

File: Gen 11

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

CORPORATE EXECUTIVE BOARD

A meeting of the Board will be held on Wednesday 21 February at 12:30 in the
Large Conference Room, Finchdean House

AGENDA

1. **Apologies for absence**
2. **Minutes of the last meeting**

To agree the minutes of the previous meeting held on
Wednesday 18 October 2000. Attachment
(white)
3. **Creation of new Health Authority**
4. **Waiting List Performance**
5. **NHS Plan**
6. **Review of Medical services**
7. **Review of Maternity services**
8. **Any other urgent business**

Circulation List:

Ms P Humphris (Chair)
Dr J A Barton
Mr S Carr
Mrs S Clark
Mr J Henly
Dr J Hughes
Dr E Jorge
Mr J Kirtley

Dr C Lewis
Mr D Pugsley
Mrs S Robson
Dr G Sommerville
Ms Nicola Hartley
Ms Maggie Somekh
Library

Portsmouth and South East Hampshire Health Authority

CORPORATE EXECUTIVE BOARD

Minutes of the meeting held on Wednesday 18 October 2000

Present : Penny Humphris (chair)
Jane Barton
Sheila Clark
John Henly
John Hughes
Elizabeth Jorge
John Kirtley
David Pugsley
Sue Robson
Gordon Sommerville
Brendan Ward

In attendance : Jacqui Hedger

Apologies for absence : Charles Lewis

Action

1 Human Rights Act

The meeting was preceded by a presentation on the implications of the Human Rights Act provided by Trowers and Hamlins, Solicitors.

2 Minutes of the last meeting

The minutes of the last meeting held on 30 August 2000 were agreed.

3 Matters Arising

3.1 Service and Financial Framework

David Pugsley reported that the first meeting of the SaFF Board was to be held on 31 October 2000 and the agenda had been sent out. IOW representatives had been invited to attend the meetings. Social Services would attend as required. The group would be chaired by David Pugsley but others would have lead roles which were being defined.

DP

3.2 Creation of new Health Authority

Penny Humphris confirmed that approval was still awaited but was expected to be imminent. The Ministerial announcement would include the appointment of the HA chair and two non-executives, and also the same for the IOW PCT. Meetings with representatives from across the health economy were being held about organisational change and it was hoped to conclude this by 7 November 2000 despite some difficulties with negotiation.

PH

A recent meeting had been held to agree management costs with the aim of saving £½ million but it was likely that a case would have to be made to the Regional Office to allow some transitional funding, balanced by first year slippage and the future dissolution of Portsmouth HealthCare Trust

It was noted that Clare Moriarty, who had been seconded to work on the development of the new health authority would be returning to the DoH, and there was a need to appoint somebody to this position.

PH

3.3 Development of PCTs

The end of the consultation period was 27 October 2000 and application documents had to be completed by 10 November 2000. The consultation process had been mainly very positive about development of the PCTs, although the GP turnout for the LMC ballots was disappointing. There was now agreement on the range of services to be provided, and joint plans for HR, IM&T, Finance were on track, with good team work between the two PCGs and Portsmouth HealthCare Trust. Communication with the Cosham practices was in place, and they were linked into future planning in the Portsea Island infrastructure groups.

John Henly confirmed that he had drafted the report to the Health Authority which would address the boundary review recommendation separately. There was agreement to chase up outstanding responses.

JH/SR/SC

Penny Humphris had spoken to Max Millett about the range of clinical (mainly secondary) services not be managed by the PCTs in the first phase, and there was agreement to the commissioning of an external review as there needed to be a vigorous analysis to make a decision either way

PH

The approach to the management of shared services (financial services / HR / estates management / IM&T / complaints / communications) in 2000/01 had been discussed by the Executive Team and a report circulated. The proposals were to minimise risk and ensure cost-effectiveness in the short term.

3.4 Performance Fund

John Henly confirmed that the third quarter payment had not been achieved because the necessary waiting time and other targets had not been met. As a result, all three quarters' payments had been lost. The most serious issue related to outpatient waiting times. There was concern about the lack of understanding by clinicians in certain specialties about demand management and trends, and there were also problems with data accuracy. Other potential risks were trolley waits and cancelled operations, and clear definitions for these targets were still awaited.

Brendan Ward confirmed that work was in hand to investigate outpatient data and undertake comparative trend and data analysis. Mark Wagstaff would be continuing to coordinate work on outpatient referrals but it was important that

the PCGs were closely involved. Sue Robson suggested that the three PCG chief executives should meet with Jan Elliott to identify the worst specialties and those where early action could be taken. Brendan Ward agreed to arrange this.

BW

Penny Humphris suggested that a clinician from each PCG should lead on a particular specialty on behalf of all the PCGs. This approach was supported and it was agreed that Brendan Ward and the PCGs should identify the specialties concerned and set up meetings with Portsmouth Hospitals. Brendan also agreed to investigate the apparent discontinuation of orthopaedic joint surgery.

BW/SR/SC

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JK

BW

4 Portsmouth Hospitals PFI Scheme

The meeting reviewed the outcome of the presentation by Portsmouth Hospitals earlier in the week. The main area of concern related to the proposed location of the 240 community/intermediate care beds required to support the revised provision on the QAH site.

John Kirtley pointed out that, although it was recognised that these should most appropriately be sited in local community provision in the long term, the current maternity and paediatric blocks on the SMH site could provide an affordable interim facility. Such an option could allow future revenue growth to be diverted to cover the costs of longer-term community-based provision, although the availability of capital funding sources for new community hospitals was less clear.

Sue Robson and John Hughes confirmed the continuing concerns of East Hampshire PCG about the isolation of the PFI proposals from the total needs of the district and their wish to see funding for the early provision of community-based intermediate care beds, including a Havant Community Hospital development.

David Pugsley pointed out that there will be an opportunity over the next 12 to 18 months, before the Full Business Case stage, to make changes to the content of the scheme. He therefore suggested that the Outline Business Case should be supported in order to ensure sufficient financial resources are attracted in to the district to cover the essential needs to replace acute and diagnostic services.

It was recognised that the Health Authority would wish to make a decision at its meeting on 9 November 2000, and PCG chairs or their representatives had been requested to attend this in order to express their views. Penny Humphris asked each PCG to assess their position and to seek any necessary further information or advice from John Kirtley and David Pugsley.

**PCG chairs
PCG CEs**

5 Mentally Disordered Offenders

Brendan Ward reported on the recent presentation of the Wessex Consortium's proposed strategy, and the unfortunate poor attendance at this. A decision would need to be taken locally whether the future role of Fair Oak and Cheriton facilities would be to district service or a sub-regional forensic service. PCG involvement in this issue was essential. A further issue was the projected overspend of over

£1 million on MDO services.

6 Flu Immunisation Campaign

A report on the flu immunisation campaign was received. Elizabeth Jorge reported that, despite problems with vaccine supplies, the campaign was progressing well and it was hoped to complete by October 2000. The shortage was a national problem and was likely to continue. Some clinics were having to be cancelled or rearranged.

7 Brendan Ward

As this was Brendan Ward's last attendance at a CEB meeting, those present wished him well in his future post.

8 Date of next meeting

It was agreed to cancel the meeting due to be held on 20 December 2000. The date of the next scheduled meeting is Wednesday 21 February 2001 at 12.30pm in the Large Conference Room.

All