Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of BNSSG ICB Board

Date: Thursday 6th April 2023
Time: 12.00 – 15:15
Location: The Ball Room, Winter Garden, The Royal Parade, Weston super Mare, BS23 1AJ

Agenda Number :	**7.4.1**
Title:	Primary Care Committee Report - Pharmacy, Opthalmic and Dental (POD) delegation update to the ICB Board
Confidential Papers	**Commercially Sensitive** – No **Legally Sensitive** – No **Contains Patient Identifiable data** – No **Financially Sensitive** – **No** **Time Sensitive – not for public release at this time** – **No** **Other (Please state)** – No
Purpose: Decision	
Key Points for Discussion:	
Over the past 6 months the ICB has been working with NHSE South West region and the South West ICBs to complete due diligence in preparation for assuming delegation of Pharmacy, Community Opthalmic and Dental services from 1st April 2023. In addition, since September 2022 the Local Pharmaceutical Committee (LPC), Local Dental Committee (LDC) and Local Optical Committee (LOC) have attended the Primary Care Committee (PCC) and NHSE have presented monthly reports with regards to these services to support our transition and preparedness. This is a briefing note to the ICB Board on behalf of the Primary Care Committee now that we have assumed this responsibility.	
Recommendations:	The Board is asked to: • note that the ICB is now formally responsible for the commissioning of Pharmacy, Opthalmic and Dental Services • delegate the ongoing assurance in relation to the delegation of these services to the Primary Care Committee
Previously Considered By and feedback :	ICB Board 06.10.22 ICB Executive Team meeting 11.01.23 Finance, Estates and Digital Committee 26.01.23 Primary Care Committee monthly reports on progress
Management of Declared Interest:	Governed through the Primary Care Committee

Risk and Assurance:	Key risks remain in relation to commissioning workforce capacity and integration with ICB governance and ways of working as well as risks in relation to provider access and resilience. Provider risks have now been received by the commissioning hub and these will become integrated into the ICB corporate risk register going forwards
Financial / Resource Implications:	This is set out within section 3 of the paper. The allocation has three options ranging from £80.8m to £82m and is to be finally agreed with ICB CFOs.
Legal, Policy and Regulatory Requirements:	Delegation of primary care services to ICBs is included within the Health and Care Bill and the expectation is that all ICBs assume this responsibility from April 2023.
How does this reduce Health Inequalities:	The legislative framework seeks to enable decisions to be taken as close as possible to their populations to secure maximum benefit. The anticipated benefits of delegation include the ability to tailor approaches with partners to supporting reducing health inequalities in BNSSG.
How does this impact on Equality & diversity	It is expected that the ability for decisions to be taken as close as possible to the BNSSG population will enable us to better consider the specific needs of our populations.
Patient and Public Involvement:	This forms part of national policy and has not been subject to local PPI. We will need to work actively with HealthWatch, local communities and MPs as we formally take on the responsibility to ensure that we develop services that reflect population needs. HealthWatch attend PCC where progress reports in relation to delegation have been shared as well as monthly reports from NHSE on service delivery since September.
Communications and Engagement:	Engagement and communications have been undertaken with the respective professional bodies and they now attend PCC. NHSE are developing a communications toolkit to support the 7 ICBs with standard templates and communications for stakeholders. The ICB communications team are preparing launch communications for our website. NHSE are also identifying a small communications resource to support the ICBs.
Author(s):	Jenny Bowker, Head of Primary Care Development and Jamie Denton, Head of Finance – Primary, Community and Non-Acute Care
Sponsoring Director / Clinical Lead / Lay Member:	David Jarrett, Director of Integrated and Primary Care

Agenda item: 7.4.1

Report title: Pharmacy, Optical and Dental (POD) Safe Delegation Checklist

1. Background

At the October ICB Board the Board received the update from the Primary Care Committee and supported the recommendation to proceed with delegation. The Board also delegated authority to the Primary Care Committee to seek assurance against the risks and progress the due diligence work.

As part of preparing for delegation of POD services a national safe delegation checklist tool was recommended to regions and systems to complete to support readiness for delegation. Locally the SW region and ICBs have adopted this. The checklist is comprised of the following domains:

- Transformation and Quality
- Governance and Leadership
- Financial Governance
- Financial Accounts and Audit
- Financial Banking
- Financial Assets
- Financial Liabilities
- Workforce, capacity and capability
- Contracts
- IT Assets, IT and Records

The ICB has now submitted two versions of this checklist in January and again at the end of February. The submission of these checklists has been approved by both the Primary Care Committee and the Finance, Estates and Digital Committee. During this period national confirmation was received that NHSE staff supporting the commissioning of these services would not be impacted by organisational change in NHSE and that these staff would also need to transfer to ICB hosted arrangements by July 2023 in the South West. As part of the February submission the South West ICBs requested further support from NHSE to work on a transition plan as we assume the responsibility and to ensure that we continue to work jointly on completing the transfer.

On Thursday 23rd March Shane Devlin as Chief Executive of the ICB signed the national Delegation Agreement accepting responsibility for commissioning these services. In addition, the ICB signed a Memorandum of Understanding with NHSE setting out the support from the commissioning hub and joint working arrangements. As part of this the ICB has requested that the transition plan include:

- Work on finalising governance and approaches to decision making at regional and local ICB fora is finalised
- NHSE commissioning hub staffing structures are embedded within the MOU and regular reports are received on vacancies. Any changes to the staffing structures are jointly agreed.
- The process for managing complaints is finalised for April to July and beyond
- Joint work with ICBs to design the clinical leadership architecture is progressed as a priority
- Further review of risk management approaches and how these are integrated into ICB corporate risk frameworks is completed
- Any outstanding work to support our due diligence on data sharing is completed.

2. ICB Governance

In order to support our new responsibilities the Primary Care Committee has reviewed its Terms of Reference at its meeting on Tuesday 28th March and is recommending that the Board approves these to reflect the expansion in scope of primary care services and to confirm the role of the committee in relation to assurance.

In addition, the Scheme of Reserved Delegation has been updated and is presented to the Board for approval in April to encompass these services.

The ICB has completed a Data Protection Impact Assessment to support our working arrangements and is expecting to sign a Data Processing Agreement with NHSE as data controller from 1st April.

We are now reviewing our operational decision-making governance jointly with NHSE and with the professional bodies and will amend our local primary care operational group terms of reference accordingly.

3. Financial resource implications

The allocation for the Pharmacy, Optometry & Dentistry services has been worked up based on differing methodologies, with each methodology intending to ensure each system receives a fair distribution of allocation made available to our region.

The initial allocations presented in the December 2022 planning guidance adopted the following methodologies;

- **Pharmacy & Optometry**, Allocation on the basis of the Long Term Plan,
- **Dentistry - Community & Secondary Care**, Allocation on the basis of costs on location/population,

- **Dentistry – Primary Care**, Allocation on a basis that distributes a reserve on a 'fair share' basis once contract values, Patient Charge Revenue (PCR), and clawback are included. The Month 5 Forecast Outturn was agreed (By System CFO's of the region), with a review to be conducted once further financial information became available.

The table below presents the published figures, and includes the forecast outturn at the time the methodology was agreed;

	Dental Published Allocation		
Summary Finances	**Allocation**	**Expenditure**	**Variance**
	£000's	**£000's**	**£000's**
Pharmacy	19,601	20,040	-439
Optometry	8,475	7,129	1,346
Other Primary Care	444	444	0
Dental - Community & Secondary Care	18,301	18,301	0
Sub total	**46,821**	**45,914**	**907**
Dental - Primary Care	34,008	33,400	608
Net Financial Position	**80,829**	**79,314**	**1,515**

During March 20223, there have been a further three options for Primary Care Dentistry which have been presented to the system Chief Finance Officers (CFOs) for consideration. The options have been listed, and presented within the table below;

- Option 1 - 2022/23 Month 5 Forecast Outturn (Updated to include GDS & ENIC Adjusment)
- Option 2 - 2022/23 Month 11 Forecast outturn
- Option 3 - Average of the Month 5 & Month 11 Options

	% share of weighted population	Option 1 - Allocation driven from M5 FOT		Option 2 - Allocation driven from M11 FOT		Option 3 - Average of Option 1 and Option 2	
	%	£0	%	£'000	%	£'000	%
NHS Bristol, North Somerset and South Gloucestershire ICB	16.42%	34,537	17.19%	35,194	17.52%	34,866	17.36%

The allocation methodology for Primary Care Dentistry has not been finally agreed at this time and will be subject to further review by system CFOs of our region.

4. Next Steps

The key next steps are to:

- confirm the agreed financial allocation across the South West,
- agree the transition plan and oversight and review arrangements for this
- develop our shared ICB and NHSE communications to support preparedness for delegation.
- prepare for the transition of the commissioning hub to a hosted ICB arrangement from July 2023
- continue to work with NHSE and the primary care collaborative board on the development of the BNSSG joint forward plan and recognise the contribution of primary care services to improving access, supporting system flow and urgent care pathways, preventing and managing long term conditions and reducing health inequalities.

5. Legal implications

Delegation of primary care services to ICBs is included within the Health and Care Bill and the expectation is that all ICBs assume this responsibility from April 2023. The national Delegation Agreement has now been signed.

6. Risk implications

Key risks remain in relation to commissioning workforce capacity and integration with ICB governance and ways of working as well as risks in relation to provider access and resilience. Provider risks have now been received by the commissioning hub and these will become integrated into the ICB corporate risk register going forwards.

7. How does this reduce health inequalities?

The legislative framework seeks to enable decisions to be taken as close as possible to their populations to secure maximum benefit. The anticipated benefits of delegation include the ability to tailor approaches with partners to supporting reducing health inequalities in BNSSG.

8. How does this impact on Equality and Diversity?

It is expected that the ability for decisions to be taken as close as possible to the BNSSG population will enable us to better consider the specific needs of our populations

9. Consultation and Communication including Public Involvement

Engagement and communications have been undertaken with the respective professional bodies and they now attend PCC. NHSE are developing a communications toolkit to support the 7 ICBs

with standard templates and communications for stakeholders. The ICB communications team are preparing launch communications for our website. NHSE are also identifying a small communications resource to support the ICBs.

10. Summary and Recommendations

The ICB Board is asked to:

- note that the ICB is now formally responsible for the commissioning of Pharmacy, Opthalmic and Dental Services
- delegate the ongoing assurance in relation to the delegation of these services to the Primary Care Committee

Bristol, North Somerset and South Gloucestershire Integrated Care Board

Meeting of BNSSG ICB Board

Date: Thursday 6th April 2023
Time: 12:00 – 15:15
Location: The Ball Room, Winter Garden, The Royal Parade, Weston super Mare, BS23 1AJ

Agenda Number:	**7.4.2**
Title:	Review of Primary Care Committee Terms of Reference
Purpose: For decision	
Key Points for Discussion:	
The Primary Care Committee Terms of Reference have been reviewed in order to prepare for delegation of pharmaceutical, primary ophthalmic and dental services from 1st April 2023 and to confirm the role of the Committee in providing assurance to the Board. Changes to the Terms of Reference are highlighted within the appendix.	
Recommendations:	To approve the revised Terms of Reference for the Primary Care Committee
Previously considered by and feedback:	Primary Care Committee meeting on 28.03.23 where these Terms of Reference were supported to be presented to the Board
Management of Declared Interest:	There are no potential or actual Conflicts of Interest.
Risk and Assurance:	The Committee has in effect involved the LPC, LOC and LDC and received reports on the delegated services from NHSE since September 2022 in preparation for delegation. This is therefore deemed to be a low risk and natural extension to the remit of the Committee.
Financial / Resource Implications:	The Committee will have oversight of the budget in relation to the delegated services.
Legal, Policy and Regulatory Requirements:	The Committee is established by the ICB as a Committee of the Board in line with its Constitution and with Delegations made under section 65Z5 of the 2006 NHS Act as amended by the Health and Care Act 2022.
How does this reduce Health Inequalities:	The Committee will receive reports that relate to the reduction of health inequalities as part of its work programme

How does this impact on Equality & diversity	The Committee will receive reports that relate to the reduction of inequalities as part of its work programme
Patient and Public Involvement:	The Committee will receive reports that relate to the patient and public involvement as part of its work programme
Communications and Engagement:	The revised Terms of Reference are recommended to the Board in open session
Author(s):	Sarah Carr, Corporate Secretary
Sponsoring Director/Lay member:	Alison Moon, Non-Executive Member – Primary Care

Primary Care Committee Terms of Reference

1. Introduction

Constitution:

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 1 to these Terms of Reference to the ICB.

The Primary Care Committee, PCC (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution and in accordance with Delegations made under section 65Z5 of the 2006 NHS Act (see Appendix 1) as amended by the Health and Care Act 2022.

These terms of reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB

Purpose:

The aims of the ICB are to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The purpose of the Committee is to contribute to the overall delivery of the ICB objectives and population outcomes by managing the delivery of those elements of the primary care healthcare services delegated by NHS England to the ICB.

The aim will be to deliver to the people of BNSSG, on behalf of the ICB, services that are of high quality, clinically effective and safe, within available resources

The committee will embed the ICB principles of engaging with and embedding the voice of our local population in co-production and understanding of local need.

~~In addition, the committee will have responsibility for the oversight and delivery of the BNSSG Primary Care Strategy and its core deliverables of:~~

~~i. Workforce development~~

~~ii. Reducing Unwarranted Variation~~
~~iii. Developing Integrated models of care~~
~~iv. Supporting Infrastructure~~

~~The Committee will also have oversight of Primary Care Operational Planning and the impact of service and workforce change across the system on primary care services.~~

~~The Committee is responsible for the commissioning of primary care and has delegated responsibility from the ICB to fulfil this function. NHS England may at some point delegate authority to the ICB for the commissioning of primary dental services, primary pharmacy and ophthalmic services. The Primary Care Commissioning Committee will at the point of delegation of these services to the ICB, review its terms of reference and include these services within its committee remit.~~

2. Delegated Authority

The Primary Care Committee is authorised by the Board to:

- Investigate any activity within its terms of reference;
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these terms of reference;
- Commission any reports it deems necessary to help fulfil its obligations;
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
- Create sub-groups in order to take forward specific programmes of work as considered necessary by the Committee members. The Committee shall determine the membership and terms of reference of any such sub-groups in accordance with the ICB's constitution, standing orders and SoRD. The committee may not delegate any of its accountabilities to such sub-groups.

For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference other than the Committee being permitted to meet in private.

3. Membership

The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

Chair and Vice Chair:

In accordance with the constitution, the Committee will be chaired by a Non-Executive Member of the ICB appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee. Committee members may appoint a Vice Chair from amongst the non-executive or elected members. In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to chair the meeting.

The Chair will be responsible for agreeing the agenda with the support of the lead Director for Primary Care and ensuring matters discussed meet the objectives as set out in these ToR.

4. The members of the Primary Care Committee are:

- Non-Executive Member of the ICB (chair)
- At least two Non-Executive and or Elected Members (drawn from Partner members)
- ICB Chief Medical Officer
- ICB Chief Nursing Office
- ICB Chief Financial Officer
- ICB Director of Integrated and Primary Care

5. In attendance

The following members may be in attendance at meetings:

- NHS England representative
- A BNSSG Healthwatch representative
- A representative of the General Practice Collaborative Board (GPCB)
- A representative of Locality Partnerships
- A Public Health representative of the BNSSG Health and Wellbeing Boards (to be nominated by the three local authorities)
- Local Medical Committee Chair or Chief Executive
- Representation from the Local dental Committee
- Representation from the Local Pharmaceutical Committee
- Representation from the Local Optical Committee
- ICB Head of Medicines Optimisation
- ~~ICB Clinical Lead for Primary Care Development~~
- A Patient and Public Involvement (PPI) representative

Other persons may be invited to attend, as appropriate, to enable the Committee to discharge its functions effectively. The Committee may also invite guests to attend to present information and/or provide the expertise necessary for the Committee to fulfil its responsibilities. The Corporate Secretary or their deputy will be in attendance at all meetings to advise the Committee on governance matters. Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair. Suitable alternatives can also attend for members in agreement with the Chair

6. Administration

The Committee shall be supported with a secretariat function, which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments; and
- Action points are taken forward between meetings.

7. Quoracy

A quorum shall be 4 voting members, to include at least one Non-Executive and or Elected member and an executive member.

~~Decision making and voting:~~
~~Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote. Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.~~

8. Frequency of meetings

The Committee will meet in private and will meet monthly. In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

9. Remit and Responsibilities

The Committee will ~~make collective decisions on the~~ provide assurance on decisions on the review, planning and procurement of primary care services in BNSSG, under delegated authority from NHS England. Primary care services refer to the services set out in the Delegation Agreement between NHS England and NHS Bristol, North Somerset and South Gloucestershire ICB. This includes the following ~~activities:~~

- Primary Care Medical Services
- Primary Dental Services and Prescribed Dental Services
- Primary Ophthalmic Services
- Pharmaceutical Services and Local Pharmaceutical Services

The Delegation Agreement between NHS England and the ICB may be found at Governance Handbook - NHS BNSSG ICB, in line with the requirements of the ICB Constitution

In addition, the committee will have responsibility for the oversight and delivery of the BNSSG Primary Care Strategy and its core deliverables of:

- Workforce development
- Reducing Unwarranted Variation
- Developing Integrated models of care
- Supporting Infrastructure

The Committee will also have oversight of Primary Care Operational Planning and the impact of service and workforce change across the system on primary care services.

~~a) The award of GMS, PMS and APMS contracts. This includes: the design of PMS and APMS contracts; and monitoring of contracts;~~
~~b) Locally defined and designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");~~
~~c) Making decision regarding local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);~~

~~d) Procurement of new practice provision;~~
~~e) Discretionary payment (e.g., returner/retainer schemes); Approving practice mergers;~~
~~f) Primary Care Estates Strategy;~~
~~g) Premises improvement grants and capital developments;~~
~~h) Contractual action such as issuing breach/remedial notices and removing a contract;~~
~~i) Delivery of the BNSSG Primary Care Strategy~~
~~j) Planning and delivery of the primary care aspects of the ICS Integrating Pharmacy and Medicine optimisation plan (IPMO) and Medicine optimisation strategy~~

In securing the provision of comprehensive and high quality primary care ~~medical~~ services in BNSSG, the committee will carry out the following activities:

- Planning, including needs assessment, of primary ~~medical~~ care services in BNSSG
- Undertaking reviews of primary ~~medical~~ care services in BNSSG
- Providing oversight of the financial planning and budget management for the commissioning of primary ~~medical~~ care services in BNSSG
- Promote continuous quality improvement through learning, improvement methodologies, research, innovation, citizen insights and data driven improvement initiatives
- Review the ICB plans for the management of Primary Care Network Contract Directed Enhanced Services and receive assurances that the planning of Primary Care Networks in BNSSG complies with published specifications and guidance ~~including~~

~~The Committee shall report on and make recommendations to the ICB Board on the following:~~
~~i. Progress towards delivery of the Development of the BNSGG Primary Care Strategy~~
~~ii. Planning primary medical care services in BNSSG (including needs assessment)~~

10. Reporting Requirements

The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities. The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board.

The Chair will provide assurance reports to the Board after each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

The Committee will provide an annual report to the Board to describe how it has fulfilled its terms of reference, details on progress and a summary of key achievements in delivering its responsibilities.

The ICB Primary Care Operational Group (PCOG) shall undertake the operational management, implementation and oversight of the nationally defined primary care contracts and the primary care workstreams. In addition, the PCOG will also monitor complaints and quality

The Primary Care Operational Group shall report and escalate via exception report to the Committee and submit the minutes of their meetings to the Committee for review

11. Behaviours and Conduct

ICB values:

Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB. Members of the Committee and those people in attendance shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality diversity and inclusion:
Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

Conflicts of interest:
In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest.

All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Chair and submitted to the Board. If the Chair considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.

12. Review of Terms of Reference

The Committee will review its effectiveness at least annually.

These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Review date: 01/12/22

~~**Appendix 1**~~

~~**Schedule 1 –Delegated Functions**~~

~~a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:~~

- ~~i) decisions in relation to Enhanced Services;~~
- ~~ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);~~
- ~~iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;~~
- ~~iv) decisions about 'discretionary' payments;~~
- ~~v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;~~

~~b) the approval of practice mergers;~~
~~c) planning primary medical care services in the Area, including carrying out needs assessments;~~
~~d) undertaking reviews of primary medical care services in the Area;~~
~~e) decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);~~
~~f) management of the Delegated Funds in the Area;~~
~~g) Premises Costs Directions functions;~~

h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.

Schedule 2- Reserved Functions

a) management of the national performers list;
b) management of the revalidation and appraisal process;
c) administration of payments in circumstances where a performer is suspended and related performers list management activities;
d) Capital Expenditure functions;
e) section 7A functions under the NHS Act;
f) functions in relation to complaints management;
g) decisions in relation to the Prime Minister's Challenge Fund; and
h) such other ancillary activities that are necessary in order to exercise the Reserved Functions;

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICB Primary Care Committee Meeting - Open

Minutes of the meeting held on 21st February 2023 at 9.00am, held virtually via Microsoft Teams

Final Minutes

Present		
Alison Moon	Chair of Committee, Non-Executive Member – Primary Care	AM
Georgie Bigg	Healthwatch Bristol, North Somerset and South Gloucestershire	GB
Debbie Campbell	Deputy Director (Medicines Optimisation), BNSSG ICB	DC
Nikki Holmes	Head of Primary Care, South West, NHS England and Improvement	NH
Geeta Iyer	Primary Care Provider Development Clinical Lead, BNSSG ICB	GI
David Jarrett	Director of Primary and Integrated Care, BNSSG ICB	DJ
Philip Kirby	Chief Executive, Avon Local Medical Committee	PK
Matt Lenny	Director of Public Health, North Somerset Council	ML
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
David Moss	Delivery Director – Woodspring Locality Partnership, BNSSG ICB	DM
Sarah Purdy	Partner Non-Executive Member, North Bristol NHS Trust	SP
Michael Richardson	Deputy Director of Nursing and Quality	MR
George Schofield	Avon Local Dental Committee Secretary	GS
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
Apologies		
Katrina Boutin	GP Collaborative Board Representative	KB
Richard Brown	Chief Officer, Avon Local Pharmaceutical Committee	RB
Amanda Cheesley	Partner Non-Executive Member, Sirona care & health	AC
John Hopcroft	Avon Local Optical Committee	JH
Sukeina Kassam	Interim Head of Primary Care Contracts, BNSSG ICB	SK
Sandra Muffett	Head of Patient Safety and Quality	SM
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
In attendance		
Jenny Bowker	Head of Primary Care Development, BNSSG ICB	JB
Louisa Darlison	Senior Contract Manager Primary Care, BNSSG ICB	LD
Jamie Denton	Head of Finance, Primary, Community & Non-Acute Services, BNSSG ICB	JD

Jeff Farrar	Chair of BNSSG Integrated Care Board	JF
Katie Handford	Models of Care Development Lead, BNSSG ICB	KH
Bev Haworth	Senior Programme Lead PCN & Workforce Development, BNSSG ICB	BH
Otilia Lekovska	Access, Quality and Resilience (ARQ) Programme Officer	OL
Susie McMullen	Senior Programme Lead Access, Quality and Resilience (ARQ)	SMc
Lucy Powell	Corporate Support Officer, BNSSG ICB	LP

	Item	Action
1	**Welcome and Apologies** Alison Moon (AM) welcomed everyone to the meeting and the above apologies were noted. AM highlighted that the Primary Care Committee (PCC) was an assurance Committee and asked members to consider whether the papers provided assurance that the items discussed; reduced health inequalities, improved health outcomes of the population, enhanced productivity and were value for money, and helped the NHS support social and economic development.	
2	**Declarations of Interest** There were no new declarations of interests and no conflicts of interest for the attendees present.	
3	**Minutes of the previous meeting held on 22nd November 2023** The minutes had been previously approved and were received for information.	
4	**Review of Action Log** The Committee reviewed the action log: **Action 19**. David Jarrett (DJ) explained Joanne Medhurst (JM) would provide an update at the next meeting. **Action 28:** Jenny Bowker (JB) confirmed that where appropriate, the risks relating to delegation had been included on the corporate risk register. Further information had been provided within the delegation papers. The action was closed. **Action 34:** DJ confirmed that management of interests had been discussed and a process has been agreed. Each paper would be reviewed for confidential and commercial information and representation at the meeting would be considered. The Committee agreed to close the action. All other due actions were closed	
5	**Good News Stories** Susie McMullen (SM) highlighted the General Practice resilience programme and explained that the Access, Resilience and Quality (ARQ) team worked with the ICB contracts and quality teams as well as One Care to support the ARQ programme. SM noted that additional funding had been allocated to the programme through the Winter Access Fund which meant the team had been able to expand the programme over the last 12 months.	

	Item	Action
	SM explained that the ARQ programme was locally developed and provided the link between the elements of support the ICB offered to practices. SM confirmed that the programme had been developed to support practices with significant challenges and the additional funding had allowed the programme to support more practices. SM explained that the support included the spread and adoption of best practice, development of toolkits, as well as short-term facilitative support. Toolkits had been developed to support improvements in access and workforce and the ARQ Team was working with the Local Medical Committee (LMC) and the Care Quality Commission (CQC) to support practices in preparation for CQC inspections. The ARQ team also provided intensive short-term support for practices under significant pressure. Medium term support was being tested and long-term support continued for the practices who needed it. An ARQ information page has been set up on Team Net and this included toolkits and other resources. Workshops and Webinars supporting access and workforce had also been advertised and linked on the site. SM explained that the ARQ team provided support relating to financial practice and processes as well as team development, communications and practice leadership. SM highlighted that the benefits of the programme had been monitored through the ARQ dashboard and feedback from the practices supported had been positive. SM noted, that without the ARQ programme, 4 practices would have handed back their contracts. The data also showed that the programme had also contributed to reducing A&E and NHS 111 activity. SM highlighted that the long-term support to practices meant that there was plenty of data relating to resilience and quality to monitor and review. Michael Richardson (MR) thanked the ARQ team for their work and welcomed the close working with the quality team. MR asked for further information regarding the dashboard data and SM confirmed that a downward trend indicated improvement. AM highlighted the reduction in A&E and NHS 111 activity and asked whether there was a way the impact of the ARQ programme on practices could be represented visually. AM noted that a focus of the Committee was reducing unwarranted variation in primary medical services and asked what this meant in the context of the ARQ work with practices. AM also asked whether the ARQ programme could expand to include pharmaceutical, optical and dental (POD) services following delegation. SM confirmed that a visual heat map could be developed and noted that although the measures were collated for an overall view, these elements could be separated to show improvement per individual measure. SM noted that these elements when broken down to show unwarranted variation was how practices were identified for the programme.	**SM**

	Item	Action
	SM explained that the ARQ team reviewed the data points for practices which remained challenged for a significant period of time. SM suggested that the principles of the programme could be expanded to include POD services, and the toolkits and good practice could be developed to include the different topics needed although subject experts would be needed to develop these. SM highlighted that the clinical expertise currently required to support GP Practices would need to be replicated for the POD services particularly around support for clinical reviews. Sarah Purdy (SP) noted the importance that data relating to A&E attendances was reviewed over time as the situation was complex and any improvements could be attributable to several factors. SP noted that improved GP access was not the only reason A&E attendances decreased but admissions also decreased for complex patients when continuity of care improved and therefore there were a number of factors which needed measurement to support improvement. Matt Lenny (ML) supported the programme and highlighted the links between unwarranted variation and public health elements such as screening and immunisations. ML highlighted that improvement in public health would result in improved resilience for GP practices and asked whether there were any opportunities to review early intervention and prevention programmes to support better health outcomes for the population. SM agreed to contact ML to discuss the opportunities further. Georgie Bigg (GB) welcomed the programme and explained that Healthwatch was reviewing some programmes of work that had been developed following the pandemic which included GP interim reviews and reviews of communications through Patient Participation Groups (PPGs) and suggested that it would be useful to link with SM to identify some areas which might need additional consideration. George Schofield (GS) welcomed the possible extension of additional support to dentistry. GS explained that dentistry contracts were based on activity and money would be clawed back if activity targets were not reached. GS noted that the timing of the claw back letters had been difficult for some dental practices and there had been an impact on financial stability. Nikki Holmes (NH) agreed to provide the feedback to the dental teams at NHS England. SM welcomed the offers of joint working and responded to SP's comments regarding continuity by explaining that the ARQ teams were discussing the balance between access and continuity with practices and noted that continuity of care was a measured element and part of the ARQ dashboard.	**SM** **SM** **NH**
6	**Primary Care Operational Group (PCOG) Report**	

	Item	Action
	DJ explained that the report summarised the decisions which had been taken through PCOG and the reasons for these. DJ highlighted that the decision made regarding supplementary services had been significant and the paper had been presented to PCC for additional information. DJ highlighted some of the decisions including funding for the collaborative bank and a practice boundary change application. DJ also noted that PCOG had reviewed the homeless health procurement process and approved a recommendation to seek a system-provider approach to procurement. DJ explained that the special allocation scheme had been discussed in the closed session of the meeting and it was agreed to move to full procurement due to the level of interest in the market. PCOG also agreed that the financial envelope would be increased in order to provide the flexibility of offering an equitable service for patients across BNSSG. AM highlighted the importance that PCC had assurance in the way PCOG was discharging its duties and confirmed that the report provided this. **Supplementary Services Update** Geeta Iyer (GI) explained that the supplementary services review was an important piece of work to increase practice resilience, improve health inequalities and reduce unwarranted variation. The review had been undertaken to understand where the activity currently included in the supplementary services and South Gloucestershire basket should be provided. GI explained the importance that a high level of engagement was undertaken and that the data being used for the review was accurate. GI noted that work continued with practices to ensure that the right data sharing agreements were in place. With the additional work that was needed, PCOG had agreed to extend the timeline for completion and roll over the current supplementary services and South Gloucestershire basket into 2023/24. Sarah Truelove (ST) asked whether the updated timescales would be met and noted the importance that the work was completed. GI explained that the timelines were under regular review and risks were being discussed and mitigated. AM expressed concern that this was not the first time the programme timeline had been extended and asked what the team needed from the ICB and system partners to deliver in 2023/24. GI noted the importance of the supplementary services steering group and reference group and the other key groups engaged with as part of the communications plan. More work would be undertaken with practices to understand the data sharing agreements and the impact of any new funding allocations. GI highlighted that since the start of the programme	

	Item	Action
	the system was in a different level of collaboration and there needed to be consideration of what activity aligned with or could be undertaken by system partners. GI confirmed that any new funding allocations would require a transition period to understand the impact on practices. JM was surprised that the programme did not have access to some of the data as it was fundamental to the process. JM asked whether there was any duplicated funding being provided for the services under review and suggested that any duplicated funding ceased as soon as possible. GI explained that the additional data sharing agreements had been requested as the ICB was planning to use the data in a different way and therefore the practices needed to understand this. The agreements were expected back by the end of the week and the ICB team would be contacting practices which had not completed these. GI explained that the service specifications were developed 6 years ago and so there were elements of duplication with other system providers and work was being undertaken to identify these. GI agreed to raise JM's suggestion of another transition period related to duplicated services with the reference group and steering group. DJ highlighted that this was a significant programme of work which needed to be appropriately reviewed to ensure that primary care funding was spent in the best way for the local population. It was agreed that the supplementary services review would be reported to the PCC monthly through the PCOG report. **The Primary Care Committee received the report**	**GI** **DJ/JB**
7	**Operational Plan Update** DJ highlighted the work of Bev Haworth (BH) and the team in developing the operational plan submission for primary care. BH explained that the paper provided an update on the primary care response which included the planning guidance and the work with One Care and the Local Medical, Pharmaceutical, Optical and Dental Committees. BH noted that once received the General Practice Access Recovery Plan would be included. BH confirmed that the operational plan contained the work from various workstreams and the work of the GP Collaborative Board (GPCB) to inform priorities. Activity, workforce and financial plans were expected to be submitted and the methodology for these was tested and found to be accurate. The joint forward plan was being developed in parallel with the operational plan and outlined the aims and objectives as well as the plans to embed prevention, decrease health inequalities, spread good practice and support quality improvement. The plan would be submitted to NHS England this week, following which NHS England would provide feedback. BH outlined the assurance steps noting the check and challenge meetings to test methodologies and flag risks. BH highlighted that the priorities aligned with both	

	Item	Action
	national and local priorities and included access targets and recruitment to additional roles. BH noted that next steps included further engagement with stakeholders and wider primary care to ensure that the timeline for the joint forward plan submission was met. ST highlighted the amount of work undertaken to develop the plans and noted that there was a genuine partnership across all primary care to develop the plans. AM noted the system working to develop the plans and asked whether the check and challenge groups included members from other system partners. AM highlighted that delivering an integrated approach to urgent care was expected to be in place at the end of quarter 4 2024/25 and asked whether this was too long. BH confirmed that this was the work that was currently ongoing through the GPCB Urgent Care Network sub-group who had a series of plans in place to support a more integrated way of working. BH noted that as the work progressed more milestones would be included in the programme plan which could be measured to review progress. BH confirmed that the various organisations were present at the check and challenge meetings and BH attended these to make the links between the programmes to ensure that other parts of the system were aware of primary care plans. ST confirmed that the check and challenge and planning days had been designed so that system planners attended to make sure that organisations were not working in isolation. AM noted that the national priorities included dental and pharmacy but not optometry. BH confirmed that optometry priorities sat within the community services and included a self-referral option. NH confirmed that these plans would be developed further at the next stage. NH also confirmed that the data for dental services for the coming year would be provided within the week. JB confirmed that for dental services there was more work to undertake with the commissioning hub and dentists to review the reform programme and the associated risks and the implications for activity. SP supported the use of GP retainers and suggested that there needed to be more than the 8 or 9 proposed across BNSSG as there were lots of GPs leaving the workforce and the retainer scheme was very successful in actively engaging with GPs and ensuring they continue to practice. BH agreed to review this.	**BH**

	Item	Action
	GS highlighted the dental reform programme and noted that it hadn't improved services and dentists continued to leave. DJ confirmed that the ICB was committed to working with dentists and NHS England to support the reform programme and improve access to dental care across the system. DJ explained that as the ICB reviewed the reform programme more information would be provided to the Committee. DJ noted that oversight of the road map and the identification of opportunities was the ICB focus. AM highlighted the importance that the benefits and opportunities were identified and asked how the ICB could provide feedback to NHS England and influence the reform programme. GS explained that finance was a concern and that dentists would welcome clarity on what money was available within the national budget for dental services. DJ explained that the ICB needed to fully understand the reform programme and the opportunities that delegation could provide to dental services. The ICB would work closely with NHS England to support the programme and identify any risks. **The Primary Care Committee:** • **Noted the collaborative approach to operational planning between the ICB, GPCB, Avon LMC and wider primary care** • **Noted the ongoing development of the Primary Care aspect of the system Operational and Joint Forward Plan** • **Provided feedback on the plans**	
8	**Delegation of POD Services** DJ confirmed that the interim submission of the safe delegation checklist had been made and the identified risks collated through the corporate risk register. The Finance, Estates and Digital Committee had reviewed the checklist and supported the submission. JB confirmed that the first draft of the submission had been submitted on the 13th January 2023, and a second submission was due on the 24th February 2023. The first submission had highlighted workforce concerns, and this remained the biggest risk for delegation. The ICB had asked for assurance that the NHS England organisational change process would not affect the staff available for the commissioning hub and NHS England provided national assurance that the commissioning hub staff would not be subject to organisational change. JB explained that NHS England was looking to transfer the commissioning hub to a hosted arrangement with an ICB. JB noted that additional due diligence relating to the hosted arrangement would be needed with both NHS England and the hosting ICB. JB noted that there were still capacity challenges to be worked through and risks to manage which included how the commissioning hub would manage the regional variations to ensure consistent decision making. JB highlighted an away day which had been	

	Item	Action
	planned for South West ICB staff and the commissioning hub which would work through decision making scenarios. JB highlighted the risks around provider access and resilience and noted that the ICB would be inheriting the reform work programmes from NHS England and these would need to continue. Jamie Denton (JD) explained that there was further work for the finance team to complete for the checklist and noted that some of the outstanding actions related to the general transfer of services. JD confirmed that the fundamental tasks had been completed. JD explained that the biggest risk was consistency across the 7 different systems which included differences with how each system would manage local processes such as invoice approval. JD confirmed that there would be a minor adjustment to the Standing Financial Instructions to reflect the operational decision making within the commissioning hub. JB confirmed that a national delegation agreement, and a national Memorandum of Understanding between the commissioning hub and ICBs would be developed. A national Data Protection Impact Assessment may need to be developed and local systems would need to review whether this was required. JB noted that the ambers continued to be worked through and the ICB was confident that these would be completed and delegation would be progressed. AM asked what the checklist would look like when presented to the PCC meeting in March. JB expected that there would be more green actions to include the finance actions. JB explained that ambers would remain on the 1st April 2023 as some arrangements would be tested when delegation went live as negotiation around the operational detail continued. JD explained that the finance group had been meeting regularly and a task and finish group had been set up to review the outstanding actions. MR confirmed that the process would be iterative and develop post 1st April 2023. MR noted that there was work to review how complaints and incidents would be managed and it was expected that the commissioning hub would collate these and provide the ICB with themes. Whether the commissioning hub or the ICB would facilitate some of the work was still undecided and although it was thought that this would be a collaborative piece of work, this would be worked through when services were delegated. **The Primary Care Committee:** • **Noted the progress in completing the safe delegation checklist and the remaining areas to progress** • **Noted the position of the allocation**	

	Item	Action
	• **Noted the update in relation to the national position with regards to NHS England staff which has mitigated the workforce risk identified by the ICB** • **Supported the submission of the updated safe delegation checklist by 24th February 2023** **Primary Care Activity Reports** NH noted the dental contract procurement and explained that there had been a delay regarding the mobilisation of the procurement in BS36. NH confirmed that the delay had been due to queries around the premise and the team were working through these. Additional sessions to support urgent care dental services were being considered and expressions of interest had been received. Due diligence was being worked through to ensure that practices could provide the additional sessions. NH confirmed that additional orthodontic activity was being commissioned for 2023/23 and a paper would be presented to the Primary Care Public Health Operational Groups to extend this into 2023/24. GS expressed concern regarding the cost of rolling the urgent care sessions out to all dental practices. NH agreed to ask the team to confirm the cost per session. AM noted that the report stated that the number of adults accessing dental services had increased but access for children had reduced. AM asked that data such as this was more fully explained so that the PCC as an assurance Committee understood the situation. MR agreed and noted that an increased level of detail of this issue would be appreciated as the ICB had been informed that access for Looked After Children had reduced significantly. GS explained that high needs patients were more likely to fail to attend and were therefore more of a financial risk for dentists. AM confirmed that the Committee needed to understand the detail to provide support to improve quality of and access to all primary care services. NH agreed to provide the feedback to the dental team and noted that receiving more detail would align with the work to understand the local opportunities of delegation. NH explained that there was minimal change around the core and supplementary hours for community pharmacy but there had been an increase in unplanned closures. NH explained that NHS England had been working with the Local Pharmaceutical Committees to implement updated policy and guidance around management of unplanned closures. NH noted that teams were also discussing unplanned closures with pharmacy regional managers.	**NH** **NH**

	Item	Action
	NH confirmed that NHS England was meeting with Lloyds Pharmacies to review the impact of their sites closing in Sainsbury's supermarkets. NHS England was working with the ICB to understand the local impact of the closures. Lloyds Pharmacies have agreed a national communications campaign for patients to support them to change their nominated pharmacy. NH noted that there had been one unplanned closure for optometry services and this would be followed up by the team. AM noted that as mentioned previously, there was no detail regarding the activity highlighted in the report and explained that if the PCC was going to support improvement and provide assurance to the ICB Board then there needed to be additional detail within the report. AM noted that the PCC needed to understand why there were unplanned closures in order to support reduction of these in the future. NH noted that this was being actioned through the updated policy and guidance rollout and breach notices. NH explained that there was work ongoing to review local community pharmacy resilience. The outcomes of which would be used to support stability. **The Primary Care Committee received the report**	
9	**Primary Care Contracts, Performance, Quality and Resilience Report** DJ confirmed that the detail within the report had been discussed at PCOG and therefore the information was presented at PCC for assurance. Louisa Darlison (LD) thanked everyone who had been part of the evaluation process for the Charlotte Keel procurement. The bids have been moderated and the final decision would be presented to the Finance, Estates and Digital Committee and then ICB Board. PCOG had approved a boundary change application for Graham Road Surgery and Horizon Health Centre and an application for the Northern Arc PCN to be included in the Concorde and Mendip PCN had been received. This would be reviewed through the standard process and any changes reported at the next Committee. MR noted there had been an increase in patient safety events which could be attributable to the systems pressures as well as the work undertaken with primary care to support Datix reporting and the Contact Us portal. MR reported that the majority of reports were around timely discharge letters and GPs not receiving information regarding medicines on discharge. MR noted that work continued with the acute trusts to support discharge letter writing. MR noted that patient safety events had taken place to review Datix reporting for the covid-19 and flu vaccination programmes as well as harm reviews from the primary care perspective in terms of the ambulance service.	

	Item	Action
	MR highlighted increase in mothers not accessing antenatal care and deciding to 'free birth' at home without the attendance of a trained health professional. MR confirmed that this was legal and was the decision of the mother however there were implications for the health system and therefore an awareness programme for GPs had been developed. MR noted that there was work ongoing with the virtual wards programme as there had been some instances where patients had not been referred appropriately. Additional training was being offered. GI asked about how GPs could identify patients who hadn't accessed antenatal services and asked whether GPs could do more than outline the risks to patients. MR noted that GPs had been made aware of the increase and explained that it was important that GPs knew when people had chosen not to access antenatal care. GI noted that GPs were seeing less pregnant people as they were being triaged to self refer to antenatal care by reception. MR and GI agreed to discuss this further. SP asked whether there was any analysis on whether it was patients with specific characteristics who were choosing not to access antenatal care and asked whether the ICB was working with community and voluntary sector services to support these groups. MR confirmed that further review and analysis had not yet taken place and work would start to address these potential inequalities. AM highlighted the Datix patient safety events and noted that all the safety concerns were about other sectors and asked how confident the ICB was on the risks that primary care was accountable for. MR agreed and noted that the 50% increase in reporting had been around other sectors. AM noted the importance that primary care captured their own near misses to support system learning. GI agreed that primary care was better at reporting for others and noted that there needed to be assurance that practices were discussing incidents and learning and improving processes. GI noted that there were processes around reporting but these needed to be consistent across practices. GI noted there had been discussion around quality champions in practices to support this. MR agreed to review this further. **The Primary Care Committee noted the content of the report**	**GI/MR** **MR**
10	**Primary Care Finance Report** The financial position at the end of January 2023 was a reported as a £1.36m underspend, this included retrospective and anticipated allocation. JD	

	Item	Action
	confirmed that included in that position was additional prescribing and additional roles funding. JD explained that the combined position for primary care was a £1.2m underspend. The key variance was noted within premises costs and a reported overspend of £373k which was the result of the pandemic and delayed rent reviews. JD noted that additional work was being undertaken to understand the position. The PCN Directed Enhanced Service (DES) had a forecast overspend of £5.4m which was a positive position for the system as it utilised nationally held funding. The allocation would be made to the ICB in month 11 and the ICB has the option to apply for the higher value of £6.3m if the forecast was materially different from the actual. The ICB was confident that the forecast was correct. JD noted that the net reported position for prescribing was £200k underspent however there was a primary care prescribing position of £2.9m overspend as a result of increased costs in No Cheaper Stock Obtainable (NCSO) and Category M drugs across quarters 3 and 4. As a consequence of these national increases, the ICB would receive up to £4.9m of additional funding and therefore the year end position was reporting a £1.6m underspend. The ICB primary care teams have met to discuss whether there were any opportunities to utilise the underspend before year end. JD reported that £500k additional funding had been received for the fellowship and mentors transformation programme which indicated that there had been good uptake by general practice which was supported by the Training Hub. JB noted that the ICB teams were reviewing the anticipated underspends to understand whether that represented any coding issues or variation across the system. JB noted that if there was poorer uptake of services in some areas then the ICB would discuss this with the GPCB. AM asked when the next Local Enhanced Service (LES) update would be provided to the PCC. JB confirmed that this would be next month. **The Primary Care Committee:** • **Noted the summary financial plan** • **Noted the key risks and mitigations to delivering the financial plan** • **Noted that at Month 10 (January), combined Primary Care budgets were reporting a £1.360m underspend, and a forecast of underspend of £1.638m (including retrospective and anticipated allocations)** • **Noted there was an anticipated allocation to fund the cost pressures that have merged within prescribing costs up to a maximum, based on the current understanding, of £4.9m**	
11	**Key Messages for the ICB Board**	

	Item	Action
	The Committee agreed the key messages for the ICB Board which included: • The update on operational planning • The progress of the Safe Delegation Checklist • The work undertaken by the ARQ team	
	Part B minutes to be taken in closed ICB Board	
12	**Primary Care Contracts, Performance, Quality and Resilience Report** DJ noted that the additional items included in the report were considered confidential and any decisions made at PCOG had been included within the PCOG report. **The Primary Care Committee noted the contents of the report**	
13	**Primary Care Operational Group (PCOG) Minutes** **The Primary Care Committee received the minutes**	
14	**Any Other Business** GS explained that the local General Dental Practice Committee had asked the ICB for written assurance that the dental contract funding would be ringfenced. DJ agreed to provide this. SP highlighted the Good News Story and suggested that those stories could be presented with the aims and goals of the ICB in mind. JB and DJ agreed to review this going forward.	**DJ** **DJ/JB**
	Date of Next Meeting 28th March 2023, at 9.00am, to held via Microsoft Teams	

Lucy Powell, Corporate Support Officer, March 2023