NHS BIRMINGHAM EAST AND NORTH BOARD

MINUTES OF THE MEETING HELD AT
1.00 pm on 16 DECEMBER 2009
IN THE BOARD ROOM, WATERLINKS HOUSE, BIRMINGHAM

Present

Mrs J Down	Non-Executive Director	(in the Chair)
Dr Q Fazil	Non-Executive Director	
Mr R Miner	Non-Executive Director	
Mrs S Nixon	Non-Executive Director	(chaired part meeting)
Mr B O'Brien	Non-Executive Director	
Mr M Smith	Non-Executive Director	
Ms N Benge	Director of Health Improvement	(part meeting)
Dr M Bhatti	Clinical Director, Clinical Effectiveness and Safety	
Ms S Christie	Chief Executive	
Dr P Thebridge	Chairman, Professional Executive Committee	(part meeting)
Mr J Tringham	Director of Resources	

In Attendance

Ms S Brooks	Interim Head of Communications and Involvement
Ms M Moore	Interim Director, Community Health Services
Ms M Paskin	Minutes
Mrs L Pritchard	Director of Performance and OD
Mr A Reedman	Interim Director, Strategy and Redesign
Ms H Wood	Head of Corporate Services
Mr M Wiltshire	Director of Estates and Facilities
Dr D Wulff	Medical Director

Apologies

Mr A Donald	Chief Operating Officer
Mr M Ford	Non-Executive Director
Mr S German	Director of Process Improvement
Mr P Sabapathy CBE	Chairman

PROCEDURAL ISSUES

2009/694 WELCOME

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

The opportunity was taken to wish farewell to Adrian Reedman and, on behalf of the Chairman particularly, to thank him for his efforts during the past year at the PCT. In turn, Adrian reflected on the year and extended his gratitude to the Executive Directors for their support. He had gained an appreciation of the scope and volume of material that senior NHS managers needed to have at their finger-tips, and the difficulty of decision-making when it was important to make the right rather than the quickest decision. He hoped to return in the New Year to participate in a Lunchbox session.

2009/695 DECLARATIONS OF INTEREST

There were no declarations of interest.

2009/696 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 25 November 2009 were agreed as an accurate record and signed by the Chairman with an amendment to the *Apologies* to include Mrs L Pritchard.

2009/697 MATTERS ARISING FROM THE PREVIOUS MINUTES

2009/586 Quarterly Report/Estates and Facilities – Richmond Primary Care Centre
A date was still awaited for the official opening.

2009/635 Progress and Risks for Comprehensive Area Agreement
It was hoped that a submission could be made to the Treasury for the Total Pilot Project by the end of January 2010; this would build on the five strands of work previously described. It was likely that a proposal for a Total Capital Place would be submitted by the Homes and Community Agency (HCA)/NHS BEN/Birmingham City Council/possibly Job Centre Plus, and other partners to help target potential investment over the next few years into this area. This proposal would be made to the Treasury following a multi-agency workshop to consider designing services; future modelling might result in working differently across organisational boundaries.

2009/661 Emergency Ambulance Service Review
Ambulance turn-round times and some of the issues from the service review were being monitored on a daily basis. A changing relationship was emerging with the West Midlands Ambulance Service; they were now clear about PCT expectations and that the PCT would support them in the actions needed to improve performance.

A telephone call from the On Call Director at the Strategic Health Authority commended the work undertaken by NHS BEN in this field, where a significant role was being played in improving a challenging situation.

2009/666 Report of Integrated Governance and Performance Committee
The Care Quality Commission had carried out its final review following issues raised in 2009 in relation to Birmingham Children's Hospital. A meeting had also been held with the Chief Executive and consultants at University Hospital Birmingham where concerns had first been raised. Feedback indicated that real progress had been made and that the role of commissioners in leading the process had been appreciated.

2009/669 Audit Committee – Minutes of 02 July 2009
Two reports related to in-patient and out-patient national clinical coding audits at HoEFT had been considered at the Audit Committee. The complexity of the coding process was acknowledged, from the first diagnosis to the point when the code was assigned and the request for payment made. The PCT needed confidence in this process and its effective monitoring.

REPORTS FOR DISCUSSION AND DECISION

2009/698 DRAFT COMMUNICATIONS AND ENGAGEMENT STRATEGIC FRAMEWORK

In response to questions, the following points were made:

- Changes in design – all changes were discussed with the Patient Focus Group. The recent relaunch of *Health News* had taken into account information on typologies gathered through PRIME about how communities preferred to receive communications. A thorough evaluation of that pilot was being conducted and qualitative research would be undertaken with the Household Panel.
- Would communications be targeted at different communities? This had been made more explicit in the document, e.g. sexual health consultation aimed some documents towards young people.
- How aligned was the PCT's approach to communication and engagement with the other Birmingham PCTs? The three teams already worked well together in terms of communications but were not quite so closely matched on public involvement. A brief report would be provided for the next meeting on working more closely and an appropriate statement would be included in the Communications Strategic Plan.

Resolved:
That the Board received the report and supported its publication.

2009/699 PERFORMANCE AGAINST NHS CONSTITUTION

An update had been provided of the PCT's progress on this issue together with a recommended methodology for ensuring the continued governance of compliance. The Secretary of State and NHS Chief Executive had also referred to the Constitution in their recent presentations; it was likely that the range of commitments would be increased to include more recent access targets.

Resolved:
That the Board noted progress made and agreed the reporting mechanism for on-going governance of compliance with the NHS Constitution.

2009/700 DRAFT STRATEGIC PLAN 2009-2012

Outcomes
Following the challenge to the PCT at the WCC Assurance Panel that the adoption of *All Age All Mortality* as a key outcome did not pay sufficient attention to infant mortality, it was proposed that the outcome should be split to highlight both adults and infants. In order to restrict the number of outcomes to ten, it would be necessary to exclude *Patient Satisfaction* although this would still receive sufficient attention through the Communications and

Involvement Plan (through PRIME) and the OSCAR framework. Patient experience/satisfaction would still need to be measured on the performance scorecard for the Care Quality Commission as part of the Annual Health Check; this proposal would simply mean it would not be linked with the WCC outcome. There had been discussion on the value of splitting the outcome further, to include a category *life expectancy in the first year of life*, given that NHS BEN had the second or third highest infant mortality rates in the country. The NST report on infant mortality had also recently been received, from which feedback was poor in terms of the PCT's continued engagement. Given that the Assurance Panel would regard infant mortality as a major priority, it was agreed that this be an outcome in its own right.

Market analysis
A much more comprehensive examination had been undertaken of the provider landscape, as well as an analysis by market, e.g. urgent and acute care as a market. Further comments were to be forwarded to the Chief Executive before Christmas.

It was suggested that the section relating to participation and influence of third sector advocacy could be strengthened to include greater engagement with charities, faith communities, etc.

Core Process Management
Some processes – whilst taken for granted – were key in terms of the organisation's commissioning competences, e.g. Gateway. The Plan had attempted to pull together a more coherent account of how the PCT worked and some of its underpinning processes. One of the challenges following the Eastern/North Birmingham integration had been to reflect on whether too much attention had been paid to innovation and creativity at the expense of basic processes; whether it was easy for staff in the organisation to know what to do and how to do it. The PCT had since employed a Director of Process Improvement to enable focus on processes and knowledge management.

Strategic Initiatives
Activities had been organised under seven strategic initiatives and comments were particularly requested on this.

Financial Strategy
NHS BEN was one of the few organisations that included a forward-look in its Financial Strategy last year and this simply needed to be refreshed. Focus had always been maintained on the need to spend all the money allocated, not just the growth. This had highlighted the commitment to strategic investment as being "invest to save" programmes and made it clear that investment in strategic change initiatives would be protected since those initiatives would facilitate the management of overall capacity in the future. This was likely to be an area of challenge at the WCC Assurance Panel and it had been clearly stated in the Plan that the PCT would continue to use all its money, anticipate no growth, and continue to invest in strategic change because that would enable better use of the overall money.

It was suggested that, where significant benefits could be delivered through the intervention of specialised commissioning, e.g. mental health, the savings should be noted.

Performance and Delivery
It was noted that a revised Assurance Framework was being prepared to reflect strategic risks.

Resolved:
That the Board approved the content as a draft, subject to finalising for submission in January 2010 based on WMSHA comments and feedback.

REPORTS FOR DISCUSSION

2009/701 CHIEF EXECUTIVE REPORT

The following areas were highlighted:

- The Comprehensive Area Assessment had been published and the *oneplace* website launched, the latter being set out in a way that allowed search by theme and other areas. The Audit Commission had given the PCT a red flag for delayed transfers of care, a fact picked up by local media which had led to the Leader of the Council and the PCT Chief Executive being interviewed for TV, etc. Progress was in hand and this had, in fact, been identified as an LAA target before being identified by the CAA as an area that needed improvement. From NHS BEN's perspective it was expected that step down wards would make a significant contribution and, if that proved a sensible model, it could be adopted by the rest of the city.
- Equally important was the process designed for social care assessment, social care investment and support for independence and the market for both domiciliary care and residential care. Many delayed transfers were people waiting for the perfect provider or instances of difficulty with finding an appropriate placement. Whilst there were still significant issues the PCT had a good story to tell.
- If the National Support Team visit had been before the CAA the PCT might also have had a red flag for infant mortality but the Team accepted that enormous efforts were being made. Feedback from the NST was that, whilst the PCT might be trying, the results were still not acceptable; this was an explicit challenge and had been picked up by the SHA who expected closer working relationships.
- There had been positive comments about the Children's Hospital and maternity services – both areas where much work had been undertaken in the last month.
- The *Confirm and Challenge* meeting with the Health Authority had focused particularly on strategic funding and the services envisaged. The PCT appeared to be in the right "territory" with the main message being deliverability; the strategy was right and innovations had been made but results would be needed in terms of lower investment in secondary care and fewer unplanned admissions. A core strategy, sustainable for the city as a whole and in relation to Solihull and Sandwell at the borders, had been prepared but more work would be needed on strategies across the local health economy.
- A PCT configuration review session had been held on 09 December from which the option for a single PCT had clearly emerged as meeting the key criteria; a statement had been circulated to staff and stakeholders summarising the outcome of the day. A programme of meetings would culminate in a session with the three PCT Boards on 22 December.
- The Operating Framework has been published on 16 December. It contained no surprises but laid out a real challenge for the next five years on improving quality and significantly reducing costs. This period would represent the most challenging scenario the NHS had faced in the last 60 years.

Resolved:
That the report be noted.

2009/702 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

The following issues were highlighted:

- Given the current climate of reconfiguration, the importance of clinical leadership was clear. The models of clinical leadership in the three PCTs were very different and discussions would continue to ensure that the right model was chosen for the future; otherwise the new PCT would not work effectively.
- Practice-based Commissioning reinvigoration: there was a very successful meeting on 15 December with six Localities about a partnering agreement. The overwhelming consensus was that partnering was a good way forward and a draft model was considered. It was a very positive discussion, with a high level of strategic thinking and common ownership of the problems of ensuring probity, developing trust, sharing data across the health economy, etc. Plans to reinvigorate the PEC would be considered during 2010.

Resolved:
That the report be noted.

2009/703 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE – MEETING HELD ON 16 DECEMBER 2009

The following highlights from the meeting were noted:

- Fit for Work Service Pilot Tender Award – IG&P was informed of a Government initiative to help people in the early stages of sickness absence.
- The Health Economy Control of Infection Plan was approved. It was possible that the scope of the Plan would be extended in future to cover residential and nursing homes since significant capacity was lost every winter when homes were closed because of D&V.
- Information Lifecycle Framework – related to the management of records. This would receive detailed consideration by the Information Governance Committee.
- Three commissioning policies were approved - antibody incompatible renal transplantation, extra corporeal cardiac life support, and use of Palivizumab to reduce the risk of respiratory syncytial virus (RSV) in high risk infants.
- The format of the Assurance Framework/Corporate Risk Register was being modified to include only strategic risks; the next iteration would be available in January. The final version would be included on the agenda of the January Board Meeting.
- Policy on Management of External Agency Visits – it was hoped this would minimise the burden on the organisation by reducing overlap and allowing potential gaps in assurance to be identified and addressed.

Resolved:
That the report be noted.

2009/704 FINANCE AND ACTIVITY REPORT PERIOD ENDING 30 NOVEMBER 2009

The following issues were highlighted from *Outlook for the Year*:

- The key driver for the PCT was its contract with HoEFT. This year had been particularly volatile, with not only end of month performance but forecast out-turn varying significantly. This made it difficult to manage on a month by month basis and discussions were under-way with HoEFT about 'smoothing out' for the rest of the year.
- Some £500K of flexibility had been identified in the portfolio. In the light of expenditure controls this figure had been re-assessed and it was possible that a further £1m might be found. There was still a significant risk that the £2.4m surplus target would not be achieved even with the additional controls. Action taken before the end of financial year would require pay-back in 2011/12.
- HoEFT had forecast an over-performance at month 7 across their portfolio of £30m. Their planned surplus was around £5m and latest forecast was a surplus of between £10m and £.5m. There had been a significant increase in income but a greater increase in costs. There was now a three-year financial plan from HoEFT predicated on a 10% reduction in income over the next three years; they needed to take £60m out of their cost base and were working on plans to deal with this.
- There was also alignment with Solihull, who were planning a similar level of reduction although most of that was expected to happen next year. There was a need for alignment for the next three years and in early January the Chief Executives and Chairs would present a joint view for the health economy.
- *Confirm and Challenge* Meeting - one of the reasons for the SHA to have more confidence was the fact that the PCT was closely aligned with its major acute providers. Changes to the *Payment by Results* mechanism would provide a disincentive for HoEFT to admit people and would thus reduce the risks associated with emergency admissions.
- There was still concern that so long as beds were available they would be filled. HoEFT had plans to take out 10% capacity (equivalent to closing wards); for the PCT this would mean ensuring community services would be geared up to cope with an increased range of activity.
- A question was asked about the new contract with GPs and whether this would increase costs for the PCT. It was explained that the recommendation to the Pay Review Body was that any increase would be limited to a general increase in practice expenses.
- On the subject of cash flow, steps were being taken to introduce electronic authorisation for invoices, which would have a significant impact. Whilst the PCT continually strove to improve, it would not be possible to guarantee that suppliers would be paid more quickly than 90 days.
- The PCT would continue to forecast a £2.4m surplus.

Resolved:
That the report be noted.

2099/705 PERFORMANCE REPORT

The report had been considered in detail at the Integrated Governance and Performance Committee. A number of *red* areas, descriptions of risks and PCT actions were noted:

- Ambulance service/Category A: there had been a marginal improvement for NHS BEN's population. Discussions continued with the Ambulance Service and with HoEFT particularly around ambulance turn-round times and diverting to alternative pathways.
- The revised strategy for Chlamydia screening appeared to be having a positive impact.
- There was another improvement around stroke patients; the number of patients on stroke wards was 65% so it looked as though the target of 70% would be achieved.

- Given the interventions of the PRIME social marketing campaign, it was expected that an improvement to the smoking trajectory would be seen in early January.
- 4 hour A&E waits: the PCT had been asked to report on the cumulative performance, i.e. 98.02% which included Urgent Care/Walk In centre activity. Unvalidated information showed that, across the three HoEFT sites there were many breaches and a breach analysis would be undertaken. Given there would now be weeks of winter pressures it was unlikely the PCT would achieve the target.
- In terms of cervical screening, it was questioned whether the issue was the process and organisation of the screening service or about how women were encouraged to present to services. There were opportunities here for using the typologies to frame a different type of outreach. Again the typology work could be used to change the way in which people were invited. The 'Jade Goody effect' meant that GPs sometimes chose to screen young women under 25 who were not eligible for cervical screening or women who did not screen in the required period so were duplicated. There was therefore a case for GP education on appropriateness of smears. In terms of breast screening, work was being undertaken to improve the invitations which provided no choice of dates and led to a high rate of DNA.

Resolved:
That the report be noted.

2009/706 REPORT FROM COMMUNITY HEALTH SERVICES COMMITTEE

Only one issue was of particular note – the piloting by John Taylor Hospice of an electronic process of data collection.

The issue of PCT reconfiguration had been considered in the context of ensuring that services continued to operate efficiently and that staff were informed appropriately.

Resolved:
That the Board noted the report.

REPORTS FOR INFORMATION AND NOTING

2009/707 QUARTERLY REPORT: ESTATES AND FACILITIES

The following points were made:

- It was noted that financial close on the Washwood Heath Health and Well-being Centre, Clodeshall Road, was reached on 03 December 2009. Construction would begin soon after the Christmas break.

- Discussions also continued on the future of the facilities currently housed at Partners in Health; Dr Hugh Rayner had taken the lead on this. It was possible that some of the building could still be made available to the PCT in the short term but medium and long term solutions were also being pursued.

- The PCT had access to a process (CIAM) which helped to assess utilisation of facilities and, having applied this to one of the new practice-based developments, it was clear there was considerable room for productivity improvement in terms of the way community buildings were used. The use of assets would be a significant issue in view

of the need to save 30% management costs and a view would need to be taken about how much could be done through new buildings and how much capacity was available in existing buildings.

- The significant energy consumption changes at James Preston and Saltley Health Centre were explained by the way in which carbon was counted and the fact that the new contract had moved to green energy from a sustainable source. Locally generated electricity was used where possible and the planned network of energy centres in the city, part of a ten year plan, would demonstrate great savings.

Resolved:
That the report be noted.

2009/708 QUARTERLY REPORT: STRATEGY AND REDESIGN

Resolved:
That the report be noted.

2009/709 QUARTERLY REPORT: COMMUNITY HEALTH SERVICES COMMITTEE

Resolved:
That the report be noted.

DATE OF NEXT MEETING

2009/674 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Tuesday, 26 January 2010 in the Board Room at Waterlinks House.

Chairman .... Date ....