

Confederation Strategic Board Development Session

Wednesday, 04 July 2019 – Bramley Room, Weetwood Hall, Leeds

Meeting Summary and Action Log

PCN Representatives	
Name	PCN
Carl Foster (CD)	Armley
Victoria Keys (PM)	Beeston
Kashif Sarwar (CD)	
Andy Haigh (PM)	Burmantofts, Harehills & Richmond Hill
Amal Paul (CD)	
Tanya Swain (PM)	
Guy Baker (CD)	Central North Leeds
Lynne Doyle (PM)	
Lynne Ward (PN)	
George Winder (CD)	Seacroft
Ruth Colbeck (PN)	Cross Gates
Sagar Shaghavi (CD)	LS25/26
Paul Hudson (CD)	LSMP & The Light
Dave Kendall (CD)	Otley
Francis Eyre (CD)	Wetherby
Izzy Drinnan (PN)	
John Keene	West Leeds
Adrian Rees	Yeadon
Tom Gibbs	York Road

Confederation Executive	
Name	Role
Penny Allison	Communications Lead
Jim Barwick	Chief Executive
Simon Boycott	Head of Development and Governance
Ruth Burnett	Medical Director
Gaynor Connor	Director of Transformation
Jenny Davies	Finance Director
Lucia Dey	Programme Manager
Heather Edmonds	Head of Clinical Pharmacy
Ben Gatenby	Borough Representative (South & East)
Chris Mills	Chair
Laura Smith	Director of Workforce
Vicky Womack	Head of Locality Development

Attendees from other Organisations	
Name	Organisation
Annette Bearpark	Leeds LMC

CD = Clinical Director

PM = Practice Manager

PN = Practice Nurse

Summary

Welcome and Introductions

The session was led by Jim Barwick, Chief Executive, supported by Chris Mills (Chair) and members of the confederation Executive. Jim led a presentation and a discussion on the current state of the Confederation, the challenges and opportunities that lie ahead and the work to achieve sustainability of the executive function of the GP Confederation.

Discussion topics and Themes

- The membership of the Strategic Board was discussed; it is important that Practice Managers and Practice Nurses have adequate voice at the meetings; clinical directors are given membership as their position within the PCN is formalised through the Network DES, however any PCN representative can deputise for them and vote on their behalf, including practice managers and practice nurses.
- Primary Care Networks need to be given adequate time to discuss the matters to be considered at Strategic Board meetings; ideally relevant information should be shared two weeks ahead of meetings in order to allow PCN's sufficient time to meet and agree messages and positions to bring to the meetings through their clinical director or proxy.
- Clinical directors will need to be supported by the confederation to be clear about their role and the requirements of the Network DES and which meetings they should prioritise. In terms of meetings in particular, the Confederation will help CD's to understand:
 - What is *mandatory* to attend,
 - what is *recommended* that CD's attend, and
 - what would be *helpful* or *beneficial* for CD's to attend.

The Confederation will seek to advise CD's regarding use of time resources and effort both within the context of the Network DES as well as the wider primary care system and the current risks and opportunities the confederation is supporting primary care to manage.

4. The legal support package is being utilised in PCN's and sharing common messages for CD's regarding the contract for services and other considerations would be beneficial. Additional advice and guidance is required for CD's regarding contracts and the resulting tax and pensions considerations.
5. CD's and PCN's will require support and training to support the Population Health Management approach; this is being approached through partnering with other key provider organisations around the city and will be supported by the Confederation
6. Trust is the critical issue in approaching closer integration of the primary care system with Leeds Community Healthcare. Primary care would need to have an equal voice in determining our direction and partnership together. Some of our members feel that we do not get the same level of engagement from LCH staff, i.e. they are not released to meet and work with primary care colleagues as often as is needed for us to integrate and deliver joined up care; members have had often had experiences of no district nursing representatives coming to PCN based integrated care / MDT meetings.
 - a. Our members see the benefits of working in a more integrated way; we are duplicating work like wound care across primary care and community care and we could save resources and deliver better care by working together but we need to get the relationship and the working model right so that we achieve benefits of scale without stifling local creativity. Our governance of joint working with LCH should be designed in order to make working together easier and to give maximum benefit to patients and the care they receive in the community e.g. from their GP and from community and district nurses.
 - b. Our members can be re-assured that fully integrated community healthcare does not mean a 'takeover' by LCH and that both LCH and the Confederation will remain sovereign as we work together to determine our future state.
7. Clinical Directors and their leadership teams are now being asked to lead combined primary care teams with differing levels of experience and ability towards strategic objectives in a way that hasn't previously been asked of them and with no blueprint of how to do this. To make this happen the Confederation will help its members gain the skills they need to lead strategically in an uncertain environment. We are working with the Health and Care Academy and the Clinical Senate to understand what this help might look like. LTHT have offered access to senior clinical leadership programme, parts of which will help us to fill the skills gaps we have and LCH have a leadership programme that we can access; working across the Leeds system we have opportunities to benefit from the experience and resources of our partners to enable CD's and their teams to lead the care delivered in their PCN's. Time scales and opportunities will be issued in due course.
8. The role of the Confed Executive in a more integrated setup will be to enable CD's and PCN's to do the important and interesting work of delivering better care on the ground, alongside our partner providers; there are many forums citywide which are there to support and enable change and the Executive should use their resources to ensure that the confederation, e.g. primary care practices, derive the greatest benefit from these and through a more integrated system of primary and community care.

Key Decisions and Actions	By When
Forward Plan of Strategic Board Meetings to be Shared with PCN's	19 th July 2019
Strategic Board Agendas and Papers to be shared two week in advance of meetings	Decision – ongoing
A summary of legal advice for CD's regarding contracts to be circulated	31 st July 2019
Advice to be commissioned for CD's regarding tax and pensions issues arising from the contract for services	31 st July 2019
The Confederation will work with LCH to promote greater involvement of LCH community based staff in the planning, coordination and delivery of care in PCN's where there is crossover between PCN and LCH staff, e.g. MDT and integrated care meetings	Ongoing