

# BIRMINGHAM EAST AND NORTH PRIMARY CARE TRUST BOARD

## MINUTES OF THE MEETING HELD AT 1.00 pm on 27 FEBRUARY 2008 IN THE BOARD ROOM, WATERLINKS HOUSE, BIRMINGHAM

### PRESENT

Mrs J Down	Non-Executive Director
Dr Q Fazil	Non-Executive Director
Mr M Ford	Non-Executive Director
Ms N Lloyd	Non-Executive Director
Mr R Miner	Non-Executive Director
Mrs S Nixon	Non-Executive Director
Mr B O'Brien	Non-Executive Director
Mr P Sabapathy	Chairman

Ms N Benge	Interim Director of Health Improvement
Dr M Bhatti	Clinical Director, Clinical Effectiveness
Ms S Christie	Chief Executive
Mr A Donald	Director, Redesign and Commissioning
Ms V Jones	Director of Nursing and Clinical Development
Mrs L Pritchard	Director of Operations
Mr J Simcox	Interim Director of Performance and OD
Dr P Thebridge	Chairman, Professional Executive Committee
Mr J Tringham	Director of Resources
Dr D Wulff	Medical Director

### In Attendance

Ms S Brooks	Communications Manager	
Ms M Paskin	Minutes	
Mr T Ruffell	Deputy Director – Redesign and Commissioning	(part meeting)
Mr W Saleem	Locality Director	(part meeting)
Ms D Shepherd	Staff Side Representative	
Ms H Wood	Head of Corporate Services	

### Apologies

Dr R Mendelsohn	Director, Chronic Diseases Systems
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## PROCEDURAL ISSUES

2008/277 WELCOME

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

2008/278 DECLARATIONS OF INTEREST

There were no new Declarations.

2008/279 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 30 January 2008 were agreed as an accurate record and signed by the Chairman subject to the following amendments:

*2008/262 Chief Executive Report*

The Chief Executive had been acting as National Programme Director for the World Class Commissioning Development Programme.

*2008/273 Quarterly Report: Operations Directorate*

- Community PAS - "... given that phase 2 of the system would be delayed."
- Children and Families/Recruitment and Retention – " .. outstanding issue related to the TUPE'ing of staff to Solihull Care Trust .. "

2008/280 MATTERS ARISING FROM THE PREVIOUS MINUTES

*2007/249 Health Inequalities*

Discussions continued with the Audit Committee who had expressed satisfaction with the approach being taken. The final work programme would focus on the LAA because the indicators needed to be agreed and signed off with Government Office. Once confirmed this would be combined with the health inequalities and joint commissioning work to result in a dual partnership programme. A report would be presented to the Board in due course.

*2008/259 Richmond Primary Care Centre*

Members were reassured that a meeting had also been organised with practices at Stockland Green Health Centre.

*2008/274 Quarterly Report: Redesign and Commissioning*

Information on the proposed wellness programme would be provided to the March Board Meeting.

2008/281 USE OF TRUST SEAL

The seal had been used on documents relating to works to Richmond Road, Stechford.

Resolved:

That the report be noted.

## REPORTS FOR DECISION/APPROVAL

2008/282 DRAFT BIRMINGHAM CHILDREN AND YOUNG PEOPLE'S PLAN  
2008-11

The Children and Young People's Board had commissioned work (Dartington-i) in an attempt to take an outcomes focused approach to improving conditions for children and young people in the city. The biggest issue to emerge had been stress, distress and active mental

ill-health. The plan represented a summary of current position and proposals in terms of a city-wide partnership plan but further work continued on the broader strategy. The following points were made and, where relevant, would be incorporated into the PCT's response:

- The report appeared to be biased towards knowledge and achievement with little mention of enjoyment, whereas the prevailing climate suggested the importance of learning through play.
- There seemed to be a lack of emphasis on preventive mental health services.
- Members asked whether the Young People's Parliament wanted to work with partners on any aspect of the plan; this would be investigated.
- Some concern was expressed about the method used to gain agreement between the various partners to the Plan and about prioritising areas for investment. A risk-based approach might have been helpful.
- A risk stratification model needed to be added. The proposal through Dartington-i was to focus on shifting the outcomes for a significant proportion of the population so that everyone's outcomes improved.
- Greater emphasis was needed on sustainable development.

The City Council had undertaken a number of partnership reviews in the last twelve months and proposals had been written for the re-configuration of children and young people's services. Further consideration would be given to this at the next BSP Programme Board.

Resolved:

That the Board noted the contents of the report and agreed the PCT's response with the addition of relevant comments.

#### 2008/283 REPORT ON THE OUTCOMES FROM THE PUBLIC CONSULTATION ON THE REDESIGN OF END OF LIFE CARE SERVICES AND THE PROPOSED NEXT STEPS

The consultation had been held over 15 weeks closing in early January 2008 and had included a number of public meetings, with varied access points for information gathering. Responses had been measured in quality rather than quantity and had proved powerful in shaping the PCT's views.

A few areas were highlighted:

- Whilst there was support for a range of interventions on health improvement activity it was clearly considered inappropriate for NHS resources to be spent on religious issues.
- There was much information about the poor experience of carers in managing relatives at the end of life and the difficulties of obtaining support. This was also a group who had been omitted from the consultation process.
- A different, more sophisticated, model for care co-ordination would need to be considered involving a number of providers working together. The original proposal relating to district nursing would not be abandoned; however, the design would ensure that an integrated service was provided within reasonable costs.
- The Overview and Scrutiny Committee had judged the process to be successful but thought the PCT could have been more proactive in feeding back to participants. The PCT would therefore be seeking to involve interested parties beyond the consultation.

Resolved:

That the Board:

- Received the report,

- Endorsed the original proposals to develop a range of community based care models for End of Life Care,
- Noted the intention, in developing new models, to review options for the role of care co-ordination in the light of concerns and reservations expressed during the consultation about the capacity of District Nursing Services to undertake this role and to explore alternative commissioning and provider models.

2008/283 REPORT ON THE OUTCOMES FROM THE PUBLIC CONSULTATION ON THE REDESIGN OF INTERMEDIATE CARE SERVICES AND THE FUTURE USE OF SUTTON COTTAGE HOSPITAL

Responses gathered during the consultation period had been analysed independently and demonstrated general support for the quality of services proposed by the PCT. The majority of negative responses had related to the use of single bedded unit but views had changed once respondents had appreciated the intended use for rehabilitation.

A range of services for short-term use of Sutton Cottage Hospital had been suggested, whilst detailed plans for longer-term use to benefit the whole population were prepared. A comprehensive paper would be brought to the Board in due course for formal sign-off.

There had been a feeling at the Patient and Public Involvement Forum that the PCT had not consulted widely enough with service users. The Overview and Scrutiny Committee had also commented on the need for greater clarity in the consultation about future use of Sutton Cottage. These comments had been accepted and would be taken into account in any future consultation exercises. The PCT had also accepted that future documents would need to explain NHS phrases (e.g. intermediate care) in terms that could be understood and which would enable people to participate more easily.

The PCT had, however, completed a successful exercise, involving a wide range of people, with a clear action plan for the relocation of services, a clear plan for utilising the facility vacated by Sutton Cottage in the short term and a plan for the long term.

Discussions also continued with Adults and Communities on a range of joint issues, including the building of a special care centre in Sutton Coldfield. The PCT had confirmed its existing in-principle commitment, subject to a business case, to the development of new joint rehabilitation facilities to be managed as part of the intermediate care infrastructure.

The bed capacity review by Heart of England FT would need to be aligned with the PCT's capacity and investment plans. On a recent census day one third of beds had been occupied by people who had not needed a hospital setting; the PCT would continue to work with the FT on bed availability, demand management and diversion to ensure that only those people in need of an acute medical bed were admitted and those ready for rehabilitation or return home with support could be discharged as quickly as possible. One group of patients might also need convalescence rather than rehabilitation, so more modelling of services would be undertaken.

It was clear that future services would be based of style, scope and model rather than location with more emphasis being given to having services that met specialised needs.

Resolved:

That the Board –

- Received the report on the outcome of the public consultation,

- Endorsed the proposals to relocate bed-based Intermediate Care services to the new Care Centres at Perry Tree and Sheldon Heath, develop the concept of Day Rehabilitation Services and invest in a third Community Rehabilitation Team,
- Support the intention to use space vacated at Sutton Cottage on a short-term basis for a range of community-based services as outlined in Section 5 of this report in order to meet current service needs and to secure continuity of services at the building,
- Support the development of further feasibility studies in conjunction with local GPs, service providers, planners and local interested parties to identify options for the redevelopment of the site for health service provision.

## REPORTS FOR DISCUSSION

### 2008/284 CHIEF EXECUTIVE REPORT

The following points were highlighted:

- Following an interview process, Nicola Benghe had been appointed to the substantive post of Director of Health Improvement. Members of the Board offered their congratulations.
- A more assertive approach was being taken with local providers on the subject of healthcare acquired infections; performance at Heart of England FT was being reviewed and would be raised formally with the FT.

Resolved:

That the report be noted.

### 2008/285 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

Given the focus in World Class Commissioning on the commissioning of primary care, the PEC had begun to consider the role of clinical leadership and would review the appropriateness of its processes and structure at its March meeting.

Resolved:

That the report be noted.

### 2008/286 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE

The Board was reassured that detailed discussion on all issues had been held at the Integrated Governance and Performance Committee.

In particular

- Serious Untoward Incident at Heart of England FT – it was confirmed that the required reassurance about safe procedures for drug administration had been received.
- Quarterly Report: Clinical Quality and Risk Management Group – on the subject of dissemination of NICE guidance, it was confirmed that a demonstration of the system developed within the Professional Services Directorate would be provided to a future Directors Meeting (and possibly Integrated Governance and Performance Committee).

Resolved:

That the report be noted.

## 2008/287 FINANCE AND ACTIVITY REPORT

These were unusual times for a Finance Director, having to manage a surplus and receiving a full assurance for one of the PCT systems.

The Prescribing spend had reduced by £4m between June and December 2007 caused largely by changes in generic drug prices at a national level.

There was still confidence that the surplus could be managed to £3.2m at year end and investigations continued into opportunities for investment for future years.

The challenge for next year would be even greater. The Board had approved discretionary investment of £1.6m of which only £200,000 had been spent owing to the lead-in time for commissioning of services. A report would be provided to the March Board meeting detailing the plans for next year in terms of additional investment

In answer to questions, the following points were made:

- The main acute contracts were expected to over-perform by approximately £4m.
- There were still pressures in elective activity, partly connected with delivering the 18 week target. The contract with Heart of England FT for next year had just been signed and this would be subject to rigorous performance management.
- Pressure was still being maintained on managing demand, e.g. ensuring prior approval.
- The overspend on Complex Care was the result of changes to the continuing care criteria and was still less than the spend in other parts of the West Midlands.
- Better Payments – budget holders would in future be able to order goods on line, which would lead to a smoother process.
- Feed-back on ALE to be provided to the next Board Meeting if available.

Resolved:

That the report be noted.

## 2008/288 PERFORMANCE REPORT

The report had been considered in detail at the Integrated Governance and Performance Committee.

With regard to *Choose and Book*, following work undertaken on the denominator for the target, the percentage was running at approximately 74% of referrals – an improvement from the 51% in December 2007.

The report had been prepared by Jo Thurston (Assistant Director – Integrated Governance and Performance) who would shortly leave the PCT; her replacement would begin on 14 April. The Board recorded its gratitude for Ms Thurston for her contribution to the work of the Directorate.

Resolved:

That the report be noted.

## 2008/289 LOCAL GOVERNMENT AND PUBLIC INVOLVEMENT IN HEALTH ACT

The report had been provided as information for all PCT Boards because of its implications for the LAA and the mechanisms for patient and public involvement.

Government Office was pleased with progress in Birmingham but there were still difficulties with information requirements and unclear data sets. The PCT would need to reflect on the information that needed to be tracked consistently (through Integrated Governance and Performance Committee) and that which needed to be escalated in the event of changes; trying to track everything could lead to missing important issues. The focus in recent years had also been on national performance targets and there would in future be more focus on improving internal metrics to help teams better manage their own performance.

The Local Government and Public Involvement in Health Act would cover the abolition of PPIs and establish LINKs (Local Information Networks) but would mean a six month hiatus whilst the PCT procured an effective alternative. Interim arrangements had been agreed to maintain some existing PPI.

Members had so far just seen the LAA indicators for which the PCT would be accountable (not the full LAA). Infant mortality would continue to be tracked specifically; and, although there was no specific target for alcohol, a range of initiatives had been included in an *Alcohol Plan* aimed at adults and young people.

Resolved:

That the Board –

- Noted the statutory requirements and the LAA guidance,
- Noted the implications in relation to expectations of being the “leader of the local health economy”,
- Supported the proposed indicators for the LAA 2008-11.

## REPORTS FOR INFORMATION AND NOTING

### 2008/290 QUARTERLY REPORT: PROFESSIONAL SERVICES

The following items were noted:

- Members questioned the benefit to the PCT of the invitation to Swedish and Finnish clinicians to visit and were reassured that this would result in shared learning.
- Assurance was provided that a report on the Healthcare Commission visit to Heartlands Hospital would be presented in due course to the Integrated Governance and Performance Committee.

Resolved:

That the report be noted.

### 2008/291 QUARTERLY REPORT: WEST MIDLANDS SPECIALISED COMMISSIONING GROUP

Members were informed that the PCT would take a lead role on MSU independent sector provision.

Resolved:

That the report be noted.

### 2008/292 QUARTERLY REPORT: BPCSSA ICT SERVICE

Further investigation would be undertaken of staff use of certain favoured websites.

Resolved:  
That the report be noted.

**DATE OF NEXT MEETING**

2008/293    DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday, 19 March 2008, in the Board Room at Waterlinks House.

Chairman .....

Date .....