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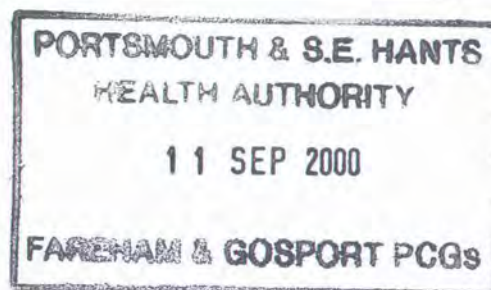
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**PORTSMOUTH AND SOUTH EAST HAMPSHIRE LOCAL  
HEALTH AND SOCIAL SYSTEM PARTNERSHIP**

A meeting of the Partnership will be held on Wednesday 13 September 2000 at 1.30pm  
in the Large Conference Room, Finchdean House, Portsmouth and South East  
Hampshire Health Authority, Milton Road, Portsmouth.

Please note: Lunch will be available from 1:00pm

**AGENDA**



1. **Apologies for absence**
  - Surg. Capt Jarvis (RN), Alan Higgins,
2. **Minutes of the Last meeting**

To approve the minutes of the last meeting held on 17 May 2000 Attachment
3. **Matters Arising**
  - consultation on Primary Care Group boundaries
4. **Update on the work of the Whole Systems Group**

Please find attached the minutes of the last meeting of the whole systems group for information Attachment
5. **NHS Plan: Whole Systems Implementation**

To consider the implementation of the NHS Plan for Portsmouth and South East Hampshire
6. **Scenario Plan for the Portsmouth and South East Hampshire Health Economy: Update**

To receive a progress report on the Scenario Plan for the Portsmouth and South East Hampshire health and social care system.
7. **Older People's National Service Framework**

To consider the future provision of older people's services in the light of the Scenario Plan and the likely content of the NSF for Older People Attachment
8. **Any other urgent business**
9. **Dates of Future Meetings**

The next meeting of the Partnership will be on Wednesday 15 November 2000 from 1:30pm to 4:00pm in the Large Conference Room, Finchdean House

**Distribution:**

Penny Humphris	Chief Executive, Portsmouth and South East Hampshire Health Authority
Elizabeth Jorge	Director of Public Health & Strategy, Portsmouth and South East Hampshire Health Authority
John Henly	Director of Policy & Performance, Portsmouth and South East Hampshire Health Authority
Brendan Ward	Director of Strategic Development, Portsmouth and South East Hampshire Health Authority
Charles Lewis	Chair, Portsea Island PCG
Jane Barton	Chair, Gosport PCG
John Hughes	Chair, East Hampshire PCG
Gordon Sommerville	Chair, Fareham PCG
John Kirtley	Chief Executive, Fareham & Gosport PCGs
Sheila Clark	Chief Executive, Portsea Island PCG
Sue Robson	Chief Executive, East Hampshire PCG
David Pugsley	Director of Finance, Portsmouth and South East Hampshire Health Authority
Peter Howlett	Chief Executive, Portsmouth Hospitals NHS Trust
John Bevan	Medical Director, Portsmouth Hospitals NHS Trust
Max Millet	Chief Executive, Portsmouth HealthCare NHS Trust
Ian Reid	Medical Director, Portsmouth HealthCare NHS Trust
Rob Hutchinson	Director of Social Services, Portsmouth City Council
Andrew Higgins	City Environmental Health and Trading Standards Officer, Portsmouth City Council
Susie Waller	Portsmouth City Council
Andrew Brooker	Assistant Director, Social Services, Hampshire County Council
Margaret Lovell	Chief Officer, Portsmouth and South East Hampshire Community Health Council
Lionel Jarvis	Royal Hospital Haslar
Graham Winyard	Postgraduate Dean
Richard Samuel	Business Manager, Portsmouth and South East Hampshire Health Authority

**For information**

Terry Butler	Director of Social Services, Hampshire County Council
David Wastall	Chief Executive, Isle of Wight Health Authority
Simon Carr	Policy Manager, Portsmouth and South East Hampshire Health Authority
Sarah Smart	Director of Strategic Alliances, Portsmouth Hospitals NHS Trust

**PORTSMOUTH AND SOUTH EAST HAMPSHIRE  
HEALTH AND SOCIAL SYSTEM PARTNERSHIP**

**Minutes of the meeting held on 17 May 2000**

**Present:**

Ms P Humphris (Chair)	Mr R Hutchinson
Dr J Barton	Mrs M Lovell
Mr J Bevan	Dr I Reid
Mr A Brooker	Dr G Sommerville
Mr A Higgins	Mr R Samuel
Mr J Henly	Mr B Ward
Dr J Hughes	Mr J Smyth (in attendance for item 4)

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

Mr M Millett  
Mr R Bishop  
Dr E Jorge  
Surg Cpt L Jarvis  
Dr C Lewis

**2 Minutes of the Meeting held on 29 March 2000**

The minutes of the last meeting held on 29 March 2000 were approved.

**3. Matters Arising****Health Improvement Programme**

It was agreed that the paper tabled by Elizabeth Jorge proposing the devolution of the Health Improvement Programme would be attached to the minutes of 17 May 2000 meeting. (Post meeting note: the paper is attached at Appendix 1).

**RS****Teenage Pregnancy**

Brendan Ward tabled a paper received from the Regional Office that showed that Portsmouth and South East Hampshire would receive £80,000 to tackle teenage pregnancy. The paper noted that this money would be spent within the Portsmouth City Council area.

It was agreed that Brendan Ward would contact all partners and develop an action plan for the use of the £80,000.

**BW**

BW

It was also agreed that Brendan Ward would seek clarification from the Regional Office as to whether the bid by the Health Authority was solely for the Portsmouth City Council area or whether it was specifically chosen by the Regional Office.

(Post meeting note: The allocation to Portsmouth City was not at the Health Authority's instigation. It was a decision from the Teenage Pregnancy Unit based on the fact that the three highest wards for teenage pregnancy are in the city).

#### **4. Joint Investment Plan for Older People and Adult Mental Health 2000-2003**

Brendan Ward tabled the two joint investment plans for member's information, setting out the background to and the content of the plans for older people and for adult mental health. Brendan Ward also informed the Partnership that joint investment plans for learning disabilities and 'Welfare to Work' would be developed in 2000/2001.

Rob Hutchinson felt that it would be extremely useful for review purposes if the joint investment plans had timescales and deadlines. It was agreed that members of the partnership should direct any further comments on the two plans to Debbie Kennedy.

#### **5. Review of Boundary of East Hampshire and Portsea Island Primary care Group**

John Smyth provided partnership members with a summary of the completed review of Portsea Island and East Hampshire Primary Care Group boundary relating to mainland Portsmouth. John Smyth reported that he had received over 30 verbal and written responses to the review process, with opinions polarised. Each of the five general practices firmly recommended that there should be no change to the PCG configuration or boundaries, whilst the other parties to the review, the statutory and voluntary organisations, equally firmly recommended that the five practices should fall within the boundary Portsea Island Primary Care Group.

John Smyth noted that Dr Neal's practice, which has approximately 50% of patients within each PCG boundary, had already decided to remain within East Hampshire Primary Care Group – as allowed under national guidance.

Penny Humphris thanked John Smyth for his work and informed the partnership that a recommendation as to which option should be supported had to be made to the formal Health Authority meeting to be held on 8 June 2000.

Penny Humphris noted that Max Millett had already written to her strongly supporting the principle of co-terminosity of Primary Care Group and City Council boundaries, a view supported by the Regional Office.

In the light of the views set out in the report, Penny Humphris proposed that the partnership should recommend to the Health Authority that the Primary Care Group configuration should change from 1 April 2001, with the transfer of the Portsmouth City Council mainland area and the five practices based in this area from East Hampshire PCG to Portsea Island PCG.

This proposal was supported by the partnership, with Dr John Hughes expressing his personal support for the five practices.

## **6. Shaping the Future NHS**

Brendan Ward tabled a draft response to the national consultation "Shaping the Future NHS: Long Term Planning for Hospitals and Related Services". It was agreed that Brendan Ward would amend the response in the light of the members' comments.

**BW**

(Post meeting note: A copy of the final version of the response is attached at Appendix 2).

## **7. New Monies: Reshaping Investment in Health and Social Care**

Dr Ian Reid provided members with an introduction to the paper "Acute General medicine and Elderly Medicine – Reconfiguration of Services", noting that the work had emerged from the working group charged with addressing winter pressures. A paper prepared by David Pugsley was also received setting out the last Budget's financial allocation for the NHS.

There was considerable discussion regarding the 23 recommendations set out in the 'Acute General Medicine and Elderly Medicine' paper. However, members concluded that before any recommendations could be implemented they needed to be consistent with the wider development agenda for the health and social care system. It was agreed, therefore, that the newly established Chief Executive's Think Tank would pull together all such current initiatives within the local health economy, identifying the respective roles of Trusts, PCGs, Local Authorities and the Health Authority, the interrelationships between initiatives and the overarching strategic direction of the economy.

**PH**

## **8. Scenario Plan for the Portsmouth and South East Hampshire Health Economy**

Brendan Ward briefed members on the stakeholder engagement events. It was agreed that the outcome of these events would be brought to a future meeting of the Partnership.

**RS**

## **9. Any Other Business**

There was no other business

**10. Dates of Future Meetings**

The future meetings of the Health and Social System Partnership are as follows:

**ALL**

- Wednesday 13 September 2000 from 1:30pm to 4:00pm in the Large Conference Room, Finchdean House
- Wednesday 15 November 2000 from 1:30pm to 4:00pm in the Large Conference Room, Finchdean House
- Wednesday 17 January 2001 from 1:30pm to 4:00pm in the Large Conference Room, Finchdean House

**Lunch will be provided at all of these meetings**

**PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY**

**Whole System Group**

Notes of the meeting held on 24 August 2000

**Present:**

Sue Robson  
Sheila Clark  
Tracey Green  
Tony Horne  
Peter Howlett

Mike Johns  
John Kirtley (Chair)  
Sarah Mitchell  
Nicky Pendleton  
Jane Pike

Ian Reid  
Sarah Smart  
Mark Wagstaff  
Tony Warnes  
Bob Weeks

No.	Discussion	Action
1	<p><b>Apologies for Absence:</b></p> <p>Andrew Brooker, Penny Humphris, Lionel Jarvis, Max Millett, Brendan Ward</p>	
2	<p><b>Notes of last meeting: Agreed as a true record with following amendments:</b></p> <ul style="list-style-type: none"> <li>• £60k for short stay ward, should read "non recurrent"</li> </ul> <p><b><u>Matters Arising</u></b></p> <p><b>PHCT waiting list bids:</b></p> <ul style="list-style-type: none"> <li>• Podiatry → EHPCG could not support.</li> <li>• Inpatient Therapy → Supported by all PCG's start date November.</li> <li>• Outpatient physio → EHPCG could not support.</li> <li>• PHCT feel it would be difficult to run Podiatry and Outpatient physio differentially but will look at feasibility and report to PCG's.</li> </ul> <p>Finance schedules to be amended, funding is recurrent.</p> <ul style="list-style-type: none"> <li>• Operating Equipment → RO have funded £150k leaving a shortfall of £100k; agreed to fund this from waiting list money non-recurrently.</li> </ul> <p>Finance schedule to be updated.</p>	<p><b>TH</b></p> <p><b>RW</b></p> <p><b>RW</b></p>
3.	<p><b>Project groups - progress</b></p> <p><b>Waiting List</b></p> <p><b><u>Inpatients</u></b></p> <p>Gap for PSEHHA residents but PHT meeting their targets. Gynae registrars disappearing which may cause problems in meeting the targets in this speciality.</p>	

Outpatients

Action

PHT reporting weekly to RO. NPAT member Code A working in the Trust for 2 days a week.

Outpatients affected by referral patterns more detail will be available at the end of the month.

MW

Failure to meet targets engenders a risk of losing the performance fund of £640,000, this has already been programmed into budgets. Contingency plans are required to cover this eventuality.

Emergency Pressures

- ❖ Rise of emergency admissions information has been gathered. Paper tabled.
- ❖ Bed occupancy is also required along with bed availability so that the picture is complete.

SS

September meeting with the QA cliniciansAims:

- ensure clinicians are aware of the various available schemes
- full sign up of clinicians to use the intermediate care schemes
- discuss bed capacity issues, identify the gap, discuss ideas for further reducing gap.
- ❖ Transport issues with Hampshire Ambulance specifically ITU and Neonatal transfers but other issues are around which affect the whole district. Fareham and Gosport PCG will work with PHT and Hants Ambulance to scope the size of the problem and bring a paper to a future whole system group.
- ❖ Confirmation that bed management scheme had been approved at £150,000 recurrently.

JK

RW

Finance schedule to be updated.

Intermediate Care

- ❖ Fareham & Gosport steering group working at both hospitals. Staff in post for October in Gosport, November in Fareham.
- ❖ PI step-down beds - Rembrandt unit 12 beds instead of 10. Manager recruited. Building work may delay the process. Orthopaedics involved in working on care pathways identifying when to transfer care.
- ❖ Petersfield - some issues around medical cover need resolving. Steering group convened, aim for a start date of end of October.



4. **Projects/funding for consideration** **Action**
- ❖ Salisbury have offered to do 25 cases for £10,000. Mark to talk to Sarah Re: Haslar involvement. This was approved from non-recurrent waiting list budget. **MW/SS**
  - Finance schedule to be updated. **RW**
5. **Draft Winter 2000/01: Capacity Plan for Health and Social Care**
- Reported that we were likely to be "red lighted" due to issues outlined in attached paper. Next steps also outlined in paper.
6. **Finance Update - Paper Tabled**
- Waiting List**
- ❖ Acute inpatient therapy needs updating to include EHPCG & Cosham **RW**
  - ❖ CT scanner - 1/3 from waiting lists, 1/3 from cancer HImp and a 1/3 from diagnostic imaging recurrently. 2000/01 funding needs to be identified and funds sourced. **RW**
- Demand Management**
- ❖ Shows overspend however flexibility in a number of schemes should negate this.
- Intermediate Care/Rehab**
- ❖ Shows overspend however flexibility in a number of schemes should negate this.
  - ❖ Start date for geriatricians needs to be brought forward to 1<sup>st</sup> September 2000. **RW**
  - ❖ Outstanding winter pressure scheme issues to be addressed outside this meeting, result to come back to a later meeting of the whole system group. **PCG's/NP**
7. **Any other business**
- ❖ New money coming down to expand capacity this winter. Further information to follow. **JP**
  - ❖ Flag up possible cost for a communications strategy of approx £10,000. Paper to be brought to next meeting. **JP**
  - ❖ Evaluation for this new model of working required. Project leads to discuss and report back. **NP/SS/MW**
8. **Dates of future meetings.**
- Thursday 21 September 11.00 –13.00 Large conference room  
 Thursday 5 October 11.00 –13.00 Large conference room  
 Thursday 19 October 11.00 –13.00 Function room

## **PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY**

### **National Service Framework for Older People**

#### **1.0 Scope and Objectives**

The NSF will cover physical and mental health services for people age 65+, stroke services for all ages and pre senile dementia.

Objectives - To drive up quality  
Set national standards  
Develop service models  
Strategies to support implementation  
Performance monitoring

#### **2.0 Timetable**

Guidance is expected to be published in the Autumn 2000 – SERO assume November 2000. The emerging findings will be published in September 2000.

Key stages:

- i. Report January 2001 setting out early key deliverables and plan
- ii. Gap analysis April 2001
- iii. Full implementation plan by April 2001
- iv. Initial 3 year plan to feed into HImp process by January 2002

SERO want to be informed of local arrangements by 1 September 2000 and expect the local NSF structure to be up and running by end of September 2000. It is suggested that a local baseline assessment is prepared by November 2000.

#### **3.0 Content**

The National Service Framework is expected to be similar to the Adult Mental Health format and will require a joint approach to produce a local NSF and action plans. No guidance on content is available but the key principles are likely to be:

- Extend years of healthy life
- High quality care
- Autonomy, dignity and respect for older people
- More responsive services that reflect individual needs
- Fair access to services and a fair, transparent system of funding

The likely scope is:

- Promotion and prevention
- Primary and community care
- Winter/emergency
- Secondary care/intermediate care
- Rehabilitation / promotion of independence/equipment
- Long term care
- Services for carers
- EMH services
- Stroke services
- Dementia

The NSF should build on existing mechanisms and be informed by:  
Joint Investment Plans

Promoting Independence and Carer Grants  
 Health Act – use of flexibility permitted by the new act  
 National Priorities guidance  
 New NHS Plan  
 Saving Lives  
 Modernising Social Services and Local Government

It is now apparent that there will be no White Paper for Older People but the following initiatives are relevant:

National Beds Inquiry  
 Intermediate Care  
 Winter and Emergency Services  
 National Plan  
 National Commission for Care Standards  
 Long Term Care  
 Spending Review/4 year funding package

There is also other relevant guidance (e.g. First Steps, Carers Strategy etc.) to be taken into account.

#### **4.0 Getting Up and Running**

##### **4.1 National and Regional**

There will be national and regional groups with a co-ordinating framework between regions. Ministers will be demanding high priority for the NSF.

A small (8-10 people) SERO NSF steering group is being formed comprising a director of social services and representatives from a PCG, health authority, voluntary organisation, independent sector, British Geriatric Society, professional bodies and (regional) performance management. SERO will be looking for a couple of secondments from health/social services to provide sub-regional links - one will cover Hampshire to Kent.

In addition, there will be monthly meetings with local implementation leads and/or co-ordinators.

##### **4.2 Local Implementation**

SERO's initial assumption was that the local NSF should cover a health district, but there could be local flexibility around PCG and social service boundaries.

JIPs are still likely to be required but there is no reason why the NSF plans and JIPs should not be merged. If the existing JIP model is followed, then a District component with local implementation plans for each PCG area would make sense.

SERO want a named NSF co-ordinator representing all local health and social service interests. This will be very much a "hands on" role able to respond rapidly to SERO. Locally, there is also the proposal to have a "supremo". Most of the HAs/SS in the region are adapting their local partnership arrangements to take on the NSF work.

A lot is happening locally and there are three groups specifically concerned with older people:  
 Partnership Board for Older People – next meeting 5 September 2000  
 Integrated Care Group – Sarah Mitchell/Sheila Clark leading  
 Joint Investment Plan Steering Group – plan for 2000/2001 exists but group is not active at present

In addition, the Chief Executives/Whole Systems Group is co-ordinating work on stroke, rehabilitation and intermediate care. There is also the HImp Group.

Agreement on the local arrangements is needed as a matter of urgency, including links with the IoW, if the merger decision is taken.

### 4.3 Proposed Action

Services for older people in Portsmouth and South East Hampshire include acute and elderly services provided mainly at QAH and SMH and a range of community health and social services provided within the District. Because of the inter-relationship of these services it seems sensible to base the NSF on the Health Authority area with local implementation plans based on PCGs. The following structure is suggested:

- i. A District Steering Group to lead the development of a local NSF for older people, to prepare an action plan covering District wide services and to steer the implementation teams.
- ii. A Local Implementation Team for each PCG area to develop local plans within an overall framework agreed with the steering group embracing health promotion/prevention, rehabilitation, community hospital services, intermediate care, residential and community services.

The District Steering Group will need to be focused on the NSF and its role will complement the Partnership Board and Whole Systems Group. It will need to steer both the District work and implementation teams. A dedicated team will need to bring together district wide planning for older people in relevant acute services, acute elderly medicine services and whole systems. Its membership should include senior staff drawn from the local health and social service economy, including representatives of primary care, general medicine, elderly medicine and elderly mental health together with user and carer representatives.

The three Local Implementation Teams will need to work within an overall framework agreed with the Steering Group linking district wide and local planning. It is proposed that the teams should take responsibility for updating and integrating the Joint Investment Plans into the NSF. Each team will need a similar membership to the steering group but with the focus on preparing local implementation plans. Housing and independent sector representatives might be needed.

If there is broad consent to the proposals, this paper will be sent to SERO at the end of August to inform them of the local approach. Alan Thompson will act as the point of contact for SERO until a co-ordinator is appointed.

Alan Thompson  
Strategic and Service Development

3 August 2000