the meeting for the period that the Clinical Commissioning Group is in committee, on the grounds that publicity would be prejudicial to the public interest by reasons of the confidential nature of the business" was proposed by JRu and seconded by STW.	

Lucy Powell, Corporate Support Officer, December 2019