NHS
Brighton and Hove
Clinical Commissioning Group

Primary Care Commissioning Committee to be held in public
on Tuesday 22nd March 2016 1-2pm
in The Auditorium, Ground floor, The Brighthelm Centre,
North Road, Brighton BN1 1YD

Members attending:	Jennifer Oates	Independent Clinical Member - Registered Nurse(Chair)
	Dr Dinesh Sinha	Independent Clinical Member (Secondary Care Consultant)
	Dr George Mack	Lay Member (Governance)
	John Child	Chief Operating Officer
	Pippa Ross-Smith	Chief Finance Officer
	Denise D'Souza	Director Adult Social Care, Brighton and Hove City Council
	Richard Woolterton	Head of Primary Care, NHS England
	Bob Deschene	Healthwatch
	Ian Harper	Local Medical Council representative
	Mike Holdgate	Lay member (Patient, Public Participation)
In Attendance:	Lisa Durant	Interim Director of Delivery and Performance.
	Martha Robinson	Head of Communications and Engagement
	Natasha Cooper	Head of Commissioning –Primary Care and Community Services
	Michael Schofield	Former Chief Finance Office
	Emma Snowdon	Governing Body Secretary
Apologies:	Tom Scanlon	Director of Public Health
	Soline Jerram	Lead Nurse, Director of Patient Safety and Clinical Quality

AGENDA

No	Item	Action	Lead	Paper	Time
012/16	Welcome and apologies	Note	Jenny Oates		1pm
013/16	Declaration of Interests	Note	Jenny Oates		1.03pm
014/16	Minutes from the meeting held in January 16.	Approval	Jenny Oates	✓	1.05pm
015/16	Matters arising	Note	Jenny Oates	✓	1.08pm
016/16	LCS business case development	Note	John Child	✓	1.12pm
17/16	Update on Primary Medical Service (PMS) contract	Note	John Child		1.25pm
18/16	Communications and engagement update – Co-commissioning	Note	John Child	✓	1.35pm

19/15	Approved minutes from the Primary Care Transformation Board.	Note	George Mack	✓	1.45pm
	Any Other Business		Jenny Oates		1.55pm
	Future Meetings (All 4-5pm unless stated in The Auditorium, The Brighthelm Centre)	Note	Jenny Oates		
	• 24th May 16 • 26th July 16 • 27th Sept 16 • 22nd November 16 • 24th January 17 • 28th March 17				

Conduct of meetings in relation to attendance by members of the public: Members of the public are asked to note that NHS Brighton and Hove Clinical Commissioning Group Primary Care Committee meetings are meetings held in public, they are not 'public meetings' where members of the public can speak at any point. Agendas identify when the Chairman will receive questions and comments from the public. For all other agenda items speaking rights are reserved to Committee members and agreed representatives sitting at the table; members of the public should not speak or intervene in proceedings unless invited to do so. In all matters the Chairman's decision is final. The introduction by the public or press representatives of recording, transmitting, video or similar apparatus into meetings of Brighton and Hove Clinical Commissioning Group Primary Care Committee is not permitted.

NHS
Brighton and Hove
Clinical Commissioning Group

Draft Minutes of the Primary Care Commissioning (PCC) Committee held in public on Tuesday 26th January 2016 4-5pm in The Auditorium, Ground Floor, The Brighthelm Centre, North Road, Brighton BN1 1YD

Members attending:	Jennifer Oates(JO)	Independent Clinical Member - Registered Nurse(Co-chair)
	Dr Dinesh Sinha(DS)	Independent Clinical Member (Secondary Care Consultant) (Co-chair)
	Richard Woolterton(RW)	Head of Primary Care, NHS England
	Dr George Mack(GM)	Lay Member (Governance)
	Claire Holloway(CH)	Interim Chief Operating Officer
	Mike Holdgate(MH)	Lay member (Patient, Public Participation)
	Soline Jerram(SJ)	Lead Nurse, Director of Patient Safety and Clinical Quality
	Michael Schofield(MS)	Chief Finance Officer
	Dr Tom Scanlon(TS)	Director of Public Health
	Denise D'Souza(DD'S)	Director Adult Social Care, Brighton and Hove City Council
	Bob Deschene(BD)	Representative from Healthwatch
In Attendance:	Lisa Durant(LD)	Interim Director of Delivery and Performance.
	Natasha Cooper(NC)	Head of Commissioning –Primary Care and Community Services
Apologies:	Ian Harper (IH)	Local Medical Council representative

Item No	Item	Action
01/16	**Welcome and Apologies**	
	JO welcomed everyone to the meeting and the above apologies were noted.	
02/16	**Declaration of any Conflicts of Interests**	
	None were declared.	
03/16	**Minutes from the meeting held in November 2015**	
	It was noted that Would Care should be *Wound* Care. The minutes were approved as an accurate record.	
04/16	**Matters arising**	
	All matters arising were either on the agenda or complete. **Action outstanding: It was noted that the Business Case for Primary Care investment is due to come to the March Meeting.**	**NC/MS**
05/16	**Update on General Practice Personal Medical Services (PMS) contracts review**	
	CH introduced the paper to the committee noting that in 2014 NHS England launched a national review of PMS contracts. In B&H there are 5 GP practice sites that operate under a PMS Contract and are run by The Practice Group.	

	PMS contracts are locally negotiated contracts compared to the nationally negotiated General Medical Services (GMS) contracts. NHS England has written to the practices operating under a PMS contract outlining the approach to the review in accordance with the National Guidance. These reviews need to be completed and any proposal implemented by March 16. NC highlighted the following points from the report: - NC has worked closely with NHS England to understand what the funding is used for and the impact on services if premium funding is removed and if any reinvestment decisions need to be made. - However In recent weeks The Practice Group has served notice to NHS England on its contract. The committee made the following comments: - DS queried what the impact of The Practice Group giving notice will be. RW noted that they currently have a 6 month notice period, which will be until the end of June. This is not out in the public domain as NHS England are currently in negotiations around an extension of the notice period so they can look at the options for the 5 sites. All the local data is currently being pulled together by NHSE and the CCG to understand the capacity of neighbouring practices and look at help to support them. A commissioning panel is being held at the end of the month to assess all the information and external stakeholders are involved, so a recommendation can be presented to their management team, and by early March there should be clarity around the options going forward. The meeting is pencilled in for the 26th Jan, and has gone out to Healthwatch etc. - MH noted that he felt lessons had been learnt following the Goodwood Court process in relation to communication to PPGs and surrounding practices. The whole communication has been much better. - RW confirmed the national guidance that any redeployment of PMS premium is ring-fenced for local CCGs, and this feeds into the local LCS plans. - CH noted that this will be a more managed process, and there is a lot of focus and transparency to plan together for the local needs. CH noted that there have been quality issues at 2 of the practices and issues around premises and there is an opportunity to come out of this with improved services. - DD'S queried how we can prevent practice population dispersing, thus putting extra pressure on surrounding practices. The homeless practice will have a very different client population which needs to be carefully considered. RW noted that the homeless population is one that would not be dispersed. There are continuity plans in place in the event of the change, so although it is difficult to give assurance at this stage, there is some hope the service will be as secured. NC noted that the joint commissioning plans with the LA which are in place are not a continuity plan for the homeless model, but a model we want to implement across the city for the homeless. - BD queried the GP's in the 5 practices, is there scope to hire them? RW noted that they are independent contractors, and are salaried under the practice group. - DS noted it would be useful to have an update at the March meeting. JO agreed we would need some clear guidance and statements to support patients. **Action: NC to provide the stakeholder letters which have already gone out.** - MH noted that it would be useful to have a communications team involved. The committee **noted** the information.	**NC**

06/16	**Local Estates Strategy and Primary Care Transformation Fund**	
	NC presented the Local Estates Strategy and Primary Care Transformation Fund prioritisation and highlighted the following points: - NC noted that they were not ready to bring back the full Estates Strategy at this stage. The paper instead notes the stage they are at in the process, but also touches on the Primary Care Transformation Fund. - The DOH wrote to CCGs suggesting they develop a local estates strategy that will enable delivery of their commissioning strategies and provide a framework for delivery of the Five Year Forward View. It should cover all providers in the city. - The initial estates strategy was submitted to NHS E in December. Property Services have allocated a consultant to work on that strategy. - Alongside this NHS E announced The Primary Care Transformation Fund formally known as the Infrastructure Fund, which is a four year £1billion (£250m per annum) investment programme to help general practice make improvements in premises and technology. The CCG is asked to coordinate and prioritise the application process to ensure bids are in line with the primary care strategy. It is expected that bids will need to be submitted to NHS E by the end of Feb 2016. The committee raised the following points: - MH highlighted the importance of linking PPGs into the work. NC noted that a letter went out to practices re. premises in which they were asked to acquire feedback from patients, however PPGs were not contacted directly. - DS queried whether we are getting additional resources for drawing up estates plans. NC noted that Property Services/ Department of Health and NHS England would be providing the resources. - DS queried how much of the Transformation Fund would be coming to the CCG. RW confirmed that it would be based on capitation formula, it would be based on the quality of the bids, access and strategic need. DS noted the importance of working up bids sooner rather than later. RW noted the bid at this stage is an initiation document, rather than a final bid. MS noted that the CCG's capitation share is £5m over 4 years. - TS noted that it might be useful to bring a more strategic 10 year vision for developing practices. NC agreed, and said that developing an estates strategy for the city seems a better way forward. - SJ queried how we are influencing practices to think bigger, to build radically new Primary Care Services. NC noted that the bids have to be driven by those willing to put their own capital into the investment. - MS noted that we had a Primary Care Estates Strategy in PCT days, with a vision for GPs to co-locate, and some premises were built bigger than were needed with the assumption that so other practices could expand into those. - GM noted that Multi-Community Providers would also need to be included. - DS noted that the bids will need to be at cluster level to achieve the transformational change. - DS noted that the Governing Body need to be kept informed. - DD's noted that we also need to build on the plan that the community provider group came up with cluster leads. **Action: A Governing Body seminar item re. Primary Care Premises Strategy to ensure the GB members are kept informed on estates developments.**	**SJ**

	The committee **noted** the proposal for developing a Local Estates Strategy and the Prioritisation principals for bids for the Primary Care Transformation Fund 16/17.	
07/16	**Update on co-commissioning**	
	The committee were recommended to: - Note the direction of travel around co-commissioning of Primary Care and the outcome of previous discussions. - Provide any views on the co-commissioning options to be fed into any future discussions with member practices. CH introduced the item with some history, and NC highlighted the following points: - B&H CCG have been asked twice (2014 and 2015) to submit an expression of interest to take further responsibilities for commissioning primary care. - The timescales have been very tight each time, the engagement with practices and public had improved for the second round and a number of different events were held to gain feedback. A vote was taken by member practices and they did not feel it was the right decision for the CCG to take on the additional function at that stage. Some issues were around managing conflicts of interest and maintaining relationships with practices. - NC noted that guidance released from NHS England is positive, but feedback from neighbouring CCGs indicates that those who have taken on the responsibility have had a positive experience and it does allow decisions to be made quickly, and better reflects local needs. - NC noted we need to start preparing for the next expression of interest now and be looking at the options, and also noted that there would be no additional resource from NHS England. The committee highlighted the following points: - BD noted that CCG's are being asked to take this on without any additional resources and queried how much additional resource have been put into the neighbouring CCGs who have taken it on. - RW noted that CCG's have a management allowance of £20 per head. Some CCGs may have a leaner management team, or funding may have been found from elsewhere, so as long as costs do not go above this CCGs can be creative. - MS noted as part of 5 year allocations B&H CCG were told the administration budget was £6m flat, with no increase for the next 5 years. MS noted he had talked to neighbouring CCGs finance offices. Where CCGs are a reasonable size or sharing resources already, they have been able to pull support together relatively easily. However some CCGs have employed additional employees. - CH noted that there are very limited resources at NHS England and they are more remote. When there is something big happening such as a practice closure, there needs to be contingency with other commissioning teams. - RW noted that some of the CCGs who opted to co-commission still need NHS England's support. They are looking to secure some external expertise to support CCGs to navigate issues to smooth the transition. - MH proposed that the communications team be invited to the meeting to ensure communications and engagement activity is timely. - LD noted that we need to work with practices to resolve any of their issues. We need to think creatively around how NHS England support CCGs. - DS noted the Governing Body need to be involved in the decisions	

	taken. **Action: Communications/Engagement to be invited to the next Committee to present a communication plan and timescales for co-commissioning.**	**NC**
08/16	**Approved minutes from the Primary Care Transformation Board and Summary Version.**	
	The committee noted the approved minutes. There were no issues to raise.	
09/16	**Any other business**	
	No AOB was reported.	
10/16	**Future Meetings 2016 (All 4-5pm in the Auditorium, The Brighthelm unless stated)**	
	22nd March (1-2pm) 24th May 26th July 27th September 22nd November	

Date	Agenda Item	Item Title	Action Required	Member to action	Action Status	Comments
24th Nov 15	05/15.	Update on Locally Commissioned Services and other investment in Primary Care	Business Case for Primary Care Investment to be brought to the next meeting to illustrate what good looks like.	NC/MS	On Agenda	
26th Jan 16	05/16.	Update on PMS contracts review	Update at the March Meeting. Plus NC to provide the stakeholder letters for information.	NC	Complete	
26th Jan 16	06/16.	Local Estates Strategy and PC Transformation Fund	GB seminar re. PC Estates Strategy.	SJ/ES	To be put on the GB seminar forward plan	
26th Jan 16	07/16.	Update on co-commissioning	Communications/Engagement to be invited to the next Committee to present a communication plan and timescales for co-commissioning.	NC	On Agenda	

Meeting administrators are to keep one "master" copy of the Action Log- adding new lines onto the bottom of the table as each meeting is held, and continuing to update actions as they are completed.

A reduced version of the master spreadsheet, showing only those actions still outstanding/ongoing/for inclusion on that meeting's agenda, should be included within each set of meeting papers. The Chair should go through the Action Log and ask for a verbal update against each outstanding item at the start of each meeting, once the minutes have been agreed.

NHS
Brighton and Hove
Clinical Commissioning Group

Item 16/16

Brighton and Hove Primary Care Committee
Date of meeting: 22nd March 2016

Title of report: Business Case for Primary Care Investment – What good looks like
Recommendation: To discuss and feedback on the approach that will be taken to developing business cases for investment in Primary Care
Summary: The CCG and Brighton and Hove City Council (BHCC) Public Health Directorate have agreed a new approach to commissioning Locally Commissioned Services (LCS) from GP practices across the city. These services aim to provide enhanced primary care, beyond the core contracts primary care hold with NHS E, and based on local requirements and population needs. The new approach responds to the premature mortality audit and aims to provide more proactive, integrated and expanded services, addressing inequalities in health and improving patient experience. Clusters of GP Practices have been asked to design and plan initiatives with commissioners that will improve health outcomes and reduce inequalities for their registered population. Clusters will submit Action Plans covering how they will provide all required elements of current LCS's as well as additional proposals that will deliver improvements against the LCS Outcomes Framework. It is anticipated additional investment will be required for practices to be able to deliver these proposals. This paper outlines the approach that will be taken to develop these Cluster action plans into business cases which will demonstrate the expected benefits from any additional investment.
Sponsor: John Child, Chief Operating Officer

Author: Natasha Cooper, Head of Primary Care and Community Services Commissioning	**Date of report:** 12/03/2016
Financial implications: not known at this stage	
Legal or compliance implications: (Please note the list below is for guidance of the issues which may be included delete those which are not pertinent to the topic) Unknown	
Link to key objective and/or assurance framework risk: (Please note the list below is for guidance of the issues which may be included delete those which are not pertinent to the topic) This fund will help us to deliver our strategic objectives for primary care.	

Patient and public engagement: General Practice, working in clusters are expected to engage with patients and the public as part of developing action plans
Equality impact assessment completed: will there be an impact in any of the following areas:-Gender, Race, Disability, Sexual orientation, Age, Religion/belief Human Rights Not as yet

1.0 Background

1.1 The CCG and Brighton and Hove City Council (BHCC) Public Health Directorate have agreed a new approach to commissioning Locally Commissioned Services from GP practices across the city.

1.2 These services aim to provide enhanced primary care, beyond the core contracts General Practice hold with NHS E, and based on local requirements and population needs. The new approach responds to the premature mortality audit and aims to provide more proactive, integrated and expanded services, addressing inequalities in health and improving patient experience.

1.3 The new approach is based on delivering the outcomes as identified in the LCS Outcomes Framework, which provides details of improvement areas in Brighton and Hove, population health and baseline data, guidance on interventions that are required and evidence for additional areas for innovation.

1.4 The LCS contracts will be held with individual practices however it is a requirement for practices to work as part of clusters to plan delivery. This provides an opportunity for joining up services, maximising use of resources and ensuring equity of access across the city.

2.0 Cluster Action Plans

2.1 Practices are required to work together to develop Cluster Action Plans, providing details on how they will deliver the services covered in the LCS Outcomes framework. The CCG and BHCC PH teams are supporting this process.

2.2 It is expected a phased approach will be used for implementation within clusters:

2.2.1 Delivery of all existing enhanced services to all patients: currently there is variation across the city in the delivery of locally commissioned services. This new approach aims to address this, with all patients within a cluster having access to the required or mandatory elements of existing services. These services are already funded by Public Health or the CCG and further business cases are not expected on these elements of Cluster Action Plans.

2.2.2 Innovation/enhanced interventions: these are interventions or activities that clusters want to introduce, based on the evidence and data, and prioritised as areas of need for their population. It expected these will take co-morbidities into account and complement other areas of patient care to improve uptake and outcomes.

2.3 The Cluster Action Plans will include expected levels of activity, costs and proposed approach to development/implementation. PH and Commissioners are working with

Clusters to support the development of the Action Plans. Together they will then develop the innovation areas in Cluster Action Plans into business cases for approval. These business cases will demonstrate the expected benefits from any additional investment.

3.0 Development of Business Cases from Cluster Action Plans

3.1 Business cases are a management and planning tool that are part of the CCG's planning cycle, and existing templates and processes exist to support development. Business cases will be required to provide the rationale for additional investment in the areas of innovation that Clusters have prioritised, based on their population needs.

3.2 It is anticipated that there will be a business case for each cluster that will include:

- A description of the strategic context and rational for the intervention/activity they are proposing
- The challenges or issues related to current arrangements and the case for change
- The proposed delivery model and how it links to other services or pathways
- The economic case underpinning the proposal, including activity and expected return on investment
- The cluster's implementation plan

3.3 The economic case will be critical to enable the Committee to make a decision regarding investment. As any additional funding made available would draw on the CCG's reserves in the first instance, and is non- recurrent in nature, it is critical that the economic case analyses the costs and benefits in terms of the impact on future CCG expenditure. It is expected that recommendations to invest will be justified on the basis that interventions will become self-sustaining through savings generated in other parts of the system. The business cases are therefore expected to demonstrate reductions in future demand for primary, community or acute services, as a result of the proposed interventions.

3.4 The business case will where possible also quantify any wider impact or benefits to the Brighton and Hove system such as building clinical leadership, community capacity, improved quality of life etc.

3.5 The business case that was developed for investment in proactive care model in Brighton and Hove is seen as a good example as it clearly lays out the level of investment during a phased implementation period, and the phased return on investment for it to become self-sustaining. It is proposed that the business cases for additional investment in primary care will follow a similar approach, with benefit calculations based on:

- evidence base and benefits realised elsewhere in the country
- clear details about inputs, expected activity over time and unit costs
- expectations about intervention success rate
- transparent details about cost of alternative provision or no provision
- expectations about payback period for investment

3.6 The development of each business case will be overseen jointly by PH and the CCG, with responsible clinical leads and commissioners informing the process,

along with representatives from finance and business analysts. It is anticipated Cluster Action Plans and related business cases will be ready for consideration and agreement at the May Primary Care Committee.

4.0 Recommendations

The Primary Care Committee is requested to:
To discuss and feedback on the approach that will be taken to developing business cases for investment in Primary Care

Sponsor- John Child, Chief Operating Officer

NHS
Brighton and Hove
Clinical Commissioning Group

Item 18 /16

Brighton and Hove CCG
Primary Care Commissioning Committee

Date of meeting: 22 March 2016

Title of report: Primary Care Co-commissioning – Communications & Engagement Plan 2016	
Recommendation: Review / discuss / approve	
Summary: Communications and engagement work is vital to supporting widespread local understanding of primary care co-commissioning and what it would mean for general practice, our local patient population and the CCG if our membership decides to opt for joint or fully delegated responsibility during 2016/17. This paper sets out the activity and resources needed to target specific audience groups – the CCG's member GP practices, patients, key stakeholders and the public.	
Sponsor: John Child, Chief Operating Officer	
Author: Martha Robinson, Head of Communications and Engagement	**Date of report:** 14/03/2016
Financial implications: £5,500 budget required	
Legal or compliance implications: (Please note the list below is for guidance of the issues which may be included delete those which are not pertinent to the topic)	

Link to key objective and/or assurance framework risk: (Please note the list below is for guidance of the issues which may be included delete those which are not pertinent to the topic) **<u>Link to Primary Care strategy objectives* This requirement should be considered for all CSG papers</u>** **NHS Constitution:** Show accountability to the public, communities & patients
Equality impact assessment completed: will there be an impact in any of the following areas:- Gender, Race, Disability, Sexual orientation, Age, Religion/belief Human Rights n/a

Primary Care Co-commissioning – Communications & Engagement Plan

Executive summary

Communications and engagement work is vital to supporting widespread local understanding of primary care co-commissioning and what it would mean for local general practice, our patient population and the CCG if our membership decides to opt for joint or fully delegated responsibility during 2016/17.

This paper sets out the activity and resources needed to target specific audience groups – the CCG's member practices, local patients, the public and key stakeholders.

Timescales given in this paper are approximate and subject to change. They are based on the presumption that NHS England's timetable for CCG expressions of interest for either joint or fully delegated responsibility will follow a similar timeline to the 2015/16 schedule and will therefore require a member vote in early autumn 2016.

1. Background information

1.1. National co-commissioning agenda and CCG uptake

Primary care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View.

Co-commissioning aims to support the development of integrated out-of-hospital services based around the needs of local people. It is part of a wider strategy to join up care in and out of hospital.

In 2015/16 nearly three quarters of CCGs took on an increased role in the commissioning of GP services with 63 CCGs taking on fully delegated responsibility. In December 2015, a further 52 CCGs were authorised to take on delegated commissioning of GP services and

will be able to operate under these arrangements from 1 April 2016. This means that over half of CCGs will have delegated responsibility in 2016/17.

1.2 Local co-commissioning communications and engagement in 2015

In 2015 Brighton and Hove CCG used a range of communications channels to explain co-commissioning options to our member GP practices, patient population and key stakeholders, to answer any queries and concerns and to gather feedback and comments.

These included: presentations at the CCG's Locality meeting for general practice, Patient Participation Group (PPG) network meeting and at an event tailored for the public and local community groups; updates, Q&A documents and presentations on the CCG's website; information in the CCG's monthly Primary Care Bulletin and quarterly PPG newsletter.

Ahead of last year's member vote in September 2015, the CCG also trialled live filming and online streaming of a members information event, following a request for the introduction of 'virtual' forms of CCG communication for member practices at a Locality meeting in the summer. The filmed event was attended by representatives of the CCG, LMC and local practices, and also allowed staff and GPs from member practices to watch it live online and ask questions if they couldn't attend in person. An archived version of the film was then uploaded onto the CCG website for member practices to watch for several weeks afterwards, ahead of the co-commissioning vote.

Feedback from GPs who used the filmed resource was largely positive, although the total number of attendees/viewers was modest in comparison to the £5,500 budget used to cover the venue hire, film crew and housing of a password-protected online portal – 12 people attended the event in person; 32 watched it online.

1.3 Members vote in 2015

The majority of GP practices in Brighton and Hove voted against the CCG taking on co-commissioning responsibilities on 29 September 2015.

2. CCG communications and engagement in 2016

2.1 Member GP practices

In order to ensure the maximum possible engagement from general practice and the most cost effective use of communications, the following activity is proposed:

- **GP Cluster presentations and Q&A sessions** *(May/June)*
  Rather than hold one city-wide event for general practice with a low overall turn-out, the CCG will offer to support a bespoke meeting on co-commissioning for each of Brighton and Hove's six GP practice clusters. Held in a venue within each geographical cluster and chaired by a CCG Locality Lead, these meetings will explain co-commissioning options, the timetable for a 2016 member vote, answer questions and gather feedback from general practice.

- **Practice Manager presentation and Q&A session** *(May/June)*
  Co-commissioning will be included on the agenda of one of Brighton and Hove's city-wide Practice Manager meetings.

- **Website resources and updates** *(May onwards)*
  Documents and links will be made available in a bespoke co-commissioning area of the CCG's GP website, together with an online form for member practices to use to submit questions and feedback to the CCG's Primary Care Team.

- **Primary Care Bulletin** *(May onwards)*
  The CCG's e-bulletin will include regular information and updates, details of cluster and practice manager presentations, links to online resources and the online form for submitting feedback and questions to the CCG's Primary Care Team.

- **Locality meeting** *(19 July)*
  Dedicated time will be secured on the agenda for co-commissioning**.** Guest speakers from neighbouring CCGs and GP practices in Sussex that have already taken on co-commissioning responsibilities will be invited, plus the session will also cover the questions and answers raised at each of the six GP cluster events.

- **'Ask the Chair' video conference** *(September)*
  A dial-in video conference for member practices, chaired by CCG Governing Body Chair, Dr Xavier Nalletamby, will allow GPs and practice staff to hear a summary of the feedback and views expressed during the CCG's public co-commissioning Q&A session on 26 July, ahead of the co-commissioning vote.

2.2. Patients, the public and stakeholders

Public engagement work will focus around effective use of communication channels to ensure patients, the public and stakeholders are well informed on what co-commissioning will involve, how the CCG would prepare for taking on new responsibilities and how it would manage conflicts of interest.

As the models of co-commissioning are set by NHS England and the CCG's progression is to be agreed by its member GP practices, the primary role of public, patient and stakeholder communications will be to engage with our local community on the changes and benefits co-commissioning would bring, rather than to consult on the options for future progression.

There will be two key elements to this work:

- To build a positive narrative for our local community on the benefits of progressing to delegated co-commissioning and what this will mean for patients.

- To engage with patients, the public and key stakeholders on how the CCG would prepare for co-commissioning responsibilities, the associated governance arrangements and in particular how we would manage conflicts of interest.

A range of channels will be used to communicate to patients, the public and stakeholders:

- **PPG newsletter and network meetings** *(May onwards)*
  Our local PPG network holds a quarterly meeting for members and the CCG distributes an e-bulletin to PPGs and also uploads it to its website.

- **Dedicated co-commissioning page on CCG website** *(May)*
  An invitation to attend and submit questions to a public co-commissioning Q&A session held at the start of the CCG's Governing Body meeting on 26 July will be promoted on this page, alongside a public-friendly guide to co-commissioning.

- **Stakeholder letter** *(June)*
  A letter from Dr Christa Beesley will be sent to local MPs, Health & Wellbeing Board and HOSC members, Brighton & Hove Healthwatch, patient and community groups and leads in partner and provider organisations, explaining the co-commissioning options local member practices are considering and inviting attendees to the CCG's public Q&A session on 26 July.

- **Proactive media relations** *(July)*
  Interviews with Dr Christa Beesley will be offered to local media ahead of the public Q&A event on 26 July and journalists will also be invited to attend the event.

- **Public presentation and Q&A session** *(26 July)*
  Held at the start of the CCG's Governing Body meeting on 26 July, this interactive session will be promoted beforehand via local media and the CCG's website and social media channels.

3. Financial implications

Additional resourcing for the CCG's Communications and Engagement Team will be needed to deliver:

- Development of presentations and information packs for GP Cluster and Practice Manager meetings, plus collation of feedback and questions sent to the CCG via the website form.

- Development of a public-friendly guide to co-commissioning for the CCG website, PPG network meetings and the public Q&A session on 26 July.

- Development of an evaluation report for the CCG's Governing Body and Chair, summarising the public and general practice engagement and feedback generated, ahead of September's 'Ask the Chair' video conference.

Estimated cost of a freelance Communications Manager/Copywriter, employed for 10 working days @ £350 day rate = **£3,500**

Estimated layout and print costs associated with the production of printed materials for handing out at events and meetings **= £1,500**

Estimated cost of video conferencing software equipment and subscription **= £500**

Total estimated budget = £5,500

Minutes of the Primary Care Transformation Board Meeting
11.30-13.30, 16th February 2016
Room 1, Lanchester House

Present		
(Chair)	George Mack (GM)	Chair / Lay Member
Attending		
	Lynn Smyth (LS)	Commissioning Support Facilitator
	Bob Deschene (BD)	Healthwatch Director
	John Childs(JC)	Chief Operating Officer
	Vanessa Taylor (VT)	Executive Officer East Sussex LPC
	Ian Wilson (IW)	Patient Safety Quality Lead
	Anne Smith (AS)	Clinical Quality Manager
	Mark Cannon (MC)	BICS
	Jennifer Oates (JO)	Independent Clinical Governing Body Member
	Natasha Cooper (NC)	Head of Commissioning Primary Care and Community Services
	Jane Pavey (JP)	Lead Nurse, East Locality
	Debbie Hatfield (DH)	PHD Brighton & Hove Medical Student
	Ian Harper, Dr (IH)	LMC Medical Director
	Michael Schofield (MS)	Chief Finance Officer
	Xavier Nalletamby (XN)	BHCCG Chair
	Gary Toyne (GT)	Lead Manager Central
	Tracey Hills (TH)	Team Administrator (Minute taker)
	Nigel Liddell (NL)	Administrator (Observing)
Apologies		
	Soline Jerram (SJ)	Director of Clinical Quality and Primary Care
	Katie Stead, Dr (KS)	Primary Care Lead / Sessional GP & Public Health GP
	Manas Sikdar, Dr (MKS)	LMG Chair
	Tracey Amatt (TA)	LMC Representative
	Emma King (EK)	Public Health
	Kristina Chapman (KC)	Commissioning Manager
	Richard Wollerton (RW)	NHS England
	Christa Beesley (CB)	Chief Clinical Officer

Item No	Item	Action
02/01	**Recording of meeting:**	
	Approval was received for the recording of the meeting.	
02/02	**Welcome, introductions, apologies and conflicts of interest:**	
	Introductions were made and apologies received for those listed above. No conflicts of interest received.	
02/03	**Previous minutes and matters arising:**	
	<u>Previous Minutes</u> The previous minutes were reviewed for accuracy. The following amendments were made: 16/02 - Bob Deschene – Healthwatch Director - Vanessa Taylor – East Sussex LPC - Ian Harper – LMC	

	Actions: SM to amend previous minutes as described above.	**SM**
02/04	**LCS Working Group:**	
	NC updated that practices are working together in their clusters and are working with their public health colleagues to develop their cluster action plans. Clusters action plans around "right care right place" with plans covering intervention based activities such as phlebotomy and rabies apparently developing well. The second action plan related to the more outcome focused interventions are more complex by nature as we are looking for areas that we would invest in that deliver improved outcomes for the population. Further work and discussion is required to develop the details of these plans. Proposals are being developed for eg around alcohol and mental health services. Next steps are to outline what the service offer is, include data from business intelligence support and then working with public health to establish the benefits from the proposals A few proposals potentially duplicate services we already commission from other providers eg within either Mental Health or SCT. XN raised the need to make information on services more accessible to GPs and others to ensure patients can be referred appropriately.	
02/05	**Proactive Care Steering Group:**	
	MC updated that they have continued to roll out Proactive Care as per the agreed plan and have had some success around recruiting GP capacity. For the three clusters that are currently live, they have GP and Care Coach capacity for all of them. Have interviews scheduled for more Care Coaches which should ensure a full complement of Care Coaches will be in place by 1st April to support roll out of the next clusters and increased activity. The activity plan has been re-profiled to take account of delays with recruitment of care coaches and getting the whole person assessment aspects of the plan up and running. The new activity plan is currently with the CCG to agree. The Pharmacists continue to work well and have been granted additional funding. MDT discussions have been really interesting and it's throwing up some interesting questions about how we help	
02/06	**Co-Commissioning Working Group:**	
	<u>PMS review:</u> NC advised the CCG continues to work with NHS E to develop the options appraisal for meeting patient needs in the future, following The Practice Group giving notice to NHS E. The option appraisal will be presented to a local panel convened by NHS E who will then make a recommendation for NHS E to consider. Representatives across the city have been invited to be part of the pane, which will be held on 1st March. ACTION: NC to check if LMC are invited to join the weekly telephone calls with NHS England which are held to oversee this work. Co-commissioning	NC

	The Primary Care Committee discussed at its last meeting the co-commissioning journey that the CCG has been on over the last two years following NHS E invitation to CCGs for expressions of interest to take on co-commissioning. In the past the decision by B&H member practices has been to not apply for co-commissioning. We are expecting another invitation for expression of interest in the later half of 2016. In the past it has been a very short timescale to submit a bid, and in 2015 coincided with summer holidays making it more difficult to communicate with key stakeholders. The Committee has requested that the Communications and Engagement team start to think about how we can prepare for this ahead of time to allow for fuller communication with the public and engagement with practices. Action: Proposed communication and engagement plan to come to the PCTB when developed	Martha Robinson/Jane Lodge
02/07	**Primary Care Transformation Fund:**	
	NC updated that NHS England guidance about Primary Care Transformation fund is still outstanding. This is making it difficult for practices to progress any proposals that they have into anything concrete due to wanting clarity if the need for them to contribute 33% still stands. IH updated that this process was launched last year without any regulations or directions behind it. Submissions have been delayed until the end of April, by which time hopefully there will be the criteria published by NHS England. Also there will be new premises cost directions in April – which may allow 100% capital grants for general practices.	
02/08	**Education and Training:**	
	AS presented the paper that had also been presented at the Education committee and also the LCS working group who had been supportive. It was now being presented to the PCTB to update them on proposals and agreement. AS explained the aim is to develop a programme of work that will support practices to take responsibility for developing and arranging education and training against agreed standards. This will be a phased approach where as practices work more closely together they will be best placed to understand the training and development needs of its workforce. NC added that it makes sense to develop this approach as it fits well with the ask of practices to develop cluster action plans to meet the needs of their populations. To develop these plans they will need to plan the workforce required for delivery.. The Board agreed the proposed approach.	
02/09	**Update on the Collaboration of General Practice:**	
	NC updated the group on progress of the working being undertaken by the collaboration working group. Practices are already collaborating under cluster working arrangements but this is informal and has no legal structure. Practices in other parts of the country have found there is greater opportunity and sustainability if they come together more formerly than they already do. An initial survey has had an amazing return rate, which on the whole shows there is support for collaborative working, although not necessarily formal legal	

	structures. A series of 1:1 with every practice in the city has being undertaken by the consultancy company appointed by the working group. Feedback from this work is beign used to develop the options appraisal for practices to consider and inform discussions at the next Locality meeting. BD asked if East and West Sussex are further along? IH advised that most of East and West Sussex are further ahead in terms of informal collaboration with all practices working for a while within a cluster, federations exist in some parts of East Sussex already and it is aniticipated there will be a federation of practices in EHS by the end of April. JO queried if options appraisal will be made available to the PCTB for information. ACTION: NC to check with the working group views on sharing collaboration options appraisal.	NC
02/10	**Finance – Update on LCS spend:**	
	MS – apologised for not circulating the financial schedule but updated that the position at the end of Q3 is that there is an under-spend on locally commissioned services but the expectation is the expenditure on wound care and other areas of spend will pick up by the end of the year and we should be within budget.. **Actions:** MS to circulate financial schedule papers with next minutes.	**MS**
02/11	**Preventing Premature Mortality Audit (PPMA):**	
	AS updated the Board on the PPMA work. The outcomes of the audit has already started to impact at a practice level and is fed into the development of proactive and LCS contracts. The audit results will be shared with Clusters, and is potentially to be shared wider via an academic nursing piece. This is a National first and we are keen to share it as the interest outside the City is huge. NC raised her reflection that this has been a good piece of work to inform areas that the LCS will impact on in the future, however there is a need to be able to turn the cluster action plans which aim to address these outcomes into a business case, that can describe the financial and quality benefits from any new investment. GT raised the point that there could be further opportunities to impact on the findings from the PPMA that we need to consider.	
02/12	**Risk Register:**	
	NC updated the Board that a risk register exists to cover the work of the PCTB, which currently includes 12 risks. Using the standard CCG scoring matrix the majority of these risks are amber.NC queried how would the Board like to be updated about the risks/any changes in the future. GM commented that risks are already reported at P&G and QAC and we didn't want to duplicate reporting structures. **Actions:** IW and NC to collaborate outside of meeting to discuss risks common to quality care and primary care commissioning, where are these reported to currently and propose what level of information should come to the Board in the future.	**IW & NC**
02/13	**Updates:**	
	<u>Public Health :</u> Deferred to next meeting - RH	

02/14	**Any other business:**	
	BD – excused from next meeting.	
	Date of next meeting: Tuesday 8th March 2016, 11.00 – 13.00, Room 1, Lanchester House.	

Freedom of Information Act: Those present at the meeting should be aware that their names and designation will be listed in the minutes of this meeting which may be released to members of the public on request.