

**Meeting: OHSEL Board in Public**

ENCLOSURE A

**Date: Thursday 22<sup>nd</sup> May 2019, 16:00 – 17:00**

**Location: Garry Weston Library, Southwark Cathedral, London Bridge, London SE1 9DA**

**Chair: Andrew Bland, STP Lead & Accountable Officer for  
Bexley, Bromley, Greenwich, Lewisham and Southwark CCGs**

## MINUTES

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### Attendees:

Andrew Bland (ABI)	OHSEL
Andrew Eyres (AE)	Lambeth CCG
John King (JK)	PPAG
Faruk Majid (FM)	Lewisham CCG
Julie Lowe (JL)	OHSEL
Adrian MacLachlan (AM)	Lambeth CCG
Tony Read (TR)	OHSEL
Rebecca Rosen (RR)	Greenwich GP Federation
Ross Graves (RG)	Southwark CCG
Jonty Heaversedge (JH)	Southwark CCG
Vicky Scott (VS)	OHSEL
Ash Vithaldas (AV)	London Ambulance Service
Jade Ackers (JA)	NHS England and Improvement (Specialised Commissioning)
Angela Bhan (ABh)	Bromley CCG
Mark Edginton (ME)	OHSEL
Clive Kay (CK)	King's College Hospital NHS Foundation Trust
Sarah Cottingham (SC)	ICDT / OHSEL
Victoria Jeffries (VS)	NHS England and Improvement (South London)

### In attendance:

Kerry Lipsitz (KL)	ICDT / SELCA
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### Apologies:

Amanda Pritchard	Guy's and St. Thomas' NHS Foundation Trust
Elizabeth Youard	Guy's and St. Thomas' NHS Foundation Trust
Neil Kennett-Brown	Greenwich & Bexley CCGs
Andrew Parson	Bromley CCG
Matthew Trainer	Oxleas NHS Foundation Trust
Ben Travis	Lewisham and Greenwich NHS Trust
Angela Flaherty	London Ambulance Service
Therese Fletcher	Lambeth GP Federation
Joy Beishon	Healthwatch Greenwich
Matthew Patrick	South London and Maudsley NHS Foundation Trust
Krishna Subbarayan	Greenwich CCG
Martin Wilkinson	Lewisham CCG
Louise Ashley	Dartford and Gravesham NHS Foundation Trust

Stuart Rowbotham	Bexley Council
Jane Fryer	NHS England and Improvement (London Region)
Christina Windle	OHSEL

## LIST OF ACTIONS

ID	Risk / Issue / Action / Decision Description	Owner	Agreed Date	Due Date	Status
MAY22_01	<p><b>ICS DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• <b>Wave 3 ICS timeline</b> <ul style="list-style-type: none"> <li>○ Work with partners on sign up to the wave 3 application</li> </ul> </li> <li>• <b>Proposal to appoint an independent chair</b> <ul style="list-style-type: none"> <li>○ Proceed with recruitment of an independent chair as agreed</li> <li>○ It was suggested that it might be helpful for candidates to have the opportunity to meet stakeholders including patient representatives ahead of interview</li> </ul> </li> </ul>	JL	22/05/19		Open
MAY22_02	<p><b>PRIMARY CARE NETWORKS UPDATE</b></p> <ul style="list-style-type: none"> <li>• An announcement will be made on the final position after 31<sup>st</sup> May. Provide an update on the PCN configuration for SEL at the next OHSEL public meeting in July. <i>[Itemise on the agenda for further discussion at the next OHSEL Board in public meeting]</i></li> </ul>	ME	22/05/19	25/07/19	

### 1. WELCOME AND INTRODUCTIONS

The Chair opened the meeting, welcomed members and this was followed by introductions. Apologies were noted.

### 2. QUESTIONS FROM THE PUBLIC

There were no members of the public present and no questions were submitted. The responses to the previous questions were noted as completed.

### 3. MINUTES AND MATTERS ARISING

Following review, the minutes were approved.

#### **4. PROGRAMME UPDATE**

The STP Programme Director's Report was noted.

#### **5. OHSEL CLINICAL LEADERSHIP GROUPS**

##### **Objectives and Deliverables**

- 5.1 VS presented this item and referred to the development of PID documents for each of the clinical leadership groups. The PIDs set out current objectives and deliverables. There is now a need to triangulate the PIDs with the System Improvement Plan and the LTP objectives. It is also important to start to describe how change will be delivered rather than just listing the change that is required.
- 5.2 VS stated that this is important work and will form the basis of the LTP response in the Autumn.
- 5.3 This report summarises the current objectives and deliverables for the CLGs. Comments have been received from the Community Based Care and the Clinical Programme Boards.
- 5.4 In parallel, the London health and care vision is being developed on behalf of the London Strategic Partnership Board led by Sir David Sloman. The PIDs are a snapshot in time so these will need to take into account the London health and care vision and also include the requirements of the additional LTP guidance when it is published.
- 5.5 VS stated that she and JL will be meeting with each of the SROs and clinical leads to ensure that we have very clear targets around improvements in clinical outcomes linked to each of our programmes

Comments from board members included the following;

- 5.6 JH stated that the London Vision was presented at the CPB. This was helpful.
- 5.7 ABI stated the importance of establishing a broader clinical community response to the LTP, and this needs to extend into other partner organisations.
- 5.8 JH stated that there is a clear sense of priorities for SEL and for the population. There is an opportunity to think more about implementation and delivery.
- 5.9 SC stated to consider triangulation across both the SIP and performance system improvement plans. The priorities are ambitious and high level and there is a need to consider translating outcomes that are tangible, what can be achieved and implemented with timescales.
- 5.10 AM highlighted visibility of the programme and clinical leadership linking more with those who are delivering this work as this will influence the work that is happening. VS stated that

this was raised at the CPB. There needs to be a connection between various programmes that are happening at different levels of the ICS.

- 5.11 AE referred to the CYP prevention strategy and that most boroughs will have these strategies already developed and underway with partners. Working collectively across SE London will achieve more and more thought is required on how this connects with pan-London priorities.
- 5.12 It was agreed that it would be helpful to improve the visibility of the programmes and their work on the website and to flag clearly some of the outcome improvements planned.

**AGREED:** The OHSEL Board were content with the current objectives for the CLG workstreams, noting the comments raised above.

## **6. SPOTLIGHT Urgent and Emergency Care – 111**

- 6.1 ABh presented this item and commenced with the background context. SE London has had a 111 service since 2013 and in Autumn of that year the LAS agreed to work with SEL as an interim provider for a year
- 6.2 The original 111 service used non-clinical call handlers (supported by nurses and paramedics) to triage patients and sign post them onto appropriate services, using the 'assess and refer' model.
- 6.3 The new design of the 111 service commenced in 2015 and included a review of the U & E priorities and ambition for OHSEL. There was a clear desire to maximise the use of the 111 service and this was supported by a national specification to join up all urgent emergency care services.
- 6.4 The service is now fully rolled out across SEL and the broader ambition is to ensure that patients can be treated quickly in the right place and avoid the need for a visit to the GP or OOHGP or A & E services.
- 6.5 KL stated that for next steps a meeting has been arranged with NHSE & I to discuss full mobilisation and progress since May. IT record sharing across providers is underway to ensure that CAS staff have all information on patients that they communicate with and that this information is cascaded appropriately so that clinicians are aware of the clinical triage process for patients.
- 6.6 The final UTC to launch direct booking is St Thomas', which is expected to go live over the coming weeks. Collaborative working has been achieved through an Alliance Memorandum of Understanding and Mutual Aid agreement to be signed off by GPOOH services and GP Federations. This will enable working together arrangements to cover calls.

Comments from board members included the following:

- 6.7 JH stated that given the limitations of the algorithms currently used, there is continued value with having clinical conversations prior to directly booking into appointments and this new 111 service is welcome.
- 6.8 There is a need to connect with the work in Lambeth as the accelerator for SE London around creating more digitally enabled journeys for patients who have an unscheduled care need. ABh responded that the current contract specifies the evolution of the service and to ensure services are more integrated.
- 6.9 JK commended the approach of involving PPAG members with this work.

## **7. ICS DEVELOPMENT**

### **Proposal to appoint an independent chair**

7.1 JL reported that the Wave 3 ICS timeline has been announced and expressions of interests via bids had been requested. SEL will be submitting an application over the next two weeks and will be looking for formal support from partners during June

#### **ACTION:**

- [Work with partners on sign up to the wave 3 application](#)

**OWNER: JL**

7.2 All ICSs are required to have an independent chair and the South East London system will need to recruit and appoint an Independent Chair to the SEL ICS.

7.3 JL sought confirmation from the board on the timeline and process and highlighted that clinical representation has now been added to the proposed interview panel.

7.4 JH stated that the lines of accountability and the content of the JD is important. It is a critical role as a next step in the plans for an ICS and within the formal governance approach.

**AGREED:** The OHSEL Board were content with the proposed recruitment timeline and process and noted that clinical representation will be included on the panel.

#### **ACTIONS:**

- [Proceed with recruitment of an independent chair as agreed](#)
- [It was suggested that it might be helpful for candidates to have the opportunity to meet stakeholders including patient representatives ahead of interview](#)

**OWNER: JL**

## 8. PRIMARY CARE NETWORKS UPDATE

- 8.1 ME reported on the latest PCN position. It was announced in January that PCNs would need to be taken forward through a nationally directive enhanced network contract.
- 8.2 Since then, work has been ongoing to shape arrangements around the work that has already been taken forward in SEL bringing together clusters of general practice to work alongside locality teams, in community care, mental health and the voluntary sector.
- 8.3 ME stated that in line with the national timeline, there is an expectation for PCNs to deliver their applications by 15<sup>th</sup> May. In line with the local timeline it was agreed to bring the latest position on PCNs to the OHSEL board in advance of the submission to the regional and national team on 31<sup>st</sup> May.
- 8.4 The proposals will then go through local primary care commissioning committees and notification of the regional and national assurance process is expected.
- 8.5 ME presented the draft position for SEL which describes 34 PCNs across geographies for SEL.
- 8.6 Next steps are for local leads to continue ongoing engagement and resolve any residual issues. Ongoing discussions are taking place in some areas - Bromley, Greenwich, Bexley and Southwark. An announcement will be made on the final position after 31<sup>st</sup> May.
- 8.7 ME sought endorsement from the OHSEL Board on the current position and the direction of travel. Once PCN arrangements have been approved the names of practices and clinical directors will be provided and the registered patient size will be shared.
- 8.8 An event is planned on 5<sup>th</sup> June that will focus on the opportunities to address health inequalities and a subsequent event bringing together clinical leadership and all the clinical directors of the PCNs.

Comments from board members included the following:

- 8.9 RG stated that this brings opportunities for new leadership, new funding and new contractual levers to support the developing model. There is a need to ensure that opportunities are maximised and risks managed locally. This is a positive step and there is confidence that the final positions will be achieved on 31<sup>st</sup> May.
- 8.10 JH commended the work that has been achieved and highlighted the collaboration of general practice across SEL. This has enabled this work to progress at pace.
- 8.11 JH highlighted that this is also an opportunity to develop much greater ownership of the federations to ensure that practices are able to articulate what they need and for federations to further engage with providers.
- 8.12 JK highlighted whether there will be any issues with communicating this clearly to patients. ABI stated that more engagement is required on PCN development and an explanation is required on how this will work. There is a need for local leads to continue to engage the public.

### **ACTION:**

- An announcement will be made on the final position after 31<sup>st</sup> May. Provide an update on the PCN configuration for SEL at the next OHSEL public meeting in July.

**OWNER: ME**

**9. ANY OTHER BUSINESS**

None

The meeting closed at 1700.

**Abbreviations**

CLGs	Clinical Leadership Groups
ICS	Integrated Care System
LTP	Long Term Plan
NHS	National Health Service
NHSE & I	NHS England and Improvement
OOHGP	Out of Hours GP
OHSEL	Our Healthier South East London
PCNs	Primary Care Networks
PIDs	Project Initiation Documents
PPAG	Public and Patient Advisory Group
SIP	System Improvement Plan
STP	Sustainability and Transformation Partnership