

MINUTES

Meeting:	Business Planning & Development Committee	Date:	18 th August 2016
Venue:	Board Room, KEV II		
Present:			
	Sarah Bellars	SB	Director of Nursing and Quality
	Karen Maskell	KM	PPI Lay Member BA CCG
	Robert Cooper	RMC	PPI Lay Member WAM CCG (left after Item 8)
	Jackie McGlynn	JMG	Clinical Representative, BA CCG
	Mike Connolly	MC	PPI Lay Member Slough CCG
	Jim O'Donnell	JOD	CCG Clinical Chair for Slough
	William Tong	WT	CCG Clinical Chair for BA CCG
	Adrian Hayter	AH	CCG Clinical Chair for WA&M CCG
	Siva Sithiparathy	SSi	GP GB Member Slough CCG
	Nigel Foster	NF	Chief Finance Officer (Chair)
	Viki Wadd	VW	Associate Director Strategy, Planning and OD
	James Weller	JW	PMO
	Judith Chapman	JC	Clinical Director Talking Therapies, BHFT (item ?)
	Sangeeta Saran	SS	Associate Director
	Mary Purnell	MP	Associate Director

Item		Action
	<i>The minutes follow the sequence that was followed during the meeting.</i>	
1. Welcome and introductions		
	NF welcomed everyone to the meeting. Introductions were made.	
2. Declarations of any interests at this meeting or changes to published interests.		
	AH declared interest in CSL Virgin healthcare contract as contract mainly related to patients at his practice	
3. Apologies		
	John Lisle (JL) – Accountable Officer Fiona Slevin-Brown (FSB) – Director of Strategy & Operations Sarah Woolfrey (SDW) – Minutes Kirsten Ostle (KO) - GP Huw Thomas (HT)- GP	
4. Minutes of meeting held on 21.07.2016		
	RC – would like his initials changed to RMC on the minutes WT advised that he fully supported the development of annual workplans and that engagement of member practices was vital.	
5. Matters Arising – Action Log		
	<i>Clarification of the minutes from June:</i> Discussion around actions on the diabetes and IV lounge items Concern had been raised that the minutes didn't capture the actions properly. It was agreed that the conclusion of the discussion about the diabetes business cases was that members of the committee were asked to raise any concerns or objections within 7 days, and if nothing material emerged the business cases would progress as presented. No further comments had been received and although further work was being undertaken on the foot care case to address a gain share with specialised commissioning.	

		SDW
	Huw Thomas needs to be added to the circulation list for the Committee.	
6.	Terms of Reference (ToR) for Planned Care Programme Board	
	SS presented the paper setting out the Terms of Reference for the Planned Care Programme Board. There was a discussion about a lack of patient/ public representation on the Board and KM agreed to discuss with FSB	KM
	A review of how this Board fed into the overall governance across the CCGs was requested, particularly the inter-relationship between the Planned Care Board and the Innovation/ Clinical Leadership Fora. It was agreed that the Terms of Reference would be revised and shared amongst Committee members for agreement.	SS
7.	Cardiology business plans Heart Failure and Arrhythmia	
	AF case for change	
	NF said that any discussions about business cases would have to be in the context of the 2016/17 financial position and would need to be considered as part of planning for 2017/18.	
	The Committee supported the direction set out in the business case and recognised the importance of getting this right for the benefit of local people. Before the business case could be signed off further work would need to be undertaken as follows:	SS
	<ul style="list-style-type: none"> • Details of individual practice prevalence and management should be circulated to the chairs to have a discussion with practices. • It was felt that some this work could be progressed without additional investment and that payments may already be being made (e.g. through the QOS). This requires investigation. • There should be some acknowledgement of the social benefits of the interventions set out in the case which could facilitate a discussion with BCF colleagues. • The business case should also have a digital component to it. • The Committee asked for prioritisation of the different elements to allow for some of the elements to be rolled out sooner rather than later. • There was scope to spread this across the STP footprint • The case needed to be built into the 2017/18 planning pressures and brought back to the committee in October. 	SS
	Heart Failure Nursing- case for change	
	SS clarified that a full business case would be brought to the Committee later in the year and that support for the direction of travel was being sought. SS confirmed that the team was not yet in a position to be able to recommend what the provider model should be and JMG was keen to ensure that it took into account the Bracknell and Ascot population.	SS
	The Committee supported the direction of travel and it was agreed that the full business case would come back to the Committee in two months time. This would need to include a recommendation about the provider model, an understanding of what is currently happening in primary care and proposals for improvement, a clear demonstration of patient engagement and an Equality Impact Assessment.	SS
	J O'D noted that the lack of demonstration of engagement was a recurrent theme at the Committee and more thought needed to be given to this. The Lay Members for PPI were meeting with FSB to discuss this.	FSB/ Lay Members

8.	Surrey Community Service - Virgin Community Services Ltd (recommendations / next steps)	
	<p>There was discussion about the paper and the following questions were raised:</p> <ul style="list-style-type: none"> • What could we learn from this for the future, we had been made aware of it very late in the day and why had it taken so long to move the discussions on • The Quality Team should open negotiations with the other two CCGs about their approach to quality for this contract • Clarification needs to be sought on the impact this will have on Bracknell and Ascot practices. • A risk profile was required. <p>It was agreed that there was no option but to extend the contract but the Committee would prefer to do this for one year rather than two. NF was not sure whether this was realistic and would clarify.</p>	<p>NF</p> <p>SB</p> <p>NF</p> <p>NF</p> <p>NF</p>
9.	Decision tree	
	This item was not discussed. WT asked for some wider discussion to take place amongst clinicians and it was agreed that any feedback would be sent to VW.	All
10.	Commissioning Intentions and QIPP Planning Process	
	This item was not discussed It was agreed that any feedback should be given outside the meeting to VW.	All
11.	Complex Case Management – Implementation Plan	
	<p>MP presented the update paper.</p> <p>It was agreed that the evaluation of the three existing services would be pulled together and presented back to the Committee</p> <p>A review of the clinical input would be undertaken.</p> <p>More work was needed on the frailty index and an understanding of the definition of frailty.</p> <p>The Committee wished to receive feedback on the visit to Liverpool.</p>	<p>MP</p> <p>MP</p> <p>MP</p> <p>MP</p>
12.	Programme Board Priorities and milestone tracker	
	An updated version will be circulated as this did not appear correctly on Board Pad.	SW
13.	Forward agenda items	
	None	
14.	AOB	
	None	
15.	Date and times of future meetings	
	Thursday 15 th September 2016, 10.00 – 12.00, Board Room, KEVII	