

# Salford Primary Care Together Board Meeting

Wednesday 16 December, 2020 9.00am – 3pm ZOOM meeting (Colleague AMM 11:30-12:30pm & 12:30pm-1:30pm)

### **MINUTES**

### Present:

Liz Cross (LC)	Chair of the Board
Lance Gardner (LG)	CEO
Alan Kershaw (AK)	CFO
Peta Stross (PS)	COO
Helena Leyden (HL)	Non-Executive Director
Ray Harding (RH)	Non-Executive Director
Dr Brian Hope BH	Non-Executive Director

## **Apologies:**

#### In Attendance:

Steve Dixon (SD)	Chief Accountable Officer, Salford CCG
Jane Ashworth (JA)	Minute Taker

No.	Agenda Item	Action for / date					
1	<ul> <li>Welcome Introductions and Apologies for Absence         The Chair welcomed Directors and thanked everyone for attending the meeting which was hell virtually, via Zoom.     </li> <li>LC reiterated that the Board agreed at the November meeting that every other Board meeting should be         <ul> <li>focused on strategic issues – and deep discussion around one or two key areas with light touch performance review</li> </ul> </li> </ul>						
	a deeper dive into performance review focusing on service areas and matters of assurance						
2	Agenda Items Proposed Integrated Care Systems (ICS) potential impact on SPCT						
2	Steve Dixon – Chief Accountable Officer, Salford CCG						
	The Chair welcomed SD to the December Board meeting.						
	<ul> <li>SD provided an overview regarding processes that have already started in GM, reflecting on how the new Integrated Care System will work across GM and in the 10 localities. There is a role for GM but there is recognition that Place is equally important.</li> </ul>						
	<ul> <li>NHSE Improvement paper has put forward 2 options - seeking views on:</li> <li>1. ICS (GM) would work as a joint committee and</li> <li>2. Formally constituting the ICS as a legal entity/organisation. Within that</li> </ul>						



the ICS would take on all statutory responsibilities that CCGs currently have  Option 2 appears to be the preferred. Meaning that CCGs will no longer be in place beyond April 2022. Statutory functions of CCGs will be subsumed within ICS and this needs to be augmented by place based arrangements.  SD noted that Salford has already been working as an integrated system and a workshop is planned in January 2021 to investigate further how this might look like for Salford.  4 areast o be worked on over the next few months:  Finance flow  Workstream – around HR & staff.  How the locality will work – governance/meeting structure.  Clinical Leadership – co-ordinating clinical voice across Salford.  SD explained that there will be a Place Based Board, a committee consisting of local authorities, SRFT, SPCT, CVS, Mental Health, Primary care  The Board noted that health and social care is very much dependent on local knowledge and raised some concerns, emphasising the need to ensure things are kept as local as possible – especially around public health.  SD noted that SPCT have an important role to play in helping to shape neighbourhood level working. It was also noted that SPCT have proved invaluable in terms of being the interface between primary and secondary care.  It was noted that any contractual commitments with the CCG will transfer to the ICS who will be honour bound to the contract entered into by the CCG.  SPCT could potentially be a vehicle for employing CCG staff that provide primary care support in their existing jobs  The Board noted that it would be useful to have a project team and to think about bringing in high quality organisation design and HR structure support.  SD explained that command and control will be between NHSE and ICSs, and it is within our gift in GM to describe the relationship between the ICS and our 10 Places. It was noted that Salford are way ahead of other localities in terms of working collaboratively with partners and have an opportunity to help shape the relationship between the ICS	No.	Agenda Item	Action for / date
The Board also agreed that we needed to develop our work /offer in this	No.	the ICS would take on all statutory responsibilities that CCGs currently have  Option 2 appears to be the preferred. Meaning that CCGs will no longer be in place beyond April 2022. Statutory functions of CCGs will be subsumed within ICS and this needs to be augmented by place based arrangements.  SD noted that Salford has already been working as an integrated system and a workshop is planned in January 2021 to investigate further how this might look like for Salford.  4 areas to be worked on over the next few months:  Finance flow  Workstream – around HR & staff.  How the locality will work – governance/meeting structure.  Clinical Leadership – co-ordinating clinical voice across Salford.  SD explained that there will be a Place Based Board, a committee consisting of local authorities, SRFT, SPCT, CVS, Mental Health, Primary care  The Board noted that health and social care is very much dependent on local knowledge and raised some concerns, emphasising the need to ensure things are kept as local as possible - especially around public health.  SD noted that SPCT have an important role to play in helping to shape neighbourhood level working. It was also noted that SPCT have proved invaluable in terms of being the interface between primary and secondary care.  It was noted that any contractual commitments with the CCG will transfer to the ICS who will be honour bound to the contract entered into by the CCG.  SPCT could potentially be a vehicle for employing CCG staff that provide primary care support in their existing jobs  The Board noted that it would be useful to have a project team and to think about bringing in high quality organisation design and HR structure support.  SD explained that command and control will be between NHSE and ICSs, and it is within our giff in GM to describe the relationship between the ICS and our 10 Places. It was noted that Salford are way ahead of other localities in terms of working collaboratively with partners and have an opportunity to help shape the relationship between the ICS	
<ul> <li>context over the next 5 years to help shape what is possible .</li> <li>The Board thanked SD for his time and for the valuable update</li> </ul>		, , , , , , , , , , , , , , , , , , , ,	



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	The minutes of 13/11/20 were agreed as a true and accurate record. There were no matters arising.					
4	Action Log – review and update					
	See Action Log for updates (additional document).					
	AK noted that the action Log hasn't been updated since the one circulated with the November minutes as there was nothing substantive to update.					
	<ul> <li>Action 081 – Feedback on progress made in the EDI Workshops</li> <li>The Board thanked colleagues for their participation in the EDI workshops, helping to build our thinking around tackling inequality, inequity, and how we ensure we truly value diversity and build and inclusive culture. SLA has agreed to come back to work with PS and LC to extract insights an dundertake analysis to develop an action plan. The action plan is likely to pick up the creation of an EDI 'speak up' champion – to support anybody who feels they are experiencing any form of discrimination to raise the issues in the moment and to help us as an organisation to be both proactive and responsive. LC and PS, as the Non Executive and Executive Champions respectively, will bring back firm proposals for next steps before the end of the financial year.</li> </ul>					
5	Update from Lance Gardner, CEO (verbal)					
	<ul> <li>Highlights</li> <li>Overall Covid incidents and hospital admissions are currently fairly steady.</li> <li>It was noted that these are the worst 3 months of the year without Covid, and we are now seeing winter flu and normal respiratory tract and low mood – all overlaid on top of Covid. LG emphasised that all Clinicians are working really hard and that pressure has been high since November.</li> <li>Project Moonshot – is stumbling and as a system concerns about the test's reliability have been raised. These concerns were raised by scientists across GM with NHSE.</li> <li>Meanwhile, mass roll out plans continue- looking to do up to 1000 tests per day. A schools programme will be launched which is looking to test every school child in secondary care every day. It has been calculated that 236</li> </ul>					
	<ul> <li>staff are needed to roll out testing across the City</li> <li>The roll out of the vaccination is now taking centre stage and is currently all consuming. LG advised the Board that messages from Command &amp; Control are inconsistent and they often give out wrong messages and instructions</li> <li>LG confirmed that the PCNs have asked SPCT to deliver the vaccine to enable a system wide approach.</li> <li>SPCT, on behalf of the City, is taking a lead in ensuring that everybody who is entitled to a vaccination will receive a vaccination. We have ensured there is proper refrigeration in place to enable us to take receipt of the vaccination and LG assured the Board that proper handling procedures are in place; by working on behalf of the PCN's/City we have been able to</li> </ul>					



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	<ul> <li>mobilise equipment, the workforce, and sign up to contractual arrangements on behalf of PCNs</li> <li>Taking the lead on the Salford wide vaccination programme is backed by a collaboration and enhanced service agreement that PCNs are signing up to.</li> <li>The Board asked for assurance from the CCG to confirm that SPCT isn't being exposed unnecessarily to risk and that they see us as the appropriate body through which to deliver this on behalf of the system.</li> <li>SPCT will work with GP colleagues to reassure them that we are behaving in a way that is fair and equitable. We recognise that the vaccine is limited and in delivering across Salford, we will ensure that all communities feel like their interests are being served.</li> <li>The Board noted that the current Pfzier vaccination is more volatile and will capture the learning from this experience to help us roll out the more stable Oxford Astra Zeneca vaccination when it becomes available.</li> <li>The Board is keen to have documented the decisions that we have taken around the things that are within our control and note the decisions we have had to take around things that are not in our control but over which we have had to make a judgment.</li> <li>The Board expressed their thanks and gratitude to colleagues. It was noted that colleagues have really stepped up and Board asked for the Exec team to pass on their thanks down the line.</li> </ul>	
6	Monthly Performance Reports  The Board noted the reports by Alan Kershaw, CFO & Peta Stross, COO	
	<ul> <li>Finance (AK)</li> <li>The organisation's financial position is stable/positive. There is recognition that we are working at risk contractually in some service areas, but we are aware of our financial position and have assurances from CCG colleagues around the delivery of the vaccination programme.</li> <li>Profitability – we are currently anticipating £200k of profit on a £7.8 million turnover – whilst this is a small margin, even for a social enterprise that reinvests it profits in our communities – we will consider targets around surplus in planning for next year.</li> <li>The Board noted the following to be picked up in January: <ul> <li>How we find sufficient resourcing to enable us to position ourselves and to get ourselves in a 'fit and robust state' in order to meet the needs of our customers and if required to seek to secure investment.</li> <li>AK noted that there is a list of things that as an organisation it would be beneficial to invest in</li> <li>The Board asked to review and agree the list, to ensure we could come to a common view on where best to make any investment and what benefits we would want to see in return</li> </ul> </li> <li>ACTION 083: AK to share with the Board the list of investments being considered as beneficial to the organisation</li> </ul>	



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	number of challenges in terms of the infrastructure of the building and this has made it difficult to encourage other practices to join. The room sharing agreement has been in place for a month. At the present time there is no contractual commitment from any other practices. AK Confirmed that SPCT is not financially liable as the CCG is responsible for the whole rent for the building.  Operations (PS)  The practices are under great pressure. One of the biggest issues is the ability to answer telephone calls and incoming enquiries. Footfall has added to the pressure in terms of demand on the system rather than relieving it,	date						
	<ul> <li>although it appears a useful tool for people who use primary care.</li> <li>New interim team leader at Eccles is now in place, and a new Clinical Lead has been appointed who is due to start in the new year</li> </ul>							
	<ul> <li>Work around the admin process is underway, however the priority for the new year is reducing waiting times for incoming calls into the practices.</li> </ul>							
	<ul> <li>Continue to seek to resolve problems at Little Hulton with telephones</li> <li>Work is ongoing with the Inclusion Service, and the team is also looking at the asylum seekers contract with the CCG. Conversations are underway around the special allocation service and trying to renegotiate that contact with the CCG.</li> </ul>							
	<ul> <li>Academy – the whole system has scaled back at the moment because of the vaccine. The team is keeping the practice nurse course going. A lot of joint work with the CCG is on hold but we are progressing the recruitment of a GP Fellow in partnership with CCG.</li> <li>PS confirmed that the redeployment of some of the team onto the vaccine programme which will not have a financial impact</li> <li>PCNs – we have appointed PCN Managers for Eccles and Irlam and Walkden and Little Hulton, and we are currently working with Broughton to recruit. SPCT will be employing three of the PCN managers and have close relationships with the other two. The hope is that our PCN managers will be able to encourage contribution and development of the neighbourhood model.</li> </ul>							
	<ul> <li>For further exploration at the January away day – how can we support every neighbourhood to have their resources connect to ensure collaboration, learning and where possible sharing resources and decisions</li> </ul>							
	ACTION 084: Board - to explore further at the away day how we might help to connect neighbourhoods, encouraging them to work together and share resources and decisions							
7	The staff Annual Review Meeting followed (see separate Minutes for the ARM)							
	• The Board agreed that if the business is not in a position to hold a staff conference face to face by March 21, we should look at the possibility of doing something virtually which would give everybody across the business the opportunity to come together. The Board noted the importance of							



No.	Agenda Item	Action for / date							
	ensuring all colleagues are engaged, are hearing some common messages and that we in return we are hearing their voices too.  ACTION 085: To further discuss and explore engagement mechanisms with colleagues and arranging virtual staff conference type events – to pick up at the January away day								
8	BAF/Risk Management Framework/Key Outcomes to Track/Impact for Business Planning								
	<ul> <li>The Board re-iterated the need for a BAF to support us in capturing the big issues around which we should seek assurance</li> <li>RH confirmed the principles have been agreed but further development is required</li> <li>To enable a draft to be prepared following this meeting the Board the key issues on the BAF:         <ol> <li>Workforce</li> <li>Finance</li> <li>Planning / Business Model</li> <li>Regulatory Requirements</li> <li>Stakeholder relationships</li> <li>Governance and the operating environment</li> </ol> </li> <li>RH asked the Exec team to put together a rough template before Christmas, for further development at the Board away day in January</li> <li>ACTION 086: AK to provide a rough BAF template to include the 6 agreed key issues and to share for refinement at the Board away day in January.</li> <li>The Board offered their thanks to LG, and the team for all the pressure they had absorbed in rising to the challenge of covid – testing, vaccinations and broader impacts. The Board recognised that the team need more resource and wanted to explore in the new year how we can ensure we deliver the business as usual as well as the crisis related services.</li> </ul>								
9	Focus and Arrangements for January Away Day								
	<ul> <li>The whole Board agreed that it was critical to meet face to face for the away day.</li> <li>Key objectives for the day:         <ul> <li>Revisit/affirm the business' purpose</li> <li>Agree what good looks like – with a short, medium and long term view</li> <li>Explore how that might influence our contract with the CCG in changing times</li> <li>In light of the above – how we can agree a clear framework to drive reporting requirements and to capture evidence of progress</li> </ul> </li> <li>The above objectives will help the Board agree a relevant and realistic business plan and support the budgeting process, objective setting and appraisal systems.</li> </ul>								
	Any Other Business and Review of the meeting								



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		date							
10	Any Other Business								
	LC thanked everyone for their time and contributions.								
	PS confirmed there have been no incidents since the last meeting that Board needs to be aware of								
	Reflection of the Meeting								
11	Dates and time of next meeting:								
11	Friday 22 <sup>nd</sup> January 2021								
	Board Away Day								
	Venue TBC								
	Close								



### **Record of Members' attendance**

Attended: Apologies Received:	Non-Attendance:	Cancelled	Х
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Name	22/01/19	27/03/19	12/06/19	14/08/19	19/09/19	09/10/19	20/11/19	18/12/19	14/02/20	13/03/20	17/04/20
Liz Cross											
Lance Gardner											
Alan Kershaw											
Brian Hope											
Helena Leyden											
Ray Harding											
Peta Stross											

Name	15/05/20	18/06/20	16/07/20	18/09/20	16/10/20	13/11/20	16/12/20		
Liz Cross									
Lance Gardner									
Alan Kershaw									
Brian Hope									
Helena Leyden									
Ray Harding									
Peta Stross									