

File: Gen 11

**PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY**

**CORPORATE EXECUTIVE BOARD**

**Notes of the Meeting held on 3 May 2000 in the Large Conference Room, Finchdean House**

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<b>Present:</b>	Ms P Humphris	Mrs S Robson
	Mr J Henly	Mr J Kirtley
	Mr D Pugsley	Dr G Sommerville
	Dr E Jorge	Dr J Hughes
	Mr B Ward	Dr J Barton

**In attendance:**

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No	Discussion	Action
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**1 Apologies for Absence**

Dr C Lewis, Mrs S Clark, Mr S Carr

**2 Minutes of the meeting held on 1 March 2000**

These were received and agreed as a correct record.

**3 Matters Arising**

**3.1 Service and Financial Framework**

David Pugsley reported that the 3<sup>rd</sup> cut SAFF had been submitted to the Regional Office by the 19 April deadline. No feedback had been received yet so it was assumed that the submission was acceptable to the Regional Office, although no agreement has yet been reached on individual packages/schemes.

In the light of the changes to the health economy, i.e. PCGs/Ts and the new Health Authority, there was a need to clarify how next year's SAFF is to be addressed. PCGs would need to take the lead and some early thought needs to be given to how this should be managed. It was suggested that a small working group should be established to think through the issues. DP

Brendan Ward reported that the Regional Office was still expecting Portsmouth Hospitals to deliver on the agreed "quality initiative" and on the 30 June 2000 waiting lists target; however, the Trust was not currently meeting RO expectations, and there was a risk of losing allocated money.

**3.2 Creation of new Health Authority**

John Henly reported that a timetable and process, along with an outline of the streams of work, had been developed by the group established to support the

development of the new Health Authority. Links had also been established with other authorities in the country that were undergoing a similar exercise.

Penny Humphris reported that there was a need to undertake joint work on the management resources for PCGs/PCTs to ensure an equitable approach across the new Health Authority regarding the distribution of the management costs envelope. She proposed a joint organisational development event, to include both HAs and all five PCGs, to consider the future functions of the new HA and PCGs/Ts and the resources needed to support these. The date of Monday 19 June 2000 had been provisionally agreed for this event. Representation was still to be decided, but it was hoped that one or two from each PCG were likely to be involved.

The aim should be to resource all PCGs as if Level 3 PCTs as from April 2001. It was recognised that agreement would need to be reached on whether funding levels for Fareham and Gosport Primary Care Groups would assume a single board, or two.

### **3.3 Devolution of Commissioning to Primary Care Groups**

Brendan Ward reported that the personnel processes for the devolving of commissioning to PCGs had proved difficult. A meeting had been held with Staff Forum representatives where concerns had been expressed about the process and, additionally, whether resource levels were adequate to support the new arrangements. However, the individuals concerned had now submitted expressions of interest and it was hoped to confirm slotting-in to posts as soon as possible. The target implementation date for the new devolved arrangements was still 1 June 2000, although this date may need to slip.

The question remained of how to deal with IOW HA staff who may be interested in vacant posts.

### **3.4 Development of East Hampshire Primary Care Trust**

Sue Robson reported that the Trust Development Group was now meeting regularly and a project plan had been drawn up. The timetable for the PCG application for Trust status and HA consultation document was currently being finalised. There would probably be a need for an additional formal PCG Board meeting. John Henly agreed to produce a detailed timetable of key dates. JH

Penny Humphris asked about the LMC involvement in assessing the level of GP support. John Hughes agreed to discuss with LMC and to keep Bob Button on board. JH

### **3.5 Primary Care Group Boundary Review**

John Henly reported that the review being conducted by John Smyth was progressing, and a report was due to be presented to the Health & Social System Partnership on 17 May and to the Health Authority on 6 June. John Henly agreed to incorporate the key dates in the same timetable as that relating to the East Hampshire PCT development. JH

### **3.6 Future Services for Gosport and south Fareham**

Penny Humphris reported that the consultation period had now closed and the analysis of the responses was complete. This would be included in the agenda papers for the Health Authority meeting on 11 May. The detailed recommendations to the Health Authority were being finalised.

### **4 2000/01 Performance Agreement and Business Plan**

John Henly explained that the Performance Agreement and Business Plan formed the basis for the PCG Annual Accountability Agreements as well as the Health Authority's agreement with the Regional Office. It is to be presented to the next Health Authority meeting in June.

Penny Humphris reported that the Regional Office Review would be held on 7 June. This would be based on a "health economy" review including the Health Authority and both local Trusts. The day would be split into two parts. The first part of the day would include a review of the current year's performance, with the 3 Chief Executives, looking across a range of issues. The second part of the day would be a development session looking forward and include the Chairs and Chief Executives of the Health Authority and both Trusts as well as representatives of Primary Care Groups.

The background papers are to be put together over the coming weeks. A pre-meeting may be needed.

### **5 National Service Framework for Coronary Heart Disease**

John Hughes reported that a District Implementation Group had been established and a preliminary meeting had been held. The first two standards were to be devolved to joint PCG / local authority groups. A cardiac network (across primary and secondary care sectors) had also been established. Innes Richens was the project manager for this framework and Nicky Heyworth is to audit and performance manage the process. A number of data collection issues needed to be addressed. A workshop on the clinical governance aspect was to be held. The first Regional Office deadline is 15 May 2000.

### **6 National guidance and publications**

Penny Humphris said that there appeared to be a lack of clarity about where responsibility lay for addressing the requirements of national guidance and/or publications and ensuring that action is taken. Sue Robson suggested that the Clinical Commissioning Group dealing with Portsmouth Hospitals could deal with acute issues, but it was recognised that problems did exist where issues arose that crossed organisational boundaries.

It was agreed that national guidance should be lodged with the Corporate Executive Board. John Henly confirmed that the Policy and Performance Directorate would maintain a list of guidance and bring to each meeting with suggested leads.

JH

## 7 Winter pressures schemes

Brendan Ward referred to his memo of 20 April 2000 summarising the agreements of the Winter Pressures Group. Primary Care Groups were to develop proposals for whole system improvement and also prepare specific bids against available funds. A further meeting of the group is to take place on 22 May 2000.

Penny Humphris questioned whether current mechanisms were right to manage and co-ordinate whole systems planning, and suggested that better arrangements were required to plan a model of service that performs more effectively. Sue Robson reported that the Commissioning Group was addressing the need to ensure co-ordination and interconnections between planning groups.

John Hughes suggested that there was a lack of a corporate district wide strategy to sort out problems and that a radical change on a district wide basis was required if current models of care were to be changed. This could not be done by Primary Care Groups alone because one of the major causes was blockage of acute beds by non-acute elderly patients.

It was agreed to review progress of the various groups, in particular the Older People's Discharge Group as it was unclear how this was relating to areas outside Portsmouth City.

General concern was expressed that there was no time or space for strategic thinking about the way forward and that the current process is driven too much by short term funding deadlines. The need for a Health Authority wide strategy into which PCGs and other partners plug their implementation plans was stressed. It was accepted that new buildings were required to resolve inadequate quality of accommodation but the real challenge is to define a new modern model of care that the PFI scheme will support.

It was agreed that Penny Humphris would review the position and decide whether to postpone the next meeting of the Chief Executive's "Think Tank" meeting if insufficient progress has been made.

PH

In the meantime, it was agreed that Primary Care Groups should concentrate on what models of care they want and should not be driven to Winter Pressures Group deadlines, although the meeting on the 22 May 2000 will still be held.

PCG CE's

## 8 Waiting lists

A paper was received from Brendan Ward who provided an update on the current situation. The current position is 1,236 over target at end of March with the biggest increase in day cases rather than in-patient activity. It was noted that the 9,200 target must be met by 30 June 2000 and that Portsmouth Hospitals was currently on weekly reporting to the Regional Office. Various short-term actions were being taken by the Trust, but there was no overall plan. Urgent Chair and Chief Executive level discussions were to take place.

**9 Developing a district wide approach to health strategy and commissioning and the future role of the CEB and PCG Leads meetings.**

It had been suggested by the Primary Care Group Leads meeting that the district wide commissioning agenda needed a higher profile than it currently receives at that meeting. This could be overcome by combining this meeting with the Corporate Executive Board that was part of the proposals of the devolution of commissioning paper. It was agreed that Sue Robson would re-circulate the proposed terms of reference for comments/views. If there were any problems, then these would need to be discussed further. Otherwise, a date should be fixed in June for the next meeting. It was suggested that an extra meeting might be required on 14 June 2000.

SR

SC

**10 Any other business**

**10.1 Doctors and Dentists Review Board (DDRB) funding**

David Pugsley reported that no decision had yet been made about the allocation of this £50,000 allocation. The circular requires the HA to reach agreement with the LMC. Various options had been proposed but there was no resolution yet and the LMC was expressing concern that the funding had not benefited GPs. The options previously suggested could not proceed. The approaches previously proposed by Portsea Island and Fareham/Gosport PCGs were now unable to proceed, but the East Hampshire PCG scheme could probably still run.

It was agreed to finalise a plan as soon as possible so that GPs will benefit in relation to 1999/00, and David Pugsley agreed to speak to Portsea Island PCG and then to share proposals with the LMC.

DP

**10.2 National Plan for the NHS**

It was noted that Richard Samuel was preparing proposals on the local approach to the plan, consultation on which needed to be completed by 5 June 2000. It was agreed to feedback views to Richard by 31 May 2000. It was also agreed that Richard would circulate a series of questions.

ALL  
RS

**10.3 Homicide Inquiry**

Penny Humphris reported that a Homicide Inquiry is currently being set up by the Health Authority regarding a death on the A27 last year. A chair for the Inquiry has now been appointed and a psychiatrist and social services representative are due to be appointed shortly. The Inquiry will be conducted during three days in June. A decision is to be made about another case involving RH Haslar but any decision will have to await the outcome of the court case.

**11. Date of Next Meeting**

To be finalised shortly.

**Circulation List:**

Ms P Humphris (Chair)  
Dr J A Barton  
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  
Mr S Carr  
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## Appendix 2

### PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

#### DRAFT TERMS OF REFERENCE

#### CORPORATE BOARD

##### **Purpose of the Group**

Ensure a co-ordinated and collaborative approach to service commissioning and all other aspects of strategy and policy between the health Authority and Primary care Groups/Trusts in Portsmouth and SE Hants district.

##### **Specific responsibilities**

Evaluating the implications of national, regional and locally developed policy for the health organisations in the district and identify how that policy will affect health organisations and agree the process for implementing that policy.

The strategic co-ordination of health service commissioning within Portsmouth and SE Hants to ensure HIMP priorities are debated agreed and delivered.

Identify opportunities to improve partnership working within the health and social care sector and make recommendations from improvement.

Make recommendations to the Health Authority (and PCG/PCT Board) on major policy and service issues

Ensure that Health Authority/(PCT Board) decisions on policy or service provision are enacted.

Offer an opportunity for other organisations to meet with HA and PCGs at one time.

Consider and agree on issues of collegiate working i.e. as issues arise agree whether one or all organisations need to be represented

##### **Membership**

###### **Health Authority**

Chief Executive and all other Directors

###### **PCGs**

Chairs and Chief Executives from Fareham, Gosport, East Hampshire and Portsea PCGs

Health Authority Business Manager (ex officio)

Chair of the Group to be agreed/rotated periodically?

**Frequency of meetings**

The Board will meet monthly.