

BIRMINGHAM EAST AND NORTH PRIMARY CARE TRUST BOARD

MINUTES OF THE MEETING HELD AT 1.00 pm on 17 DECEMBER 2008 IN THE BOARD ROOM, WATERLINKS HOUSE, BIRMINGHAM

PRESENT

Mr P Sabapathy CBE	Chairman	
Dr Q Fazil	Non-Executive Director	
Mr M Ford	Non-Executive Director	
Mr R Miner	Non-Executive Director	
Mrs S Nixon	Non-Executive Director	
Mr B O'Brien	Non-Executive Director	
Ms N Benga	Director of Health Improvement	(part meeting)
Dr M Bhatti	Clinical Director, Clinical Effectiveness	(part meeting)
Ms S Christie	Chief Executive	
Ms V Jones	Director of Nursing and Clinical Development	
Dr P Thebridge	Chairman, Professional Executive Committee	
Mr J Tringham	Director of Resources	

In Attendance

Ms G Edwards	Audit Commission	(part meeting)
Ms S Mallon	Head of Joint Commissioning for Learning Disabilities	(part meeting)
Ms M Moore	Interim Director, Provider Arm	
Ms M Paskin	Minutes	
Mrs L Pritchard	Director of Performance and OD	
Ms A Shaw	Head of Communications and Involvement	

Apologies

Mr A Donald	Chief Operating Officer
Mrs J Down	Non-Executive Director
Ms H Wood	Head of Corporate Services
Dr D Wulff	Medical Director

PROCEDURAL ISSUES

2008/459 WELCOME

The Chairman welcomed Members and guests and confirmed that any questions from members of the public could be taken at the end of the meeting.

There had been a very successful WCC Assurance Day on 04 December during which a Panel member commented that BEN had been compared with Kaiser Permanente rather than other PCTs.

2008/460 DECLARATIONS OF INTEREST

There were no declarations of interest.

2008/461 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 26 November 2008 were agreed as an accurate record and signed by the Chairman with the following amendment:

2008/447 SECTION 785 POOLED BUDGET AGREEMENTS FOR
LEARNING DISABILITIES AND MENTAL HEALTH

The final sentence should read:

Whilst HoBt had wanted to look at alternatives to the use of Section 75, it was felt that this provided an effective mechanism for joint commissioning having full statutory powers and the ability to be legally managed.

2008/462 MATTERS ARISING FROM THE PREVIOUS MINUTES

2008/406 Chief Executive Report (October 2008)

A summary report from the Summit Meeting of the Birmingham Health and Wellbeing Partnership would be emailed to Board Members; a six-monthly report from BHWP would be considered later on the Board agenda.

2008/426 SSDP

It was confirmed that the Status Report giving progress made by Locality Directors in engaging both individual practices and groups of practices would be provided during March 2009.

2008/449 Chief Executive Report

Birmingham Children's Hospital NHS Foundation Trust:

A Tertiary Paediatric Clinical Performance Task Group had been established as a sub-committee of the West Midlands Specialised Commissioning Team and the National Specialised Commissioning Group following recent concerns about clinical risks. The FT had now provided both verbal and written assurances that all issues had been addressed or that appropriate action plans were in place. An organisational development plan was also being developed to deal with some of the broader themes of clinical leadership, relationships and management team communications. A preliminary report was also awaited from the Healthcare Commission which would be reviewed at the next Board Meeting.

It was clear that the FT was handling an extremely difficult case load and one of the emerging themes had been the need for more mature conversations with parents before and after births (e.g. about the advisability of ventilating babies). Given that most PCTs might have one baby per four years with complex care needs, BEN would work to describe an algorithm for hospitals which needed to arrange complex expensive community support packages and make this available to other organisations.

The group which had reviewed Child and Adolescent Mental Health Services (CAMHS) had signed off all the issues originally raised and the Board was assured that there were now very good support arrangements for Tier 4.

2008/451 Report from IG&P

Maternity Services:

It was confirmed that a report had been provided to the IG&P on maternity services.

Serious Untoward Incidents (SUIs):

It was agreed that the issue of including in the Corporate Risk Register the fact that the PCT was not being regularly updated on SUIs would be discussed at the next meeting of the Clinical Quality Group.

2005/455 Quarterly Report: Estates and Facilities

The issue of car parking on the Yardley Green site had been raised with the Chairman of Heart of England FT and further discussions would be held. As local people had also raised issues about car parking, traffic congestion and youths driving cars too quickly on local roads, the matter would continue to be pursued.

REPORTS FOR DECISION/APPROVAL

2008/463 ORAL HEALTH IMPROVEMENT AND DENTAL
COMMISSIONING STRATEGY

It had been previously reported that agreement had been reached between Birmingham PCTs

Resolved:

That the Board endorsed the proposed action plan, the creation of a shadow Strategic Governance Board and the appointment of a Non-Executive Director to represent BEN.

2008/464 ANNUAL AUDIT LETTER 2007-2008

Gill Edwards, deputising for the Assistant Auditor (John Gregory), outlined the contents of the Annual Audit Letter.

The Auditor had to meet the requirements of the Audit Commission's Code of Audit Practice; to review and report on the PCT's Accounts; and, to ensure the PCT had made appropriate arrangements for securing economy, efficiency and effectiveness for *Use of Resources*. The Audit Commission used this assessment to provide scored judgements for the Healthcare Commission as part of its Annual Health Check.

The Annual Audit Letter was extremely positive and it was clear that the PCT had worked hard to develop and maintain financial stability. Board Members were directed to the shift in emphasis from ALE scores to *Use of Resources*, which would in future ensure concentration on outcomes and outputs.

Resolved:

That the Board approved the Annual Audit Letter.

2008/464 BeBIRMINGHAM WELL-BEING STRATEGY FOR OLDER CITIZENS

The strategy had been produced by a multi-agency group focused on “life to years” activity and had already been adopted by the City Council.

Members agreed that the strategy, whilst driven by national policies intended to ensure people stayed fit and healthy, could be regarded as ageist focused as it was on well-being for the over-50s. There were concerns that no mention was made of culturally appropriate sheltered/supported accommodation for ethnic minority groups. It was also suggested that the document needed to be more specific about its intention to concentrate on health improvement, to help people remain healthy and think positively about later life.

Resolved:

That the Board endorsed the Be-Birmingham Strategy, committed the PCT to involvement in the consultation process and would seek clarification on specific issues, viz the focus on happiness and well-being rather than service delivery, and the terminology relating to age.

REPORTS FOR DISCUSSION

2008/ 449 CHIEF EXECUTIVE REPORT

The following issues were highlighted:

- World Class Commissioning
The PCT’s WCC Assurance Panel day had been held on 04 December (some Directors had also participated in Panels at other PCTs); the feed-back had been extremely positive. Several pieces of work were being pursued and the next WCC Project Board would be held at the end of January at which a review would be undertaken of the work of Health Improvement on planning trajectories in support of delivery of outcomes. The self-assessment of competences would be revisited and, following the Assurance Panel, consideration given as to how the PCT could move to the next level. A WCC flash report was tabled for information.
- Core Cities
A supplier had been secured across the core cities to undertake joint work on tackling health inequalities. A first event, convened by BEN PCT as co-ordinating commissioner for Birmingham and Solihull, had identified a number of work streams including quality and safety, workforce strategy development, and information and communications technology. Work programmes had been proposed for each and the Chief Executives would meet quarterly to monitor progress.
- Urgent Care
There had been three weeks of significant pressure on the capacity of both emergency and urgent care systems. Early morning conference calls were being held to maintain capacity and ensure resilience at Christmas and New Year.

Resolved:

That the report be noted.

2008/ 450 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

The following issues were highlighted:

- BEN PCT’s WCC Assurance Panel had been attended on 04 December when it had been commented that BEN did not (like other PCTs) have a problem engaging with clinicians. Other PCTs’ Assurance Days had also been attended which provided an

insight into how other organisations worked. One of the outcomes had been the reinvigoration of the PEC Chairs Network.

- PRIME
The group was considering the provision of baseline work with practices and how this could be moved to the next stage. The challenge would be to tell practices what needed to be done for each of the typologies.
- There had been a presentation at the December meeting on coaching under the banner of *Clinical Leadership*.

Resolved:

That the report be noted.

2008/451 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE

The following points were highlighted from the meeting held on 12 November:

- The commissioning finance report for Month 7 had shown an improved position but was mindful of the cost pressures on continuing care services and learning disabilities.
- An additional risk had been added to the Corporate Risk Register, i.e. the diabetic retinopathy screening service. There had been further discussion about the proposal to add to the Register the achievement (or not) of the PCT's strategic goals. It had been decided that a refresher session be held on risk assessment in terms of the main objectives. This linked with the trajectories towards outcomes and at what level of the system there should be measurement; the Kaiser Permanente member of the WCC Assurance Panel had suggested the Board might be better focused on system level change metrics than straightforward performance management.
- An update had been requested on the recruitment position with regard to control of infection nursing staff. Further information had also been requested on SUIs (serious untoward incidents).
- There had been a discussion about ambulance and A&E targets given that recent events were adversely affecting the indicators. An action plan was in place and detailed feed-back had been requested for the next meeting.
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Resolved:

That the report be noted.

2008/452 FINANCE AND ACTIVITY REPORT

The following issues were highlighted:

- Members were assured that, although the format of the Finance Report had been changed, there was still a process for examining variances.
- The forecast underspend on Prescribing had stabilised at £3.5m. The Provider Arm had been on track all year to deliver approx. £2m underspend. The Heart of England FT forecast out-turn continued to reduce as challenges were resolved and demand management initiatives impacted; the forecast year-end position was a £4.7m overspend although this was expected to fall. There was still confidence that the year-end control total of £1.9m would be achieved.
- The Operating Framework for 2009/10 had still to be published but two messages had been "trailed" – that the NHS would not receive all its surpluses in the next financial year; that following the Comprehensive Spending Review there would be cash uplifts of 1.2%-2%. The PCT had assumed an uplift of 4% but had made provision for lower

levels of growth. Detailed consideration would begin once the allocations had been announced but it was anticipated that the PCT's overall strategy and investments could be maintained.

- The PCT had planned to spend the totality of its allocation and to make the best use of that £630m. It was likely that growth would be considerably lower in future and therefore necessary to build in a 'lean' approach, perhaps using the learning acquired two years ago when the PCT saved £26m whilst making significant investments in new services and extending and improving the quality of existing services. To this end an Investment/Disinvestment Group had been established which included a Patient Forum link.

Resolved:

That the report be noted.

2008/453 PERFORMANCE REPORT

The report had been considered in detail at the Integrated Governance and Performance Committee. The following were noted:

- The A&E target at Heart of England FT was being closely monitored through the Emergency Care Network (ECN).
- There was a continued deterioration in some of the ambulance category targets. Again this was being tracked through the ECN where commissioners had asked for a recovery plan since it appeared unlikely that the target would be achieved.
- In terms of over-performance at Heart of England FT there were concerns about out-patient activity and delayed transfers of care with a change in the methodology for measuring the target.
- There had been a huge improvement in 18 week waits, immunisations and breast-feeding status targets.
- The same rules had been applied to cancer targets as applied to the 18 weeks target. The PCT had been meeting the cancer targets but performance might drop as a result of the new 18 week rules application. This was a problem nationally and would receive further consideration through the Cancer Network; the PCT would liaise over publicity.
- Delayed transfers of care: this was a 'whole system' problem – how people flowed through the system and how they could be prevented from entering in the first place. It was agreed that an action plan would be brought back to the Board in due course.
- The Commission for Social Care Inspection (CSCI) had served Improvement Notices on two homes serving Birmingham PCTs; one was currently closed and, although alternative places had been found for residents, some 59 beds had been taken out of the residential system. The PCT would try to ensure a smooth transfer for people into hospital or alternative provision.

Resolved:

That the report be noted.

2008/454 CORE CITIES HEALTH IMPROVEMENT COLLABORATIVE

An opportunity to tender had been issued to the market to support the eight core cities in collaborating on a programme for tackling health inequalities and health improvement with a particular focus on obesity, premature mortality (including infant mortality), alcohol harm and tobacco reduction. Alcohol harm was emerging as high profile nationally and there was evidence in the PCT that, whilst male drinkers were benchmarked as average against all PCTs, women drinkers of all ages were benchmarked at a much higher level. Alcohol services were generally designed with men as the main users and it would be important to

tailor future services to meet the needs of other groups. Some £3m of work on alcohol harm at Tier 1 and Tier 2 had recently been tendered and this would need to target appropriate groups.

All eight core cities were below national averages in key areas so there would be real benefits in collaboration. Nine proposals had been received from providers/consortia and the shortlisted suppliers would be interviewed on 09 December. In terms of partnership, Local Authorities had been meeting for many years and had a shared infrastructure for collaboration; they had never previously collaborated on health. Core Cities would be an integrated piece of work; a conference in June 2008 had been attended by the Deputy Leader of Birmingham City Council and future events would be run in partnership with Local Authorities.

Resolved:

That the report be noted.

REPORTS FOR INFORMATION AND NOTING

2008/455 QUARTERLY REPORT: ESTATES AND FACILITIES, SHARED SERVICES AGENCY

The following issues were highlighted:

- Streetly Road: A date had been agreed for the GP to move in during December 2008. Lessons had been learned from this experience, i.e. that the PCT needed to enter into negotiations with GPs well in advance of anticipated completion dates.
- Yardley Green: There had been a last-minute problem in negotiations between Heart of England FT and Birmingham and Solihull Mental Health FT, HoEFT seeking assurance they could continue to use the site until they had reprofiled their need to find 1600 parking places elsewhere. BSMHFT would produce a scheme related to surface level car parking. As part of Partners in Health the PCT would accommodate the majority of its parking needs on site, with possibly a small over-flow onto the Yardley Green site. There was concern, however, that plans to provide surface parking would damage the intention to create a pleasant green space. This might be a suitable issue to raise at Chairman to Chairman level – in the context of a strategic initiative to develop Yardley Green and provide environment improvement opportunities. The PCT's relationship with planning authorities might also be affected given there was still likely to be parking on local roads and thus complaints from local residents.

The need for a coherent transport strategy was raised particularly as there would be other developments on the Yardley Green site. It was agreed that this issue would be referred to the Yardley Green Site Group.

- Care Centres: the nurse call systems had been successfully installed and residents would move into Perry Tree House on 12 December and into Ann Marie Howes before Christmas.

Resolved:

That the report be noted.

2008/456 QUARTERLY REPORT: OPERATIONS DIRECTORATE

The following issues were highlighted:

- Work had continued on the role and function of the Provider Arm Committee and a set of proposals on Degrees of Freedom, including revision of delegation of authority, would be presented to the Board hopefully before Christmas. There was no indication that the Provider Arm would be externalised and it was clear that the Department of Health's thinking on this subject had shifted significantly in the last twelve months.
- Children and Families: Concern had been previously expressed about HoBT's recruitment initiative for Health Visitors. BEN had decided that it would continue to implement a fair remuneration system, i.e. payments would be based on performance not length of employment. An action plan had been prepared and would be considered by the Executive Directors.

The PCT had decided to undertake an audit of all children known to be at risk (following the Baby 'P' case). All activity through A&E Departments would be cross-referenced with other information to provide assurance that nothing similar would happen in BEN. The Safeguarding Nurse would also look back over five years' of Serious Case Review records to identify themes and lessons learned. The resulting report would be presented to the IG&P.

- It appeared that collaboration in the East Midlands between the PCT and Local Authority had made a significant difference to NEETs (not in education, employment or training) by reinforcing school nursing in schools at higher risk of 'housing' vulnerable girls. Further information would be sought; it was possible that some initiatives could be built into the teenage pregnancy action plan and into the work being undertaken by the Young Foundation on a loyalty scheme.
- The interim DFI scoping reports earlier in 2008 had revealed an issue about access to basic information and communications technology. There had now been an investment in 600 replacement pieces of equipment and 100 additional pieces. A pilot was also being investigated to provide staff making domiciliary visits with equipment to enable them to access information.

Resolved:

That the Board noted the report.

2008/ 457 PROGRESS REPORT IN RESPONSE TO 'HEALTHCARE FOR ALL'

Recommendation 2

Significant progress had been made in implementing the recommendations of the report. One recommendation had been the maintenance of a database of people with learning disabilities in order to track their health care and, since the original had been scrapped in 1991, South Birmingham PCT had begun to compile a database from scratch. A Local Authority database would also be prepared from the people known to receive statutory services. There was a possible population of 27,000 in the "vulnerable people" category but a much lower number at sufficient risk to warrant health checks and for that group a commissioning database would be needed, accessible to all key partners.

Recommendation 3

It had been found that some ward staff relied on untrained carers and paid care home staff to provide health care in hospitals; this would be monitored possibly by raising challenges through the Safety and Governance Groups at each Trust to check actions taken by the hospital to ensure patient safety to this group. A hospital book/communication aid had been produced to record for inarticulate patients the meaning of their communications; this would enable ward staff to document all medications and health concerns.

It would be important to ensure that the Joint Commissioning Group was tracking all the relevant actions; that a work programme with responsible officers was available and time

scales were monitored. A Governance Group had also been established to ensure that health issues were supported appropriately and Mrs Janet Down would represent BEN PCT on this Group. Reports would be provided on a regular basis to the Integrated Governance and Performance Committee.

Resolved:
That the report be noted.

DATE OF NEXT MEETING

2008/458 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday 17 December 2008 in the Board Room at Waterlinks House.

Chairman Date