# MEETING MINUTES
Proactive Care Steering Group
15:30 – 17:30 10th January 2017, Palace Room, 5th Floor, Here

<table>
<thead>
<tr>
<th>Name</th>
<th>Practice / Organisation</th>
<th>Role</th>
<th>Present</th>
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</thead>
<tbody>
<tr>
<td>Gary Toyne</td>
<td>Brighton and Hove Wellbeing Centre</td>
<td>Chair/ Managerial Lead Cluster 6</td>
<td>Y</td>
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<tr>
<td>Cheryl Palmer</td>
<td>Stanford Medical Centre</td>
<td>Managerial Lead Cluster 3</td>
<td>Y</td>
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<tr>
<td>Tom Gayton</td>
<td>Montpelier Surgery</td>
<td>Clinical Lead Cluster 5</td>
<td>Y</td>
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<tr>
<td>Jane Jenkinson</td>
<td>Charter Medical Centre</td>
<td>Clinical Lead Cluster 6</td>
<td>Y</td>
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<tr>
<td>Jessica Sumner</td>
<td>Age UK</td>
<td>Chief Executive</td>
<td>Y</td>
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<tr>
<td>Rita Garner</td>
<td>Here</td>
<td>Account Manager Cluster 6</td>
<td>Y</td>
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<tr>
<td>Javier Pall</td>
<td>Here</td>
<td>Project Manager - Risk Stratification</td>
<td>Y</td>
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<tr>
<td>Kate Moore</td>
<td>Carden and New Larchwood Surgery</td>
<td>Managerial Lead Cluster 5</td>
<td>Y</td>
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<tr>
<td>Bonnie Jowitt</td>
<td>Here</td>
<td>PCC Team Administrator</td>
<td>Y</td>
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<tr>
<td>Mark Cannon</td>
<td>Here</td>
<td>Director of Primary Care Development</td>
<td>Y</td>
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<tr>
<td>Carol Witney</td>
<td>St Peter’s Medical Centre</td>
<td>Managerial Lead Cluster 1</td>
<td>Y</td>
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<tr>
<td>Susie Stavert</td>
<td>Here</td>
<td>Account Manager Cluster 4</td>
<td>Y</td>
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<tr>
<td>Rowan Brown</td>
<td>Portslade Health Centre</td>
<td>Clinical Lead Cluster 4</td>
<td>Y</td>
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<tr>
<td>Angie Cool</td>
<td>Portslade Health Centre</td>
<td>Managerial Lead Cluster 4</td>
<td>Y</td>
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<tr>
<td>Jonathan Serjeant</td>
<td>Here</td>
<td>Director of Business Development</td>
<td>Y</td>
</tr>
<tr>
<td>Michelle Elston</td>
<td>Brighton &amp; Hove CCG</td>
<td>Interim Head of Commissioning Primary Care</td>
<td>Y</td>
</tr>
<tr>
<td>David Supple</td>
<td>Preston Park Surgery/ Brighton &amp; Hove CCG</td>
<td>Chair of Brighton and Hove CCG/ Cluster 3 PAC GP</td>
<td>Y</td>
</tr>
<tr>
<td>John Child</td>
<td>Brighton &amp; Hove CCG</td>
<td>Chief Operating Officer</td>
<td>Y</td>
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### 1. Welcome and Apologies

Apologies were noted as above. GT welcomed all to the meeting and shared with the Board that he will be chairing today following Andy Hodson’s resignation as chair.

### 2. Previous Minutes and Matters Arising (action log embedded below)

The minutes of the previous meeting were agreed as an accurate record. The action log was reviewed. Many actions that remain outstanding will now be subject to the outcome of the CCG wide review of its structures. It was agreed that any others would be addressed in time for the next meeting.

DE provided written feedback stating that more information will be available by the next meeting subject to the CCG governance review. With respect to SCRAI, this will play a significant role in sharing care plans with an expectation that everyone will be using SCRAI. A project manager at the CCG is now in place, coordinating this work with Primary Care and Urgent Care commissioners.

RG & JJ shared that SCRAI is being used in conjunction with the testing of contingency plans and the continuing development of that template. Currently the contingency plans mirror the end of life template which makes it easier for people use. Testing will continue for the next few weeks to understand who it works in practice. Feedback to date is that even when a clear contingency plan is in place it can still result in conveyance to hospital. Understanding and resolving the reasons for this is critical for the future success of these plans. EMIS version of this will be rolled out on successful testing.

Another practical consideration is that SCRAI is not currently viewable in A&E at BSUH due to system issues. Contingency plans are therefore being uploaded onto IBIS for the Ambulance service to view as an interim solution.

JP shared that the Data Reporting Group has been disbanded. It was agreed than an Informatics Item should be a standing agenda item at future meetings so that updates could be discussed in the detail that is required.
The previous action for CW to arrange a meeting with the Managerial leads has been superseded by a meeting being held on Tuesday 17th January with ME to discuss further. Feedback of this meeting will be presented at the next Steering Group meeting.

JJ shared with the meeting the outcome of a meeting with GT, RG, and CM that discussed an outline proposal of how the lessons learnt in Proactive Care could support the ambitions of the STP and MCPs. The development of the proposal was requested at the December Cluster Meeting. The cluster was offering this as an option to the CCG that could be the beginning of plans to form MCPs locally.

RH asked a question regarding the on-going responsibility for Solis and whether this agreement would continue post June. MC replied that the Solis contract was a 3 year contract to which the system is committed to funding for the duration of the contract.

CP advised those present that any outstanding invoices need to be sent to Cherry Cozens at the CCG by the end of January in order for the CCG to have a clear indication of year-end financial position.

**ACTIONS**

| CP to meet with Cherry Cozens to clarify the financial situation and report back to the next Steering Group | CP |
| JP to facilitate link between PAC and SCRAI project management at the CCG | JP |
| RG to update MDT involvement list and distribute Informatics item added to the agenda for the following Steering Group | RG |
| All relevant invoices to be submitted to the CCG | BJ |

3. New Chair for the Steering Group

No permanent replacement has been decided the role of chair although GT offered to take on this role. Expressions of interest were requested and a final decision will be reached at the next steering group.

4. Highlight Report (embedded below)

The highlight report was reviewed and cluster leads presented a brief update.

**Cluster 1:** MDTs are going well, and are well attended. They are falling in line with the ICPT clusters. A Cluster meeting is happening on Thursday 12th January.
There has been an expression of interest into the Visiting GP role, this is continuing to be discussed in the hope that the individual would start as soon as possible.

**Cluster 2:** Team is working well. Unfortunately the PAC GP is currently off sick, although is due back soon. Care coaches are continuing to review clients despite this. MDT’s within the cluster have been cancelled due to successful goal planning. A case study from this cluster was shared with the Steering Group where a patient had required an ambulance to be called and highlights collaborative working and the areas for learning. (see embedded Case Study B)

**Cluster 3:** Working really well, strong sense of collaborative working. No MDTs due to successful goal planning.

**Cluster 4:** Still no PAC GP in post. 10 min phone calls with the patient’s usual GP are available rather than a visit and this seems to be working well. Relationship between Care Coaches and practices is positive. The Bettercare pharmacist is well settled into practices and has recently finished his prescribing course which will be a huge benefit to the PAC work he has been doing. Impact on patients usual GP has been minimal at.

JS shared a case study from this cluster which looked at the challenges of cross boundary patients using reablement as an example and the inflexibility that this builds in (East & West Sussex) (see embedded Case Study – C)

**Cluster 5:** All is working well within the cluster. Saoirse Horan has taken over the account management of the cluster. The cluster 5 Bettercare pharmacist is enrolling in his Independent Prescribing to start in April. All practices get input from the pharmacist and care coach.
Cluster 6: The unspent GP capacity funds have been offered to all GPs in the cluster to undertake contingency planning. C6 would like to pilot and accelerate integrated working in C6. The Cluster asked permission of the CCG to use the unspent GP funds on psychological and physiotherapy input as these are currently difficult to access. The CCG responded by asking if the cluster had looked at what is already available and what is wrong with existing provision. This raises the question about the time required to really understand the problems these services exist.

MC commented that the steering group had already agreed, with CCG approval, that funds originally identified for GP capacity could be redirected in other ways. In that context, the decision to both ask permission and for that request to be denied raises questions about the governance of the decision making process and the role of the steering group. MC reminded the group that the outcome of the 6 day programme for cluster 1 was to create a dedicated team to not just understand how to make PAC work really well but to also understand the things that got in the way of simply doing the right thing. The intention was that this would free staff up from business as usual and give them the capacity to go and study what actually happens to people in this system when they put their hand up for help and the space to experiment, learn and improve. Although many of the elements of the team were in place, ultimately this did not happen.

JS suggested that part of the reason for the perceived need to continually ask for permission is because there is a function of the absence of a contract. He advised that for future service redesign agreements clusters may want to ensure there is a contract in place and that the cluster holds the money.

JS advised of a case study where, as a direct result of the care coaches’ intervention, one client didn’t spend Xmas alone and was now accessing support he previously was not engaging with.

MC advised the clusters that as part of the process of supporting the transition, Here is reorganising the support to clusters. Specifically Clusters 1 and 2 will see additional support from Bonnie Jowitt.

5. Governance

Finance report

No report was provided by the CCG

Activity Report (embedded below)

The report was reviewed by all at the meeting. A summary of the figures is also included in the highlight report.

6. Proactive Care Beyond 2017 Update

DS, ME & JC joined the meeting at this point.

The CCG advised steering group members on 22nd December 2016 that the intention was to extend PAC until the end of June. This will give all stakeholders the opportunity to decide what next for PAC.

The CCG expressed concern about what proactive care is achieving, particularly in the context of other projects, initiatives and funding streams across the City. In addition DS expressed great concern about the data and particularly the minute from the last meeting that suggested the reason there was no data was because the steering group was waiting for verification from public health and the CCG. DS said that delay in the data was not caused by any delay from the CCG or public health and asked that the minutes be amended to that effect. DS advised the group that both the CCG and public health have said they have not had data in a form they can comment on for a very long time. DS said the CCG then became very concerned about the quality of the data that was shared at a steering group in May. This led to the plan for the CCG and public health to get involved with the data. Despite this agreement, DS informed the group that both CCG and public health have stated they have not been given access to data to comment on. From a commissioning perspective this means that there is an on-going piece of commissioning, funded at £2m per year, with no data to support that expenditure.

In addition DS expressed concern that the perception of members of Here that DS has spoken to was that PAC was the equivalent of EPIC, which DS described as a successful bid for a lump of money when in fact this is a commissioned piece of work which is very different to a successful bid for a lump sum of money. DS said the CCG are also concerned about the lack of checks and balances in the process in the context of CCG decisions to close small voluntary sector schemes for very vulnerable people. DS said the environment is now different and these difficult decisions need to be made. DS used the example of Horsham where, at a glance, data is coming out along with patient stories which is great, but in the current climate a mechanism for getting data is needed and having conversations about how we are using huge amounts of money. DS used the example of the well informed local
citizen who might hope that this non-refundable money would have been used to find an outcome if at all possible rather than a project for a bit of work that may or may not turn out to be useful. DS stated that the reason for the pause, therefore, is to get data from elsewhere, to get data from Here and to take stock of what is being done with the investment. DS reiterated the CCG and public health’s view that they have been waiting for data since May and the only data received was sent in January in a form that could not be opened so it was returned. DS also stated that there is a lot of data that the CCG and public health cannot access without Here.

JP responded to that specific comment that the CCG and public health can access the same (non-identifiable) data in the same way that Here can and have been able to do so since September.

DS said that it clearly needs a meeting that he is happy to facilitate as that is not the message he is getting.

MC advised DS that a meeting scheduled for today with the CCG was cancelled by the CCG. Previous meetings had also been arranged that the CCG have cancelled. The December dataset that DS reported could not be opened was a refresh of a dataset that had been received by the CCG and public health that they have already analysed. DS asked if that had been published. JP responded that this is what he has been seeking to meet with the CCG and public health to agree but this had not been possible due to the CCG repeatedly cancelling meetings that had been arranged.

MC advised DS that Here can say with confidence that it has used it best endeavours to provide the clarity the CCG has asked for, using the CCGs preferred methodology for analysing the data and had been in close and regular contact with the CCG to create the objective view of the data the CCG required. Given the criticisms Here faced last time and confirmed by DS in the meeting about the quality of the data, Here did not feel in a position to publish any unverified data. Notwithstanding that, JP has previously provided the steering group with an update of Here’s understanding of what the data might be showing, albeit with the strong caveat that this is not an independently verified view. DS stated that for the CCG to commission work and not have data for 9 months is not satisfactory.

MC responded by saying that statement was not true and that the CCG and public health have had data.

JS made the point that it was not reasonable to come into the meeting making statements about the lack of data given the collective responsibility to commission services properly and ensure this data is available for everyone. In addition JS reminded the CCG that there is no contract with Here which means we collectively need to work in a place of faith with each other to ensure the success of the programme. This has been supported by the creation of a performance group which DS was part of, which is the appropriate place for this discussion to be had. Here have also delivered a number of pieces of work, including an implementation plan and an operational model, at the request of the CCG to address the issue of checks and balances. Here has also sought to get the relevant financial data from the CCG to share with the steering group in order that all clusters have the visibility needed to ensure the finances are being deployed in the way intended.

JS also confirmed that the Prime Ministers Challenge Fund was commissioned by NHS England which Here delivered under contract with a significant amount of contract monitoring, performance management and reporting to support the analysis of value for money of each of the schemes. PAC by contrast has been a much looser arrangement than that contract. There is, therefore, a collective responsibility to ensure that there is knowledge about the difference PAC is making and to work together to solve the problems that have prevented a clear and independent view from being formed.

JC clarified that the current situation within the CCG is challenging. This means the CCG must review all expenditure forecast for 2017/18. No decisions are being made on any funding for 2017/18 in the absence of a balanced financial plan. Proactive care is included in that review along with many other services. JC said his hope for this meeting was that there will be clarity regarding what the next steps for Proactive Care are beyond the end of June. This means looking at the data, understanding its impact and judging the appetite the CCG has for continuing PAC in its current form or something different. This will also include a judgement of the level of savings that may be possible to achieve.

MC confirmed that the CCG had shared with the steering group for some time that the financial situation in the city was challenging. That is why since June, Here have been raising the issue that there is a need to reach clarity over what next for PAC. This was supported by the publication of the Operational Manual, the Implementation Plan and the Transition Log which were created in preparation for potentially handing over the Proactive Care project at the end of March. Transition has been a standing agenda item since then. There has been an intention, as identified in the action log, for the future of PAC to be clarified by the end of October. Everything Here has done, particularly since June, has to be to provide the steering group with all the information it needs to reach an informed decision about what next for PAC. MC undertook to review the minutes specifically with respect to the data to provide the steering group with a clear position about what has actually happened and what commitments have been made.
JJ shared with the Board the possible outcome to what the model might look like post June. Following the Away Day back in November, it was the aim to gather ways of capturing the learning from Proactive Care that has happened. A conclusion drawn from this was that clusters would like to accelerate Proactive Care into a reactive service as well. The learning is that contingency plans that sit around the patient are thorough, useful plans for services; however these are not always acted upon because the community response to the contingency plan isn’t met.

JJ shared that the hope is to engage with other partners such as Acute Trust, Community Rapid Response, Caring Services, Roaming GPs and Social Services to understand what is needed for these patients to provide care in their homes rather than being admitted into hospital or care in an immediate facility.

Capturing the constraints into a log has been successful however finding a solution to the constraints has been problematic. The key has been not to lose the learning that has been gained since April 2016 which is when Proactive Care really took pace and change began to happen.

**ACTIONS**

| A meeting to be scheduled with the CCG data representatives and DS as a matter of urgency | JP/ DS |
| JP to share data narrative into a document/ paper to share with the Board | JP |
| MC to review minutes and provide a summary of actions that have been agreed, specifically around the data | MC |

7. **AOB and close**

No other business raised.

**Date of Next Meeting:**

Tuesday 14th February, 15:30 – 17:30, Palace Room, 5th Floor, Here, 177 Preston Road, Brighton, BN1 6AG

01273 560250 [www.hereweare.org.uk](http://www.hereweare.org.uk)

**Supporting Documents**

- 161213 Action Log v.1.docx
- PAC Highlight Report Jan 17 v3.0.pptx
- Proactive_Care_KPIs_Dec2016.xlsx
- WPA Case study - A.docx
- WPA Case study - B.docx
- WPA Case Study - C.docx