

BIRMINGHAM EAST AND NORTH PRIMARY CARE TRUST BOARD

MINUTES OF THE MEETING HELD AT 1.00 pm on 28 JANUARY 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	(part meeting)
Dr M Bhatti	Clinical Director, Clinical Effectiveness	
Ms S Christie	Chief Executive	
Mr A Donald	Chief Operating Officer	
Mr J Tringham	Director of Resources	
Dr D Wulff	Medical Director	

In Attendance

Mr J Arnold-Forster	Dr Foster Intelligence	(part meeting)
Mr S German	Director of Process Improvement	
Ms M Moore	Interim Director, Operations	
Ms M Paskin	Minutes	
Mrs L Pritchard	Director of Performance and OD	
Mr A Reedman	Acting Director, Strategy and Redesign	
Ms A Shaw	Head of Communications and Involvement	
Ms D Shepherd	Staff Side Representative	
Ms C Staples	Dr Foster Intelligence	(part meeting)
Mr M Wiltshire	Director of Estates and Facilities	
Ms H Wood	Head of Corporate Services	

Apologies

Ms N Bengé	Director of Health Improvement
Mr M Ford	Non-Executive Director
Ms V Jones	Director of Nursing and Clinical Development
Mr B O'Brien	Non-Executive Director
Mr P Sabapathy CBE	Chairman
Dr P Thebridge	Chairman, Professional Executive Committee

PROCEDURAL ISSUES

2009/481 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.

2009/482 DECLARATIONS OF INTEREST

There were no declarations of interest.

2009/483 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 17 December 2008 were agreed as an accurate record and signed by the Chairman with the following amendment:

2008/463 ORAL HEALTH IMPROVEMENT AND DENTAL COMMISSIONING STRATEGY

The PCT accepted the overall strategy but explicitly noted that future arrangements for management, commissioning and capital developments of the Dental Hospital should be dealt with through specific discussions and not necessarily as outlined in the strategy.

2009/484 MATTERS ARISING FROM THE PREVIOUS MINUTES

2008/438 Birmingham Charter for Disabled Children, Young People and Families (November 2008)

It was confirmed that the Charter had been amended to ensure that all "statemented children" were included in the Parent Partnering Service, not just children excluded from school.

2008/456 Quarterly Report: Operations Directorate

BEN had two dedicated youth workers specific to its work with Connexions targeting pregnant women and young parents. More work was being undertaken with young parents particularly those inclined to risky behaviour and this would be included in the teenage pregnancy plan.

2008/451 Report from IG&P

It was confirmed that a report had been provided to IG&P on inclusion in the Corporate Risk Register of the need for the PCT to be regularly updated on Serious Untoward Incidents.

2008/462 Matters Arising/Chief Executive Report (Oct 2008)

The report for Board Members from the Summit Meeting of the Birmingham Health and Wellbeing Partnership would be pursued.

Birmingham Children's Hospital NHS Foundation Trust: The Healthcare Commission had recently interviewed specialised commissioners and produced a draft report which would initially be discussed at a meeting of the Tertiary Clinical Paediatrics Performance Group. It was hoped the HCC would be reassured by the actions put in place by commissioners.

2008/466 Chief Executive Report

Problems had been encountered with obtaining copies of *Quality by Design* and it was hoped they could be provided in the near future.

2008/474 Birmingham LAA 2008-11

Given the area of concern outlined previously, i.e. partnership work with a particular focus on tackling obesity (from *Improve Children and Young*

People's Health, Protect Lifestyles), it was suggested that a presentation to NEDs should be arranged.

2009/485 USE OF TRUST SEAL

Resolved:
That the report be noted.

REPORTS FOR DECISION/APPROVAL

2009/486 REGISTRATION WITH THE CARE QUALITY COMMISSION

All NHS bodies providing health care needed to register with the Care Quality Commission by 01 April 2009. Since the PCT was a primary care organisation with provider functions, it would also be required to register.

Resolved:
That the Board:

- noted the requirements for registration with the Care Quality Commission,
- agreed the application to be signed off by the Chief Executive.

2009/487 STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION

The PCT now had a set of workable, user-friendly Standing Orders and Standing Financial Instructions. Work continued on the production of a handbook containing condensed information for budget-holders. It was noted that the intended Provider Arm Committee would need to be included in the Standing Orders and the Scheme of Reservation and Delegation.

Resolved:
That the Board approved the revised documents and noted the need to revise the Standing Orders as outlined.

2009/488 POLICY FOR MANAGING CONCERNS ABOUT POORLY PERFORMING PRACTITIONERS

Members were asked to ratify use of the existing policy with one exception, that the Performance Panel should become a formal sub-committee of the Board. There would then be a clear separation between the roles of the FHS Functions Committee, with its requirements on establishing/commissioning services, and the Performance Committee which would focus on individual practitioners about whom there was concern and which would fit into the legal framework.

There was some confusion about the phrase "membership of the panel should be appropriate to the cultural and professional background of the practitioner in question" and clarification would be sought from the legal advisers on this point.

The Performance Panel, if a formal sub-committee of the Board, would need to be included in the Standing Orders and the Scheme of Reservation and Delegation.

Resolved:

That the Board approved the policy and confirmed the Performance Panel as a sub-committee of the PCT Board, subject to clarification of the description of panel membership.

REPORTS FOR DISCUSSION

2009/ 489 CHIEF EXECUTIVE REPORT

The following issues were highlighted:

- Initial feed-back had been received from the WCC Assurance Panel. National calibration would be undertaken but there were positive signals that the PCT would be in the top 10% of performers.
- A useful meeting had been held with *Healthcare at Home*, a private company which delivered a range of acute health services in people's homes and one of whose core operating principles was that it did not use locums or agency staff. They provided a range of services from administering chemotherapy and other drugs to supporting work on COPD. This fitted well with the PCT's strategic intentions to provide more personalised services and care as close to home as possible. Specialised Services already delivered care on the PCT's behalf, any financial benefits being retained by hospitals; it was hoped the PCT could contract directly with *Healthcare at Home* and thus realise some financial savings. A visit would shortly follow to the company's HQ to continue discussions with their clinical staff.
- Launch of the NHS Constitution: The PCT could potentially see a rise in legal costs as it received challenges to its funding decisions. The Department of Health had recently published a set of policies on the handling of individual cases; the West Midlands Specialised Commissioning Team had in turn produced documents which described the prioritisation, commissioning and decision-making processes. These would ensure a transparent set of activities, would offer best value for money and allow challenge and cause for redress for individuals.

Work had been commissioned by the Department of Health on the future of patient and public involvement with particular focus on digital technologies and creating routes for the public to comment directly on their experience of services. Some of this would sit well with the work anticipated through PRIME on redesign of services, use of digital technology, etc. Another work stream in train was *GP My Practice*, ensuring that GPs received feedback about their performance and making that information available to the public.

Resolved:

That the report be noted.

2009/ 490 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

The following issues were highlighted:

- A new national framework for vascular disease checking would be implemented from April 2009 and the PCT would need to align national initiatives with local knowledge.
- A consultant-led integrated knee service had begun which represented the next stage in the musculo-skeletal service. If successful it was intended to move services out of the acute sector as part of the Planned Care Programme.

- A useful discussion had been held on practice-based commissioning and the research undertaken by the King's Fund, a copy of which had been circulated to all GP practices. It was hoped that the report, together with work done through PRIME, could be used to reinvigorate practice-based commissioning. As part of this work, an event would be held in March, facilitated by Vista.

Resolved:

That the report be noted.

2009/491 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE

The following points were highlighted from the meeting held on 11 January:

- Risk Register: in view of the size of the Corporate Risk Register and the responsibility on Directorates to maintain their own registers, officers had been asked to explore the scope for rationalisation and provide suggestions to the next meeting.
- One of the risks highlighted related to nursing homes. A report would in due course be presented to the Board – where they sat in terms of ratings and where the PCT should concentrate its efforts to achieve *good* or *excellent*.
- Provider services would need a similar system for highlighting risks although corporate risks would still need to be reported to IG&P.
- Quality and safety report: regular meetings were held with Heart of England NHS Foundation Trust and similar arrangements would be established with Birmingham and Solihull Mental Health Foundation Trust.
- The specialist infection prevention and control post would now be offered as a secondment opportunity.
- Commissioning finance report: given the known over-performance at Heart of England FT, an action plan would be provided to IG&P in March.
- Monthly Performance report: the scorecard had been dominated by issues related to emergency care and ambulance problems. A report would be provided on this and also on the position with delayed transfers of care.
- A consultation document on safeguarding adults, "No Secrets", had been considered. It had been difficult for IG&P to respond because of the tight time scales but pointers to a response had been provided that would conflict with existing legislation.
- A number of terms of references, policies, updates on security management, etc. had been received.
- The Provider Arm was considering governance issues and clearly did not want to replicate an entire infrastructure. Non-Executive Directors indicated they would welcome detailed informal discussion before decisions were taken at the March/April Board Meeting.

Resolved:

That the report be noted.

2009/492 FINANCE AND ACTIVITY REPORT

The following issues were highlighted:

- The forecast position on prescribing had worsened by £.5m; the Heart of England FT contract was forecast to overspend by a further £.5m; and some £1m expenditure had been committed in response to emergency pressures. Despite that there was still confidence that the £1.9m surplus for the year could be achieved given that the level of risk to which the PCT was exposed would reduce as the year progressed. There was

also a range of areas where the PCT was challenging Heart of England FT and a programme was in place for recovery.

- Fifty three practices had opened on Saturdays and Sundays over the festive period and, had that capacity not been available, there would have been additional pressure on Badger, A&E, etc. However it would be difficult to provide an evaluation of the impact that these increased GP opening hours had on the overall spend. Next year the typologies work would enable the PCT to track those practices serving populations most likely to use A&E.
- There was disquiet about the £56K top-slice for Eculizumab, a drug which the national specialised commissioners had advised should not be commissioned. The 30K top-slice deficit was almost entirely driven by treating conditions the commissioners did not want to commission. A check would be made on the details of the £118K and £202K allocation reductions.

Resolved:

That the report be noted.

2009/493 FINANCIAL OUTLOOK 2009/10

The PCT had assumed an allocation growth of 6.3% for 2009/10 but the actual level of growth would be 5.5%. Over the five years of the Financial Plan there would be two key changes - (a) a reduction in allocation for the next two years, and (b) a reduction in inflation in years 4 and 5 of approximately 1.2% (£3m). This was affordable given contingencies built into the plan and would be profiled across the five years. An updated report would be provided to the February Board and a final report would be signed off at the March Board meeting.

Although the forecast on Government spend was still fairly positive, it was thought this might not take into account the outcome of the economic down-turn. NHS spending represented 28% of total Government spend; to sustain a 3% growth rate would result in no growth being available for any other Government spending department including Benefits. Since Benefits were mandatory and would rise in a worklessness situation, it was thus unlikely the NHS would get 3%. Some modelling work was needed on the financial outlook and interventions that might have to be put in place.

The Financial Plan included £1m per annum for IT over the next five years but there was concern that the significant investment required for work on knowledge management and Community PAS had not been included in considerations. The PCT had focused on strategic initiatives and funds for additional technology would need to be found from benefits being realised – i.e. investment/disinvestment. The return on investment would need to be demonstrated by internal productivity and efficiency, from having an infrastructure that enabled the PCT to work more smartly.

Resolved:

That the report be noted.

2009/494 PERFORMANCE REPORT

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

- Information was no more up-to-date than December but for the first time the Performance Monitoring Group had been able to look at real time data from the Performance Accelerator system.

- The focus of attention had again been on Ambulance Service targets with a deteriorating position for the PCT in term of Category A responses. The Ambulance Service had provided assurances they would hit the target for the whole of West Midlands and would look at bringing BEN's performance up to that target. In terms of Category C diverts to Badger, the contract was currently being renegotiated.
- A&E 4 hour waits: the report did not represent up-to-date information and it was unlikely that the target would be met. It was likely that only four Health Authorities in the country would actually meet the target. The position was being actively monitored with Heart of England FT through performance management.
- Targets to watch were:
 - ▲ Delayed transfers of care, which IG&P would consider at its next meeting. A great deal of work was being concentrated on this and it was at present subject to external audit.
 - ▲ GUM/chlamydia screening.
 - ▲ Smoking cessation which was expected to just achieve target.
 - ▲ 18 week wait. Information just received indicated that the December 2008 target had been met. The next measurement period would be January to March 2009 and one outstanding issue would be audiology; regular monitoring was being undertaken with Heart of England FT.
 - ▲ The data recording system around stroke patients/TIAs.

Resolved:

That the report be noted.

2009/495 AUDIT COMMITTEE – MINUTES OF MEETING HELD
17 SEPTEMBER 2008

Resolved:

That the report be noted.

2009/496 AUDIT COMMITTEE – REPORT ON MEETING HELD
08 JANUARY 2009

Key issues raised at the meeting were:

- Auditors Local Evaluation (ALE)
The emphasis would change significantly this year to Use of Resources and this might mean that some of the good scores previously obtained might go down. The PCT would in future need to measure to see how successful it was being; this would parallel World Class Commissioning in terms of risk management, investment/disinvestment.
- International Financial Reporting Standards (IFRS)
This would represent a sizeable piece of work over the next few years.
- Annual Accounts Process
This would have a very tight time scale, submission dates being 23 April and governance report on 12 June. Two additional Audit Committee meetings had been scheduled to accommodate this process and delegated authority was sought to enable the Accounts to be approved.
- Audit Tracking Report
Whilst BEN was driving the process and implementing the recommendations, it was felt that some partners were not being particularly proactive. Senior officers were urged to bring influence to bear to ensure full co-operation.

Resolved:

That the report be noted and that delegated authority be given to the Audit Committee to approve the Final Accounts.

2009/497 PRIME – BASELINE PRIORITIES

Attention was drawn to four key elements of the work:

- The PRIME metrics fitted with existing strategies at national, regional and local level and had brought together all 64 *Vital Signs*, WCC competencies, and Department of Health *all age, all cause* mortality targets into a localised integrated plan to tackle health inequalities.
- The style of monthly reporting would be considered to ensure that progress was being made against measures of success.
- There was commercial potential for BEN through this partnership and particular attention would need to be paid to the robustness of the measures.
- The report articulated the most effective measures to tackle local priorities which would need collective action by the PCT, Local Authority, Government and other partners.

Prime was beginning to sharply define the issues and use the information to understand variations. It would draw on experience from other PCTs, communities in England and other parts of the world to improve knowledge of successful interventions. It was hoped that in the next year or so this work would contribute to WCC competencies and to work on knowledge management.

Some concern was expressed about results that appeared to be counter-intuitive, e.g. rates of admission with alcohol related liver disease for Pakistani women. Whilst the purpose of the exercise was to give new insights into details masked by existing statistics, it was agreed that the Mosaic Origins information would be checked. Of equal interest were the overall levels of alcohol harm for women which were worthy of further investigation in terms of the PCT's priorities.

It was suggested that two sets of measures needed to be reported to the Board –

- (a) The contribution PRIME was making to the overall outcomes required by the PCT, e.g. the difference made to health inequalities. The difficulty with this would be proving causality, that interventions directed through PRIME were leading to improvements.
- (b) Whether PRIME was delivering value for money, a return on investment, utilising resources to effectively affect "big ticket" issues.

Linking PRIME reports with regular Performance Reports would be problematic since time frames would be different although it might be possible for specific reports to the Board to highlight areas in which PRIME had been applied. It was agreed that six monthly and annual reports would be provided in April and October respectively.

A brief report was provided on the PRIME work streams. The Communications Team was taking uses of the typologies and trying to draw elements of the outcomes together. An example was the launching in February by the Operations Directorate of the *patient experience tracker* which would be used as a case study to provide examples of how clinical practice could be changed. It was noted, however, that changes would sometimes be required in organisation/process; for instance, the district nurse who used the typology to look at caseload and decide texts should be sent to remind people of appointments would need a process to implement the change and this in turn would need organisational capability.

It was agreed that a final baseline would be available by the end of March 2009. This would direct the PCT to compare its performance with other PCTs in its ONS comparator set and against national averages. It would focus attention on infant mortality (in Kingstanding as well as Washwood Heath); smoking cessation but also COPD; alcohol harm in women where services were designed for men – and provide key messages about interventions. This would give the PCT confident target-setting ability, to know that with the right investment these priority areas could be improved.

Resolved:

That the report be noted.

2009/498 THE CARE QUALITY COMMISSION CONSULTATION
SCHEDULE 2008/09

The schedule was provided for information. It was agreed that the PCT's formal response would welcome the shared NHS and local government approach.

Resolved:

That the report be noted.

2009/499 HEALTH AND WORK

The report was received for information. It was agreed that more detailed consideration would be given at the next Board Meeting.

Resolved:

That the report be noted and the item be deferred to the next meeting.

REPORTS FOR INFORMATION AND NOTING

2009/500 QUARTERLY REPORT: CONTRACTOR AND FINANCIAL SERVICES

Given the economic situation the PCT needed to ensure that non-NHS suppliers were paid as quickly as possible. This would be pursued.

Resolved:

That the report be noted.

2009/501 QUARTERLY REPORT: PERFORMANCE AND OD DIRECTORATE

It was the intention to provide quarterly reports to the Board on Human Resources, the first of which would be presented to the April meeting; the Provider Arm would receive their own full reports. The bulk of reporting would therefore be considered by the Provider Arm Committee, with the Board receiving only exception reports.

Information had been provided on exercises relating to pandemic 'flu and for emergency care in December 2008; there had also been a live incident on 08 December. An overview of emergency planning could be provided if requested. The Strategic Health Authority had indicated its satisfaction with the PCT's response on winter pressures.

Resolved:

That the report be noted.

2009/502 QUARTERLY REPORT: HEALTH IMPROVEMENT DIRECTORATE

The fuel poverty strategy was welcomed and it was explained that this initiative, under the auspices of Birmingham Health and Well-being Partnership, would try to match homes at greatest risk of being poorly heated with people who were most vulnerable, for whom the Local Authority could provide grants and other support. This work would also increasingly be picked up in PRIME. There was approval also for the evidence of a person-centred approach to the delivery of services relating to abnormal smear tests.

It was suggested that the recommendations listed at the end of the report should be included in a separate report to the Board, after passage through the Gateway process.

Resolved:

That the report be noted.

2009/503 QUARTERLY REPORT: PROFESSIONAL SERVICES DIRECTORATE

Resolved:

That the report be noted.

ANY OTHER BUSINESS

2009/504 QUORACY

The question of quoracy when approving recommendations at Board Meetings was raised, including the use of the Chairman's casting vote. It was agreed that this issue would be raised with the Chairman.

DATE OF NEXT MEETING

2009/505 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday 25 February 2009 in the Board Room at Waterlinks House.

Chairman

Date