

NHS BIRMINGHAM EAST AND NORTH BOARD

MINUTES OF THE MEETING HELD AT
1.00 pm on 29 JULY 2009
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	
Mrs S Nixon	Non-Executive Director	
Mr B O'Brien	Non-Executive Director	
Mr M Smith	Non-Executive Director	
Ms N Bengé	Director of Health Improvement	(part meeting)
Mr A Donald	Chief Operating Officer	
Ms V Jones	Director of Nursing and Clinical Development	
Mr J Tringham	Director of Resources	

In Attendance

Ms S Brooks	Acting Head of Communications and Involvement	
Mr P Cox	Vista Consulting – Observer	
Mr S German	Director of Process Improvement	
Ms C Hopkins	Service Director, Strategy and Commissioning	(part meeting)
	Children, Young People and Families Directorate, BCC	
Dr R Mendelsohn	Director, Chronic Disease Systems	
Ms M Paskin	Minutes	
Mrs L Pritchard	Director of Performance and OD	
Ms H Wood	Head of Corporate Services	
Dr D Wulff	Medical Director	

Apologies

Ms S Christie	Chief Executive
Mrs J Down	Non-Executive Director
Dr M Bhatti	Clinical Director, Clinical Effectiveness and Safety
Mr R Miner	Non-Executive Director
Ms D Shepherd	Staff Side Representative
Dr P Thebridge	Chairman, Professional Executive Committee

PROCEDURAL ISSUES

2009/611 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.

Mr Michael Smith, newly-appointed Non-Executive Director, was welcomed to his first PCT meeting.

2009/612 DECLARATIONS OF INTEREST

There were no declarations of interest.

2009/613 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 24 June 2009 were agreed as an accurate record and signed by the Chairman subject to the following amendments:

2009/598 Finance and Activity Report Period Ending 31 May 2009

"A meeting had been organised between Finance and Strategy and Redesign Directorates to clarify the status of each scheme and provide an understanding of the capacity that could be delivered."

2009/604 Annual Report: Directorate of Infection Prevention And Control

- Work done to reduce antibiotic prescribing had contributed to a reduction in MRSA and C.diff infections.

2009/614 MATTERS ARISING FROM THE PREVIOUS MINUTES

2009/586 Quarterly Report: Estates and Facilities

Richmond Primary Care Centre premises had been being used as a 'Flu Treatment/Assessment Centre and from 23 July as an anti-viral collection point (ACP). No date was available for the official opening although this would need to be before 01 December 2009 when the PCT had a contractual obligation to sell the existing GP premises.

2009/593 (Matters Arising 2009/582) – Child Protection Annual Report

Progress was being made on the circulation of the leaflet to voluntary organisation.

2009/601 Annual Report

The Annual General Meeting held on 23 July had been very successful and the Board recorded its gratitude to all concerned.

2009/608 Flash Report: Community Health Services

The question of lay membership for the CHS Committee would be pursued with the Chief Executive and Committee Chair.

2009/609 Question from Member of the Public

It was confirmed information on teenage pregnancies had been forwarded to Mr Green.

The Chairman reminded Directors of the need to complete the *Comments* column of the Matters Arising sheet for all items.

2009/615 USE OF TRUST SEAL

It was agreed that, where appropriate, a note would be added to future reports of the dates on which decisions had been taken.

Resolved:
That the report be noted.

PRESENTATION

A brief presentation on *Brighter Futures* was provided by Ms C Hopkins, copy of slides attached.

In answer to questions the following points were made:

- To measure outcomes the information would be broken down into areas in need of improvement. The example of behavioural difficulties bordering on conduct disorder was given, where Birmingham's figures were approximately three times the national average. A two-pronged approach would be taken to this; first a year-on-year survey would provide trend data to show where impact was being made over time; second, where children were placed in the *Incredible Years* Programme, longitudinal status would be measured.

Outcomes alone would not provide information, measures were needed to demonstrate that behaviour was being changed. The Family Nurse Partnership Programme was excellent in terms of outcomes; literacy, behaviour, etc., of children could be measured over time. A presentation on the FNPP would be given to Non-Executive Directors in September by the Director of Nursing and Clinical Development.

- The transition of children into adult services remained an issue. The City Council had specific duties for some children up to 25, the age at which evidence suggested that the development of the brain could be influenced. Focus had been concentrated so far on the early years and the evidence base in terms of transition was still to be pursued.
- In terms of neighbourhood work, the Council was looking at epidemiology and "hot spots" for behaviour, etc., so pilots could be matched to areas of need. They were also looking at a more public health type approach – about awareness raising, positive parenting – and how this could be aligned with neighbourhood priorities.
- One of the most difficult problems encountered was the tendency of staff and partners to set up projects without first researching the evidence base. If there was no such base then there needed to be robust evaluation.
- The most important task was safeguarding at all practitioner levels to ensure children were safe in Birmingham and this involved many challenges in terms of recruitment, retention and competences of staff. Although the Council was aware it was the subject of a Government Improvement Notice, it would need to balance the requirements of this intervention with the need to develop a long-term vision. Hackney was now regarded as a model for child protection services; there they had small teams with a consultant social worker co-ordinating a number of professionals with responsibility for a number of children. There were also a few areas in the city

carrying out joint screening for domestic violence, where Police and social workers in three Police stations received all referrals.

- A question was asked about SureStart which had been a Government initiative implemented without a solid evidence base. Evaluation had in due course shown that it did not reach the most needy children and young people and in some cases even had a detrimental effect on some communities. SureStart pump-priming had been incorporated into Local Authority budgets and the legacy had been a number of Children's Centres where work was under-way to develop better programmes of work (e.g. incredible years programme). It was the case that sometimes outcomes were not visible for many years and in those cases proxy indicators were needed to show that schemes were on the right trajectory.
- Data relating to children would be fed into the JSNA (Joint Strategic Needs Assessment) so that it would be available to PCTs.

REPORTS FOR DECISION/APPROVAL

2009/616 PATIENT AND PUBLIC INVOLVEMENT STANDARDS

A draft set of Standards had been in place earlier in the year which had been further developed through Birmingham Health and Well-being Partnership. An easy-to-read version had also been produced following feed-back from users and carers.

Resolved:

That the Board ratified the Standards so that these could be agreed across the wider partners for each organisation.

REPORTS FOR DISCUSSION

2009/617 CHIEF EXECUTIVE REPORT

The Board noted the previously circulated report and recorded its appreciation of the work undertaken during the swine 'flu outbreak by all sectors of the PCT, particularly the Health Improvement Directorate and the Performance and OD Directorate.

Resolved:

That the report be noted.

2009/618 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

The following issues were highlighted:

- All Localities would have held meetings with the Director of Resources/Deputy, the PEC Chair and the Chief Operating Officer by the end of August to confirm their proposals. The development of Practice-based Commissioning in the PCT would be based on the national framework, developing a model which would mean GPs would be given incentives.
- The Midland Medical Partnership (MMP) had proposed to undertake PbC by concentrating on just two or three things. All the Localities had indicated engagement

with PbC in different ways and each would have a performance and partnership agreement with the PCT that set out the terms of the relationship.

Resolved:

That the report be noted.

2009/619 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE – MEETING HELD ON 15 JULY 2009

The following highlights from the meeting were noted:

- An update on maternity services and the Quality Care Commission's likely request for the PCT to provide a turn-round report in October.
- An ICT update; assurance had been provided that the PCT was clear of viruses and a report on the infrastructure would follow.
- A flash report on the 'flu pandemic in the form of a report given to the Overview and Scrutiny Committee on 02 July.
- The Assurance Framework and Corporate Risk Register had been reviewed. It was in the process of being revised so IG&P could be assured the PCT would achieve its strategic goals. The Auditors had also reviewed this and would finalise their comments by October 2009.
- There had been a discussion about Birmingham OwnHealth and numbers; further information would be available at the September meeting.
- IG&P was eager to ensure that impetus was maintained on achieving targets and this would continue to be a focus for consideration.
- A Quality and Safety report which had outlined a change in some rules relating to the complaints process. The PCT needed to be aware of these changes and it was suggested that a future training session for Board/NEDs might be organised so that the complexities could be fully appreciated.
- A lengthy debate had been held on financial issues particularly the strategic implications of achieving targets in a zero growth situation that was likely to worsen in the next financial year. Queries on emergency admissions and over activity at Heart of England Foundation Trust (HoEFT) had been addressed and officers had subsequently given a detailed report on a number of measures, which had helped clarify the situation. IG&P was keen to ensure that monitoring was robust and that strategic measures agreed at the beginning of the year were successful. It was mindful that HoEFT over-performance was a significant factor in the PCT's financial position and conscious that HoEFT was aware of this situation. Regular reports would continue to be made to IG&P on all areas of financial activity.
- A monthly performance report in which the HoEFT situation had again been implicated. An Improvement Notice had been issued, following which the first quarter of A&E targets had been achieved. Ambulance Service category A response times had deteriorated and a review meeting would be held next month.
- There had been discussion about GP referrals to secondary care where it was felt the PCT needed to exercise control over issues relating to PbC. Minor changes in reporting were also expected.
- Urgent care capacity; an update had been provided which showed that most calls resulted from severe weather, levels of communicable disease and hospitals focusing on 18 week referrals.
- A framework was being shaped to enable the PCT to manage services commissioned in respect of performance, quality and safety. Given the Mid Staffs position the PCT needed to look at this document carefully to ensure a consistent approach.

- A report was provided on the Richmond Primary Care Centre. Assurance was given that the PCT's independent advisers felt value for money had been achieved. Other issues were on target, e.g. signing up GPs.
- A number of other items had been received for information – project Gateway reports, Local Security Management Specialist, NICE End of Life Drugs Policy, Core Standards Q1 (which confirmed that both commissioning and Community Health Services were fully compliant).

2009/620 FINANCE AND ACTIVITY REPORT PERIOD ENDING 30 JUNE 2009

The position after three months of the financial year was a £900,000 overspend. The key element of this was over-performance on the HoEFT contract, although only two months of validated data were available. This had been mainly driven by emergency admissions which were actually 2.8% lower than at the same time last year. The PCT's plan was based on a 10% lower activity level than last year so it was clear that the strategic initiatives were having an impact even though not to the extent to which the contract value had been reduced. There was also a general increase in emergency activity nationally. There were well-established contract monitoring meetings and the PCT had also set up an internal group to examine performance in detail.

Other areas of the portfolio showed significant variations at Month 3, e.g. GP prescribing with a variance of £.3m for the year to date. Community Health Services were also underspending by £.5m for the year mainly as a result of unfilled vacancies.

There was a planned investment of £19m for strategic initiatives; these were currently underspending by £200,000 per calendar month. The pressure would be maintained to invest in these initiatives so that the PCT could deliver its strategy; no further slippage was therefore planned.

If activity at HoEFT continued at the same level, there would potentially be a £10m overspend. This, however, did not take account of the impact of the initiatives already started or planned and there were early indications that prescribing, CHS and management costs would be underspent for the year. Over the coming weeks all areas of the PCT's portfolio would be scrutinised and a revised forecast for the year would be discussed at the meeting of Board Members in August.

Resolved:

That the report be noted.

2009/621 PERFORMANCE REPORT

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

- *Planned Activity* should read 2009/10 (pages 7-12).
- As there was no narrative for some targets, it was proposed that leads would be reassigned to ensure alignment with strategic initiatives
- The source of data on GP referrals would be investigated since to the casual eye it did not look correct.
- A&E target. The PCT had met this because it had included urgent care centre walk-in activity. A plan from HoEFT to tackle emergency admissions had been agreed with Monitor and was discussed at the last Emergency Care Network (ECN) meeting.

- The figures in terms of decreasing Ambulance Category A response times were disappointing. This had also been raised at ECN and short term corrective measures had been introduced. An independent review of Ambulance Services was being undertaken from which a number of recommendations were expected.
- The PCT had achieved its smoking quit target.
- A number of other themes, e.g. Chlamydia targets, and related plans for the financial year would be discussed at the meeting of Board Members on 19 August.
- Work would continue on Immunisation targets particularly with the Child Health team at South Birmingham to see what could be done in terms of the system of data recording. It was appreciated there were problems with data flows rather than with children not being immunised; one system showed that GPs were performing reasonably well whilst Child Health provided the cover data on which the PCT was performance monitored - and the two systems were not synchronised. Detailed information on this issue was requested for the September Board Meeting.
- The scorecard included those targets on which the PCT was measured; there was an equivalent scorecard for each commissioned service, e.g. MH Trust and Community Services, which would be introduced as part of the framework agreed by IG&P.

Resolved:

That the report be noted.

2009/622 AUDIT COMMITTEE – MINUTES OF MEETINGS HELD ON 09 APRIL, 22 APRIL AND 04 JUNE 2009

It was suggested that, with reference to management costs increasing from £24 to £30 per head of population, a note should in future be included about the reason and the action being taken to monitor such costs on a regular basis. The recently-published Annual Report had highlighted this information and provided an explanation of the risks. It was also clear from information supplied by the Strategic Health Authority that the PCT compared favourably when benchmarked against other PCTs. It was agreed that an analysis of the management costs benchmarked across the NHS West Midlands would be emailed to Board Members.

Resolved:

That the report be noted.

2009/623 AUDIT COMMITTEE – REPORT ON MEETING HELD ON 02 JULY 2009

Resolved:

That the Board noted the report.

2009/624 NATIONAL TOTAL PLACE PILOT

The report, prepared for the BeBirmingham Strategic Partnership and outlining the programme in terms of a national pilot, arose from the recommendations of the Bichard Report, which had looked at better use of money/productivity in public service spend. The Partnership challenge would be to align central Government and local agencies and use more effectively to deliver services and standards for local neighbourhoods. Money would be spent more proactively on the needs and expectations of the local community, and outcomes would be measured on that premise rather than 'one size fits all'. Birmingham was one of 13 pilots and the programme outlined how the programme could be rolled out across the city.

The pilot area would be in the Eastern quadrant, the area between Millennium Point and Birmingham Airport and mainly focused on Poolway. It was intended to bring services together to change the culture and environment in which people lived to enable them to have better economic prospects, education, housing, health and life-style opportunities. There was a significantly different approach to regeneration, being about communities and not just individuals. This was a very innovative approach and the PCT's Chief Executive was leading on the Total Communities element which was supported by partner agencies and external providers.

Resolved:

That the Board noted the contents of the report and supported NHS Birmingham East and North in active leadership and participation in the Total Place Initiative to achieve better value for money and address long-standing disadvantage. The Board also noted that the PCT played a leadership role in respect of the total community element which would be targeted on its patch and was host of the Joint Commissioning for Learning Disabilities and Mental Health with Birmingham City Council.

2009/625 FLASH REPORT – SWINE 'FLU

A number of issues were highlighted:

- An anti-viral collection (ACP) point in addition to the previously commissioned 'flu treatment service and helpline was commissioned and set up within 48 hours. The average activity was around 200 people a day. Consideration was being given to the opening of another ACP and the model to be used; there were inherent risks in using approx 110 staff for this purpose each week - about 20% of overall staff.
- Two systems had been overlaid in Birmingham to ensure sufficient access points, i.e. a 'Flu Treatment centre at the Richmond Primary Care Centre and designated pharmacies.
- The Richmond Centre was open late and thus attracted people from different areas. PCT staff were commended for their efforts at this centre which had impacted positively on use of both general practice and A&E Departments.
- A key responsibility would be vaccinating health and social care staff.
- It was hoped that the bulk of the costs, i.e. for the vaccine, would be picked up centrally
- Agreement had been reached that Ms L Laine (Deputy Director of Nursing) would continue to work part-time in support of Community Health Services because of difficulties with filling her post.

Resolved:

That the report be noted.

2009/626 FLASH REPORT – COMMUNITY HEALTH SERVICES

Resolved:

That the report be noted.

REPORTS FOR INFORMATION AND NOTING

2009/627 QUARTERLY REPORT: PERFORMANCE AND OD

It was suggested that for future reports it would be helpful to have trends in terms of PALS enquiries.

Resolved:
That the report be noted.

2009/628 QUARTERLY REPORT: HEALTH IMPROVEMENT

A number of points were made:

- The Expert Patient Programme had a good team, well supported by volunteer tutors. Diversification in terms of different programmes was being investigated as well as new buildings and improved resources for expert patient sessions.
- A major social marketing campaign would begin in September, through the PRIME programme; it would be interesting to see the impact of this in difficult-to-reach communities. Efforts would be made this year to even out the trajectory for smoking cessation but there would inevitably be a peak at year-end because of the method of data collection. Smoking cessation advisers were working in Localities to persuade practices not just to signpost patients but to provide services themselves. It was often difficult to convince GPs in Washwood Heath and Bordesley Green that smoking in the population was a problem.
- It was suggested that young people did not see the use of Shisha as a health problem (and perhaps did not realise it was illegal) and this message needed to be widely disseminated.
- Historically Kingstanding was an area of high teenage pregnancy with poor access to services. A centre was about to open in Erdington specifically targeting sexual health services to a young population and it was hoped this would make a significant impact.

Resolved:
That the report be noted.

2009/629 QUARTERLY REPORT: CONTRACTOR AND FINANCIAL SERVICES

Resolved:
That the report be noted.

2009/630 ANY OTHER BUSINESS

The thanks of Board Members were noted for the hard work by employees celebrated at the recent Annual General Meeting.

Resolved:
That the report be noted.

DATE OF NEXT MEETING

2009/631 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday 30 September 2009 in the Board Room at Waterlinks House. A meeting of Members of the Board would also be held on 19 August.

Chairman

Date