

BIRMINGHAM EAST AND NORTH PRIMARY CARE TRUST BOARD

MINUTES OF THE MEETING HELD AT 1.50 pm on 25 MARCH 2009 IN THE BOARD ROOM, WATERLINKS HOUSE, BIRMINGHAM

PRESENT

Mr P Sabapathy CBE	Chairman	
Mrs J Down	Non-Executive Director	
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 Bengé	Director of Health Improvement	(part meeting)
Dr M Bhatti	Clinical Director, Clinical Effectiveness	
Ms S Christie	Chief Executive	
Mr A Donald	Chief Operating Officer	(part meeting)
Dr P Thebridge	Chairman, Professional Executive Committee	
Mr J Tringham	Director of Resources	

In Attendance

Ms S Brooks	Acting Head of Communications and Involvement
Mr S German	Director of Process Improvement
Dr R Mendelsohn	Director, Chronic Disease Systems
Ms M Moore	Interim Director, Operations
Ms M Paskin	Minutes
Mr M Wiltshire	Director of Estates and Facilities
Ms H Wood	Head of Corporate Services

Apologies

Ms V Jones	Director of Nursing and Clinical Development
Mrs L Pritchard	Director of Performance and OD
Mr A Reedman	Acting Director, Strategy and Redesign
Ms D Shepherd	Staff Side Representative
Dr D Wulff	Medical Director

PROCEDURAL ISSUES

2009/526 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.

Congratulations were given to the Board following the recent announcement by the HSJ that BEN was the best PCT in the country (although on other scores in the top few).

Members were informed that a recommendation had been made to the Appointments Commission about the Chair for the Audit Committee; the outcome was expected on 01 April.

2009/527 DECLARATIONS OF INTEREST

There were no declarations of interest.

2009/528 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 25 February 2009 were agreed as an accurate record and signed by the Chairman.

2009/529 MATTERS ARISING FROM THE PREVIOUS MINUTES

2008/426 SSDP

It was agreed that a status report would be provided at the next Board Meeting.

2008/462 Chief Executive Report (October 2008)

Birmingham Children's Hospital NHS Foundation Trust: the Healthcare Commission report had been published and was available on the HCC website. The twelve recommendations were all covered in the existing action plan.

2008/474 Birmingham LAA 2008-11

The Birmingham Health and Well-being Partnership Business Plan included proposals on the city-wide work on tackling obesity. A meeting would be organised outside the Board to check progress.

2009/504 Any Other Business: Quoracy

Investigations were continuing on the right balance of participation in the event of a vote being taken.

2009/497 PRIME Baseline Priorities

A report would be provided to the April Board on progress with the programme.

2009/530 USE OF TRUST SEAL

Resolved:

That the report be noted.

REPORTS FOR DECISION/APPROVAL

2009/531 STANDING ORDERS, RESERVATION AND DELEGATION OF POWERS AND STANDING FINANCIAL INSTRUCTIONS

Minor amendments had been made to the Standing Orders, etc. to take account of the Provider Arm Committee and (a) to ensure consistency with the West Midlands Specialised

Commissioning Team scheme of delegation and (b) to provide clarity about authorisation for entering into contracts and signing off expenses. Only amended pages had been provided.

Resolved:

That the Board adopted the revised documents.

2009/532 OPERATIONAL PLAN – 2009/10 (FINAL DRAFT)

A number of minor amendments were suggested:

- Stechford to be spelled correctly.
- Intermediate Care: to read “.. two new Care Centres (Ann Marie Howes and Perry Trees) in Sheldon and Perry Common .. ”

In the section on Performance, one particular area of focus had been A&E and the PCT (and Heart of England FT) had been invited to attend a meeting on this subject with the Strategic Health Authority. It was noted that a Medical Assessment Unit had recently opened at Good Hope and the resulting figures had shown a significant improvement.

Resolved:

That the Board approved the Operational Plan.

2009/533 FINANCIAL PLANS 2009/2010

Attention was drawn to the following points:

- Level of growth for 2009/10: the original assumption had been 6.3% which had been revised to 5.5% resulting in £5m less resources.
- The Strategic Health authority had decided all PCTs should have a surplus of .5% but, rather than destabilising the economy, had agreed a three-year move to achieve this. This meant a control target of £2.4m for BEN. This would still provide a buffer but represented a change to the Financial Plan.
- Contract values had been agreed with Heart of England FT which had presented a challenge given the tariff was published just three weeks before the contracts were finalised. It would be important for the PCT to monitor this contract closely to ensure there was no slippage on implementing strategic initiatives which could lead to over-performance. The performance level had been predicated on 2200 admissions being reduced; if the reductions were not achieved (e.g. through Birmingham OwnHealth), other options would need to be considered. The PCT would use a range of ways to communicate with GPs so they understood the importance of this proposed reduction and these would become increasingly sophisticated as *GP My Practice* was developed.
- Contingency: only £1m was held so in-year pressures would need to be managed by underspends in other areas.
- International Financial Reporting Standards would have a marginal impact on affordability for LIFT schemes; because of the way they were accounted for, they were more expensive in the first ten years and less expensive in the final ten years.

Resolved:

That the Board approved the application of financial resources available to the PCT in 2009/2010.

2009/534 BIRMINGHAM HEALTH AND WELL-BEING PARTNERSHIP:
BUSINESS PLAN 2009-2011

The Business Plan reflected a programme of collaborative work between Adults and Communities, the Housing Department and PCTs. It contained detail of work profiled at Summit sessions and was equivalent to the PCT's Operational Plan. It was grounded in the Local Area Agreement and had three other areas of work related to personalised care, commissioning commitments and infrastructure for engagement.

A key area for focus was the Joint Strategic Needs Assessment, an area where Birmingham had performed poorly in terms of World Class Commissioning. The Strategic Health Authority had recognised the PRIME programme and approach to needs assessment; this work would be picked up by the BHWP Director of Public Health who was keen to extend the typologies and baseline information elements across the city.

In answer to questions the following points were made:

- Individualised Budgets: these had historically been concentrated in adult social care. Considerable progress had been made within Adults and Communities to maximise the benefits of individual budgets. The PCT was investigating a matching pilot for that type of personalised approach in the NHS.
- Financial Governance: The PCT was reviewing all overheads to ensure it had taken account of all attributions for financial support, HR support, back-office functions, etc.

Resolved:

That the Board approved the Business Plan.

2009/535 WORLD CLASS COMMISSIONING SUMMARY

Common themes were emerging from the assurance process – as discussed during a recent Core Cities conference call – where there might be value in collaborating on shared development or additional support. One area was competency in procurement; following a knowledge exchange day with Bristol who shared experience of being part of a Department of Health pilot on market management and procurement, it was hoped there could be more shared learning or joint working. Another area was competency in contract management; Sheffield had offered to pursue a work stream on (a) sharing intelligence from learning about commissioning from large foundation trusts and (b) using contracts to full effect.

Resolved:

That the Board approved the report.

REPORTS FOR DISCUSSION

2009/536 CHIEF EXECUTIVE REPORT

The following issues were highlighted:

- Birmingham Children's Hospital Trust
Some common themes had emerged from two recent Healthcare Commission reports – on Mid-Staffordshire NHS Foundation Trust and Birmingham Children's Hospital NHS Foundation Trust, i.e. leadership, engagement, Board level overview and assurance. A

lack of curiosity at all levels of the organisations was also noted and the importance of ensuring systems remained curious and open, and learned from incidents/near misses.

The Trust's response to the paper prepared by the Tertiary Paediatric Clinical Review Group had been reassuring. It was clear that the management of risk and quality and safety concerns had been taken seriously. It had, however, been made explicit that their Board's response to quality and safety, and their OD agenda in terms of a culture of openness and curiosity would be closely monitored.

- This in turn highlighted the importance of Serious Untoward Incident (SUI) reports and also the need to undertake physical walk-rounds of wards, etc.
- *Back to the Floor Visits*

The need to draw a distinction between assurance for services provided by the PCT and for those it commissioned was noted. With the demise of Community Health Councils there had been no statutory body with the right to visit NHS premises although this might now be resolved with LINKs. It was suggested that formal clinical governance visits and contract performance reviews might provide opportunities for Non-Executive Directors (perhaps with Clinical Directors) to participate.

Resolved:

That the report be noted.

2009/537 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

The principal concern of the PEC had been reinvigoration of practice-based commissioning. Events would be held in April and May, and a team would visit each Locality Board to provide a presentation on the subject. The main issue identified had been the need to obtain a clear understanding of the disparate worlds of the PCT and general practice and the development of a bridge between the two.

Clinical engagement had been identified as a strength in the PCT's World Class Commissioning assurance report but it was obvious that the transition into a larger PCT with a greater number of practices, and the move to a Locality structure, had not improved the position.

Resolved:

That the report be noted.

2009/538 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE

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

- The Corporate Risk Register would be simplified to contain only key/strategic risks with other matters being dealt with at Directorate level. It was noted, however, that items of particular importance should still be brought to the attention of the IG&P. The imposition of a Carbon Tax in a few years' time and its possible addition to the Corporate Risk Register was noted.
- Performance Report: a helpful presentation had been provided on the Performance Accelerator which gave real-time information.

Resolved:

That the report be noted.

2009/539 FINANCE AND ACTIVITY REPORT

The following issues were highlighted:

- The PCT was making steady progress towards its year end target of a £1.9m surplus. A position had been agreed with Heart of England FT which meant that the element of risk associated with that had been removed and, with the year end only six days away, the general level of risk was reduced.
- Over-performance on the contract with Heart of England FT had been mitigated by actions taken by the PCT during the year, which emphasized the need to monitor the contract closely.
- The PCT had written to all commissioners setting out the likely position with regard to growth in two years time, explaining the need for disinvestment before new investment, and requesting assurance that relevant systems would be in place to remove appropriate investment.
- Balance Sheet reconciliation – cash had been drawn down in line with the PCT's profile. Extra cash had been received on the last day of the month from a neighbouring PCT who had not provided notice, thus unexpected cash had been lodged in the bank account.
- Outlook for the Year – the change in method of calculation (i.e. cost to the PCT of patients occupying a bed on 31 March) represented a reduction in cost. In future the PCT would use Heart of England FT's methodology.

Resolved:

That the report be noted.

2009/540 PERFORMANCE REPORT

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

- Smoking Four week Quitters
The PCT was not performing as well as it had last year and social marketing had not provided the anticipated results. Traditionally the period between January and March was a peak quit period but since this pattern appeared to have changed new models would be employed next year. It was difficult to compare the PCT with similar organisations because prevalence data was not available; a move to that system of reporting would probably be made in two years' time. Given the present rise in unemployment it was likely that more people would begin to smoke. It was hoped that the PRIME programme would enable the targeting of heavy smokers next year and, although this would not fit with the national target, it would fit with the PCT's strategy to reduce prevalence.
- Chlamydia
All the good practice suggested by the National Support Team had been implemented. The PCT continued to promote screening and there had been a massive improvement across Birmingham during the year. It was probable that BEN's population had been covered but that the numbers would be included in South Birmingham's figures since young people often visited clinics in different areas.

Resolved:

That the report be noted.

2009/541 AUDIT COMMITTEE ANNUAL REPORT

The report had set out the responsibilities of the Audit Committee and the steps taken by the PCT to fulfil those responsibilities.

Members were reminded that the ALE system would be changing and it was unlikely the PCT would score as highly next year when there would be much greater emphasis on *Use of Resources*.

Resolved:
That the report be noted.

REPORTS FOR INFORMATION AND NOTING

2009/542 QUARTERLY REPORT: WEST MIDLANDS SPECIALISED
COMMISSIONING TEAM

Resolved:
That the report be noted.

2009/543 BPCSSA IT SERVICE

Resolved:
That the report be noted.

2009/544 UPDATE REPORT OF THE TERTIARY PAEDIATRIC CLINICAL
PERFORMANCE TASK GROUP IN RELATION TO SPECIALISED
SERVICES AT BIRMINGHAM CHILDREN'S HOSPITAL NHS
FOUNDATION TRUST

Resolved:
That the report be noted.

2009/545 PROVIDER ARM REPORT

Resolved:
That the report be noted.

DATE OF NEXT MEETING

2009/546 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday 22 April 2009 in the Board Room at Waterlinks House.

Chairman Date