

**PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY****CORPORATE EXECUTIVE BOARD**

A meeting of the Board will be held on Wednesday **18 October 2000** at 12:30 in the Large Conference Room, Finchdean House

**AGENDA****1. Human Rights Act 1998**

A presentation by Kate Gillman and Joanne Easterbrook of Trowers and Hamlins Solicitors.

**2. Apologies for absence****3. Minutes of the last meeting**

To agree the minutes of the previous meeting held on Wednesday 30 August 2000. Attachment (white)

**4. Matters Arising**

- Service and Financial Framework (DP)
- Creation of new Health Authority (PH)
- Development of East Hampshire PCT (SR)
- Development of Portsmouth City PCT (SC)
- Progress of PCT Consultation (JH)
- Performance Fund (JH)

**5. Mentally Disordered Offenders – Consortium Strategy**

To agree a joint approach on the management of mentally disordered offenders.

BW

**6. Secondments/financial arrangements**

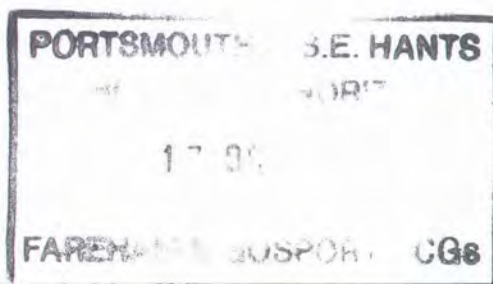
To agree a final list of transfers/secondments and the financial arrangements for these posts

DP

**7. Flu Immunisation Campaign**

To note the progress of the Flu Immunisation Campaign

Attachment (blue)



**8. Any other urgent business**

**9. Date of next meeting**

The next meeting of the Corporate Executive Board on 20<sup>th</sup> December 2000 has been cancelled. A further meeting will be arranged before the end of the year if necessary.

**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

Mr B Ward

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**PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY**

**CORPORATE EXECUTIVE BOARD**

**Notes of the meeting held on 30 August 2000 in the large conference room at Finchdean House.**

<b>Present:</b>	Ms P Humphris	Dr G Sommerville
	Mr J Henly	Dr J Barton
	Mrs S Robson	Dr N Hicks (for Dr E Jorge)
	Mr B Ward	Dr C Lewis
	Mrs S Clark	

**In attendance:** Mr S Carr

<b>No</b>	<b>Discussion</b>	<b>Action</b>
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**1 Apologies for Absence**

Mr J Kirtley, Dr Elizabeth Jorge, and Mr D Pugsley, Dr J Hughes

**2 Minutes of the meeting held on 15 June 2000**

These were received and agreed as a correct record.

**3 Matters Arising**

**3.1 Creation of new Health Authority**

Penny Humphris reported that no decision had been reached by Ministers on the creation of a new health authority or Island PCT. A meeting has been arranged for early October between the Island Council and Ministers to discuss the proposals. Penny stressed that, despite the uncertainty, preparations were still continuing between the two health authorities in readiness for a decision later in October.

Both health authorities were continuing to develop a single set of joint policies including organisational change policies so that staff would be fully aware of the forthcoming changes.

**3.2 Development of East Hampshire Primary Care Trust**

Sue Robson reported that preparations for Trust status were continuing as were the preparations for the forthcoming consultation meetings which were beginning shortly.

### **3.3 Development of Portsmouth City Primary Care Trust**

Sheila Clark reported that the PCG presentations to the Community Health Council had been well received by the 15 or so CHC members in attendance. Preparation for PCG to PCT consultation meetings was continuing as were the PCG's discussions with key service providers to ensure consistency and stability of services.

### **4. Progress of PCT consultation**

Consultation meetings begin on 31 August 2000 and run into September/October and work is now just beginning on the final stages of the applications for Trust status.

The Regional Office has arranged a meeting for Primary Care Groups not proceeding to Trust status in 2001. The meeting was entitled "First Steps" and John Kirtley and John Henly were planning to attend.

A working group will meet in early September to consider the outcome of the Scenario Plan consultation meetings.

### **5. Continuing Care Budgets**

It was agreed that more detailed work needed to be carried out regarding this item and that this could not be undertaken as part of the business of the Corporate Executive Board.

### **6 Meeting arrangements with Portsmouth Hospitals NHS Trust**

As part of the devolution of commissioning and conducting business with Portsmouth Hospitals, Sue Robson reported that there were currently three tiers of meetings with PHT. These included:

- Monthly contract performance monitoring meetings
- Clinical issues group
- Strategic exchange

It was this third category of meeting which was causing concern to the Primary Care Groups. The PCGs currently attend the Trust's Strategic Advisory Group but it was felt that this was not addressing the key strategic issues affecting the local health economy e.g. response to the NHS Plan, creation of PCTs, as well as how business will be conducted in the future.

It was agreed that any strategic exchange between the PCGs and PHT was limited and that the Health Authority may be able to facilitate more of a strategic exchange, perhaps at six monthly intervals.

It was agreed that Penny Humphris and Sue Robson would draft an agenda of PH/SR key issues to run by PHT for the next meeting.

## 7 **Isle of Wight and Portsmouth & S E Hampshire Health Authority**

It was agreed that the HR sub-group of the New Health Authority Development Group should pick up issues relating to human resources.

## 8. **The NHS Plan**

Penny reported that the implications of the NHS Plan for the local health economy were enormous and consideration was needed by the whole organisation on how to take the issues highlighted by the plan forward. It was acknowledged that it was likely that further guidance would be received in the Autumn but the target dates for delivering the plan were still tight.

A staff focus group for each of the key areas in the plan was being established to consider the implications for the Health Authority.

The HImP and the Business Plan needed to reflect the content of the plan.

## 9. **Key performance issues**

John Henly introduced a number of papers highlighting some key performance issues for the Health Authority.

### **Performance Fund**

It was recognised that the Health Authority is almost certain to have missed the 2<sup>nd</sup> quarter's payment under the Performance Fund. John has written to the Regional Office to request that payment is made on the basis that the way the figures are interpreted make it more difficult for PSEHHA to reach the required target. It was agreed that there were significant implications for the Health Authority in the 3<sup>rd</sup> quarter's target if the Health Authority is to receive any monies in 2000/2001.

### **Outpatients**

Outpatient waits continue to increase with around 500 patients joining the waiting lists per month. Interestingly some of the areas where problems are occurring are in unfamiliar specialties but there appears to be little understanding in the system concerning why list sizes are increasing and why patterns are changing.

Penny reported that the RO would be "naming and shaming" those Health Authorities/Trusts that failed to improve the local situation. At a recent meeting in London Portsmouth was almost on the list but this was thought to be inappropriate as the RO wanted to use Portsmouth as an example of improvement in in-patient waits.

In the discussion that followed, it was agreed that there was a clear need for a number of approaches to be taken to ensure that this situation is addressed.

These were:

- Administrative validation
- Change in clinical practice
- Ensure senior representation in PCG group addressing these issues
- Examine best practice around country e.g. dermatology in Southampton
- Appropriateness of referrals

**10. Review of the Portsmouth & S E Hampshire Health Improvement Programme 2000/2001**

It was agreed that this was a useful and well-presented document. Further work should be undertaken to ensure that:

- the PSEHHA and IOWHA HImPs work together
- the wording concerning the IOW HImP needs further consideration
- the Health Authority should provide a framework for locality HImPs
- the attachment (1) is co-ordinated to ensure context for locality HImPs is clear

BW/EJ

**11. Cervical Screening Recall Interval**

Dr Nick Hicks presented the paper on the screening interval for cervical recalls.

The Board asked Dr Hicks to clarify whether LMC agreement had been received for the proposals but otherwise approved the reduction in the cervical smear recall interval from 5 to 4½ years from 1 October 2000.

NH

**12. Admission and Discharge policy**

Sheila Clark introduced this paper on Admission and Discharge policy.

During the discussion that followed, concern was expressed that there were no sanctions/incentives to accompany the policy to ensure adherence to it. It was agreed that:

- the policy required a "launch"
- the Quality Partnerships should monitor with a range of quality initiatives

Any comments on the policy to Sue Damarell-Kewell. It was agreed that Sue and Sheila should discuss how to take the policy forward.

SDK/SC

**13. Any other urgent business**

There was no other urgent business.

**14. Date of Next Meeting**

The date of the next meeting of the Corporate Executive Board is Wednesday, 18<sup>th</sup> October 2000 at 12.30 in the Large Conference Room.

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## CORPORATE EXECUTIVE BOARD MEETING 18 OCTOBER 2000

### FLU IMMUNISATION CAMPAIGN - PROGRESS REPORT

#### Local Publicity Campaign

- A series of adverts to promote the Campaign were placed in the local press and radio stations during September.
- 120,000 flu leaflets and posters have also been produced locally and were widely distributed during the last week of August/early September, with the bulk of the supply of leaflets being circulated to GP practices.

#### Flu Vaccine Uptake

- Monitoring uptake of the flu vaccine will start from the end of this month. The Health Authority will be required to provide coverage data to the Department of Health as at 31 October, the 30 November and the 31 December within a tight timescale. Data collection forms have been issued to all practices for this purpose.
- GP Practices have been encouraged during the last few months to contact Health Authority and PCG leads for advice and assistance if they anticipate they may struggle to reach the target groups. The key issue reported relates to the timeliness of receiving vaccine supplies and the resultant need to re-schedule flu clinics.

#### Vaccine supplies

- Five manufacturers supply the UK market. A total supply of about 10.4 million doses of flu vaccine are reported to be available to the UK, of which approximately 9.9 million were already committed against firm orders by September 2000.
- During September a number of practices locally reported problems securing reserve supplies and their first orders from Pasterur-Merieux. Several practices have also reported delays in receiving supplies from Solvay during the last two weeks (apparently due to manufacturing and courier delivery problems). This has resulted in last minute cancellation of some flu clinics during the last week. Practices who are experiencing problems in securing vaccine orders/supplies have been advised that some additional vaccine supplies may be purchased from Medeva, who has exceeded its previously quoted supply target this year.

#### Additional funding

- The Health Authority has received a non recurring allocation of £117,000 to specifically support the public health programme of immunising people aged 65 years and over, and those in the at-risk groups. This funding excluded routine vaccination to healthcare/other workers in front line roles and offsetting the additional vaccine costs against the HA/PCG prescribing budgets. The department of Health has indicated that the latter costs will be funded through a different route.
- The Flu Immunisation Steering Group reached an agreement during September on how this funding should be best used to support this year's arrangements but also ensure that a successful programme can be delivered in future years. The funding has been allocated for the following priority areas:
  - To meet postage and envelope costs of general practice to ensure patients in the target groups are contacted.
  - To support a local flu publicity campaign.
  - For the return of data coverage/monitoring forms from GP practices.
  - For additional community nursing staff to assist practices vaccinate patients who are housebound or live in Nursing/Residential accommodation.
  - To evaluate the impact of the campaign in order to support the roll out of future programmes.
  - To assist GP practices improve their IT and other systems that will support the implementation of the programme with 'at risk' groups in subsequent years.

Kathryn Rowles  
13/10/2000