

NHS BIRMINGHAM EAST AND NORTH BOARD

MINUTES OF THE MEETING HELD AT
1.15 pm on 30 SEPTEMBER 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 M Smith	Non-Executive Director
Dr M Bhatti	Clinical Director, Clinical Effectiveness and Safety
Ms S Christie	Chief Executive
Mr A Donald	Chief Operating Officer
Ms V Jones	Director of Nursing and Clinical Development
Dr P Thebridge	Chairman, Professional Executive Committee
Mr J Tringham	Director of Resources

In Attendance

Ms J Beedon	Vista Consulting	
Ms S Brooks	Interim Head of Communications and Involvement	
Mr S German	Director of Process Improvement	
Dr R Mendelsohn	Director – Chronic Disease Systems	
Ms C Nolan	Locality Director	(part meeting)
Ms M Paskin	Minutes	
Mr K Pople	Finnamores	
Ms S Waddington	Mills and Reeve	
Ms H Wood	Head of Corporate Services	
Dr D Wulff	Medical Director	

Apologies

Ms N Bengé	Director of Health Improvement
Mr B O'Brien	Non-Executive Director
Mrs L Pritchard	Director of Performance and OD
Mr A Reedman	Interim Director – Strategy and Redesign

PROCEDURAL ISSUES

2009/632 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.

2009/633 DECLARATIONS OF INTEREST

There were no declarations of interest.

2009/634 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 29 July 2009 were agreed as an accurate record and signed by the Chairman.

2009/635 MATTERS ARISING FROM THE PREVIOUS MINUTES

2009/586 Quarterly Report: Estates and Facilities

GPs would be moving into the Richmond Primary Care Centre on 02 November 2009. Discussions continued with LiftCo about the official opening date.

2009/602 Progress and Risks for Comprehensive Area Agreement

Following a meeting with Birmingham City Council's Chief Executive an outline Programme Board had been agreed for the Total Place Project and the target areas were being defined (essentially Shard End and Kitts Green). This would provide an opportunity to provide investment and focus on a disadvantaged area. It was hoped that more detail could be provided at the October or November Board.

2009/619 Report of IG&P

The proposed session for NEDs on quality and safety would be pursued.

2009/636 USE OF TRUST SEAL

Dr Thebridge declared an interest in one of the items noted.

Resolved:

That the report be noted.

REPORTS FOR DECISION/APPROVAL

2009/637 STRATEGY FOR THE COMMISSIONING OF URGENT CARE SERVICES FOR BEN PCT

Key streams of work were highlighted –

- the attempt to achieve co-ordinated and consistent models across the system including a single point of access;
- extending primary care provision, e.g. a second Urgent Care Centre in Washwood Heath - planned to open in the first/second week in December;
- a primary care discharge unit at Good Hope which would try to prevent emergency admissions;
- work with Primary Care Commissioning on GP access;
- work with the Communications Department trying to simplify self-care information for patients.

National work was being undertaken to provide a single point of access (a 111 number) and some concern was expressed that patients might be confused about how to access services. This work would be co-ordinated at West Midlands level and consisted of developing a directory of services with real-time information. It was hoped that messages could be communicated to the public on a regular basis and evidence from last winter demonstrated this had been successful.

Resolved:

That the Board supported and approved the Commissioning Strategy for Urgent Care.

2009/638 JOINT COMMISSIONING OF ADULT AND OLDER ADULT MENTAL HEALTH SERVICES

[Ms S Nixon declared an interest]

The Boards of Heart of Birmingham (Teaching) and NHS South Birmingham had already approved the document, which had incorporated comments on previous versions.

The PCT's Standing Financial Instructions would need to be amended in line with the arrangements; Schedule 4 of the Establishment Agreement would also need to be amended to satisfy the requirement for all Boards to apply a Scheme of Delegation.

The Establishment Agreement described the range of services to be provided by the host PCT but there was concern it did not specify the charges to be levied on other PCTs, although the principle of cost-sharing had been agreed. Schedule 4 referred to the costs of the joint commissioning team but not the costs incurred through provision of financial services, HR support, etc. It was agreed, therefore, that approval would be granted for the partnership and governance elements of the Agreement but the issue of Schedule 4 - full recovery of on-costs associated with hosting – would need to be resolved.

Resolved:

That the Board approved the Establishment Agreement with the exception of Schedule 4 - full recovery of on-costs associated with hosting – which would need to be resolved.

REPORTS FOR DISCUSSION

2009/639 CHIEF EXECUTIVE REPORT

The following areas were highlighted:

- The Chief Executive had attended a whole-day resilience test on pandemic 'flu planning which had been based on the 1918 'flu outbreak. This had demonstrated that a similar pandemic would result in NHS staff managing nothing other than 'flu. As an employer the PCT would need to –
 - reassure any staff who were asked to work beyond their usual levels of competence that it would meet any associated liabilities,
 - suspend the European Working Time Directive,
 - give critical consideration to expectations on overtime and sickness absence.

The PCT would continue to refresh its business continuity/preparedness plans. There had recently been a small rise in the number of cases and the figures were tracked

closely. The Health Protection Agency reported that a pandemic 'flu outbreak would be confirmed by Week 4 – the point at which elective surgery would need to be suspended.

The current cases of 'flu were not serious and the mortality rate remained at approximately 0.1%, much lower than the rates for either heart disease or diabetes.

- A 24 hour organisational development event had been held recently on PRIME (copies of the summary flyer giving an overview of some elements of the programme had been tabled). The Strategic Partnering Board had received the Programme Manager's report and plans were in hand to provide this in a shorter, more concise, format. The typologies tool was now available and being used to drive social marketing campaigns, including the recent campaign to target smoking males aged 35-55. It was noted that the campaign had received a good deal of press and public interest. Work was progressing well on relationship and knowledge management following extensive discussions on the MyPractice tool. There was now a PPI database capturing all activity and enabling the PCT to discover the work undertaken by individuals on particular themes and any messages that could be extracted. Agreement had been reached on hosting arrangements for this database to "go live" together with a microsite that would allow public interaction.
- An anonymous letter had been received by NHS West Midlands questioning the probity of the Dr Foster Intelligence contract. Members were reminded of the formal OJEU procurement exercise undertaken that resulted in the partnership with DFI, one of the leading proponents of intelligence in the NHS. A response would be provided to NHS West Midlands.
- The Conservative Party Conference would be attended for one day in support of the NHS Confederation and as part of *Team Birmingham*, organised by Birmingham City Council, which would provide a stall to promote Birmingham as a 'global city with a local heart' in advance of the Party Conference in the city in 2010.
- A great deal of work was being undertaken to mitigate the risks incurred by the PCT through the over-performance of the Heart of England Foundation Trust (HoEFT) contract.

Resolved:

That the report be noted.

2009/ 640 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

The following issues were highlighted:

- PEC had been following a process of reinvigoration for practice-based commissioning (PbC). New rules had applied from 01 October 2009. The reflection from PRIME had been that the PCT had found it difficult to separate GPs as providers from GPs as commissioners, which had often led to confused discussions with practices. PRIME had helped review relationships with practices and change behaviour so that the PCT could become more effective. Given the difficult financial times ahead, it was important the PCT could work collaboratively with GPs. In due course it was likely that another OD session would be organised to examine the balance of delegation of PbC responsibilities with freedoms.

- Discussions had been held at national level on the inherent tension between the role of GP as provider and as commissioner, and it had been acknowledged that perhaps too much emphasis had been placed on the commissioning role over the last few years at the expense of the provider role. To engage GPs on their core business, the PCT would need to shift the focus towards obtaining core investment in the primary care provider role, which would in turn overlap with demand management in secondary care.

Resolved:

That the report be noted.

2009/641 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE – MEETING HELD ON 16 SEPTEMBER 2009

The following highlights from the meeting were noted:

- Three policies had been approved –
 - NHS Pick-up of Company Sponsored Trials and Treatments.
 - Information Governance Policy.
 - Policy for Dealing with Requests for Reimbursement of Dental Treatment Costs.
- Secure IT Location and Business Continuity Site
Information had been provided about a back-up site in case of major emergencies; back-up cover for GPs was still to be developed.
- Performance
Previous concerns about managerial sign-off had been addressed but the Committee had been anxious to emphasize the importance of providing action plans to ensure projects were managed to completion. There was still concern about Ambulance and A&E issues; the PCT had achieved reasonable standards and it was gratifying that it had been allowed to include walk-in centres in its figures.
- Update Report – 'Flu Pandemic
The Department of Health had specifically asked that Boards demonstrate a full involvement and understanding of the risks and pressures likely to arise as a result of seasonal and swine 'flu. The PCT was required to show plans and resilience across the health and social care economy. The Board formally recorded its appreciation of the additional work undertaken by staff and volunteers with pandemic preparations.

Resolved:

That the report be noted.

2009/642 FINANCE AND ACTIVITY REPORT PERIOD ENDING 30 JUNE 2009

The following issues were highlighted:

- The volatility of events and their effect on financial planning were outlined, e.g. the Department of Health had agreed to fund payments to GPs for H1N1 vaccinations (approximately £1.5m) whilst, at the same time, the prescribing position had worsened by £1m. The total budget was £700m but, with a range of possible variables, there were significant risks for the portfolio.
- The key driver for over-performance was the contract with HoEFT. The year to date position was based entirely on internal contract monitoring reports from HoEFT and there was an indication that elective activity had reduced in August as had emergency activity. September data would be received within the next week or two. The NHS had also moved to HRG4 as a coding system which had driven charges in the current year

but was not directly comparable with previous years. Modelling had been undertaken to understand the impact of this change but some areas would be difficult to assess, particularly Specialised Services. The PCT intended to implement a number of 'prior approval' schemes and gain a better understanding of the charging mechanisms for first and second out-patient appointments; it was hoped that further information on these schemes could be provided to the November Board.

- Activity was about to begin on re-shaping the market for continuing care patients, for whom costs were rising. This would not only enable the PCT to invest at hopefully lower cost but would provide patients with greater choice on key clinical procedures. Little benefit would be evident in the current financial year but the budget in future years would benefit from this strategic planning.
- The impact of the initiatives in which the PCT had invested over the second half of the year was clear. The £13.4m forecast overspend would apply if the current level of over-performance continued for the rest of the year. The report identified where additional investment was needed, e.g. step down beds where £1m was expected to reduce the contract with HoEFT. With a £1m reduction on overspend, the forecast variance by year end could be £4.9m, i.e. £5m from the statutory duty to break even and £7m away from the surplus target of £2.4m.
- It was proposed that immediate action be taken to reduce the short-fall against financial target by –
 - a) re-establishing the vacancy control panel which operated in 2006/07,
 - b) introducing targeted controls around non-pay expenditure,
 - c) ensuring that, should any additional income be received in-year, all expenditure plans were signed off by the Director of Finance before release into budgets.Those steps should generate £5m of flexibility or non-recurrent underspend which would bring the PCT close to statutory duty.
- Tentative discussions had been held with the Strategic Health Authority which indicated the planned surplus for the year could possibly be reduced although a decision on this would be needed before the end of October.

Resolved:

That the report be noted.

2009/643 BOARD ASSURANCE FOR PREPAREDNESS ON PANDEMIC 'FLU

The subject had been discussed at the Integrated Governance and Performance Committee (IG&P). A number of issues were highlighted:

- Consideration was being given to staff being trained to provide support for intensive care beds.
- There was concern at the deteriorating performance of the West Midlands Ambulance Service, which would pose a significant risk in the event of a 'flu outbreak. The 17 PCTs had voted an additional £6m this year but there was no evidence this had been used to improve performance. A new model of care was needed rather than a transport service model. A letter had already been written to the Strategic Health Authority by the Emergency Care Network because of concern about the defect policy operating between HoEFT sites.
- Monitoring of staff showed that fewer had been unwell this year and there was no increase in the number of people reporting with swine 'flu although the number attending 'flu centres had increased slightly.
- The opportunity costs of all resilience work were significant – for a condition with a mortality rate of .1%. The PCT would continue to make representations on this subject.

Resolved:

That the Board –

- noted the report on key activities undertaken and current forward planning,
- approved the self-assessment of NHS Birmingham East and North's preparedness,
- noted the progress on the draft Resilience and Capacity Plan for the local health and social care economy, to be further developed by the end of September.

2099/644 PERFORMANCE REPORT

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

- Concern was noted about Ambulance Trust Category A and B targets. In July performance in Category A was 48.4%, the worst it had ever been. There had been a slight improvement in August and actions were in place to ameliorate the position.
- Category 2 Cancer targets – there was a new target to be met by December 2009 on which good progress was being made.
- Both in-patient and out-patient waiting times appeared to be deteriorating. HoEFT had been given flexibility to maintain 18 week targets but were under a Performance Notice awaiting the implementation of a direct booking service.
- A prior approval scheme would begin for orthopaedics to ensure that all referrals were funnelled into the musculo-skeletal service, i.e. the PCT would refuse to pay for any other out-patient attendances. In the knee service, only 30% of patients were referred to consultants, most being dealt with by the Orthopaedic Triage Service.
- A question was raised about the CAMHS Service for Learning Disabilities and the impression that children were being admitted into adult wards. It was agreed this would be handled outside the meeting.
- It appeared that the Birmingham Children's Hospital had been consistently misinterpreting waiting list definitions for the last two years. As a consequence, whilst they had been clinically managing their lists, they had missed all waiting list targets and not reported the fact. Once notified, it was discovered there were 41 over 12-month waits. There had been subsequent work to ensure that counting was being undertaken correctly; that proper processes were in place; that the children in question had been appropriately managed and no children had been forgotten; that the children and families had been offered alternative services; and that all waiting lists be reviewed to identify clinical governance issues.

Most of this surgery related to congenital defects of the heart and, whilst some children recovered well, others needed intensive care for more than half a day thus putting pressure on beds. Two additional intensive care beds had been provided to support cardiac surgery so they were not affected by emergency admissions and could sustain a dedicated programme.

The Care Quality Commission had required a restatement of performance from the Children's Trust last year and also from commissioning PCTs. As things stood, NHS Birmingham East and North would have one breach for every month a child waited, which would potentially result in a "fail" on core performance targets. The PCTs would therefore be disadvantaged by the fact that the clinicians had managed by priority.

- Delayed transfers of care
There was concern about the shortage of dementia care services and, following a detailed analysis, it was noted that the largest number of delays related to social care. It was hoped that, by visiting wards, the number of delays could be reduced. The City Council was working to reinforce domiciliary support and it was hoped the situation would improve if the Council maintained its focus.

- It was noted the Performance Report would contain *green*, *amber* and *red* signals next month once thresholds had been established.

Resolved:

That the report be noted.

2009/645 CORE CITIES HEALTH IMPROVEMENT COLLABORATIVE (CCHIC)

Resolved:

That the report be noted.

2009/646 RELAUNCHING SUSTAINABILITY

Resolved:

That the Board noted the report and approved the re-launch proposals and action plan.

2009/647 FUEL POVERTY IN RELATION TO WINTER WARMTH

It was noted that winter deaths were tracked by a group within Birmingham Health and Well-being Partnership so it would be possible to measure how effective the Winter Warmth campaign had been. The PCT would try to link care management and Birmingham OwnHealth with warnings to older people of impending cold weather and the need to switch on heating.

Resolved:

That the Board noted the report.

2009/648 WORKING TOGETHER FOR HEALTH – INTEGRATED CARE FOR OLDER PEOPLE

The report had been provided for information and gave an update on the work of the Working Together Programme Board. Data confirmed that the PCT had implemented the right initiatives except in the case of individuals admitted to hospital with dementia and steps would be taken to amend this pathway to ensure people did not become “stuck” in the system.

Members’ attention was drawn to the tabled book - “High Performing Healthcare Systems” - from the University of Toronto produced after work commissioned by the Ontario Government which included BEN as one of the five highest-performing health systems in the world. This was very complimentary about WtFH activity over the last five years and helpful in understanding how an external body had viewed the principles and learning.

Resolved:

That the report be noted.

2009/649 CHILDHOOD IMMUNISATION AND VACCINATION REPORT

Members sought reassurance about the HPV vaccination programme in the light of the recent death of a young woman in Coventry. It was confirmed that national advice indicated there was no need to stop the programme although the vaccine batch used had been withdrawn as a precaution. It was unlikely the vaccine caused, or was related to, the death.

The importance of staff providing positive messages was emphasized and the Communications Team had already sent an update together with information from the Health Protection Agency. A letter would also be sent within a few days to head teachers, co-ordinated by Birmingham City Council, reiterating the safety of the vaccine with a letter which schools might choose to send to parents.

The PCT had recently employed a dedicated Nurse Consultant in Public Health to improve performance on immunisation. It was also the intention to use the health typologies to help understand the framing of messages for different sections of the community.

It appeared there were technical problems with the recall system for immunisation, which were being addressed. The Information Team maintained records of children immunised and telephoned practices to inform them of any missed appointments; it was then the practices' responsibility to contact patients. A project was in train to implement a new database for child health systems on a Birmingham-wide basis.

Resolved:

That the report be noted.

REPORTS FOR INFORMATION AND NOTING

2009/650 QUARTERLY REPORT: STRATEGY AND REDESIGN

Resolved:

That the report be noted.

2009/651 QUARTERLY REPORT: COMMUNITY HEALTH SERVICES COMMITTEE

It was agreed that the format of the report was not adequate in terms of a quarterly report. In future a brief report (two sides of A4) would be required on a monthly basis. More detailed consideration was needed of the suggestion the CHS Committee should provide a quarterly report and, if so, in what format.

Members questioned the risk associated with the level of vacancies and it was explained this related mainly to the shortage of Health Visitors; there would be a full complement of District Nurses once all staff appointed had taken up post. Short-term plans were in place to address the problem by reviewing the skill mix in teams; work was also continuing on longer-term plans. Redesign work was also under way, involving Vista, which would apply typologies and pay particular attention to designing out some of the stress factors facing staff.

Resolved:

That the report be noted.

2009/652 QUARTERLY REPORT: ESTATES AND FACILITIES

The Estates Strategy, once completed, would be submitted to the Board.

Sustainability was still within target but graphs showed that, as the PCT invested in more buildings, there would be an upturn; service redesign was likely to be the key to meeting this challenge. It was suggested that comparisons be undertaken between existing and new estate, e.g. four GPs would shortly move from their own practices – in old buildings which were likely to be less carbon efficient – into Richmond Primary Care Centre.

Resolved:
That the report be noted.

2009/653 BIRMINGHAM OWNHEALTH

Appendix 1 had not been attached since the contents contained some information not publicly available. Members could obtain copies from the Director, Chronic Disease Systems.

Resolved:
That the report be noted.

2009/654 TERTIARY PAEDIATRIC SERVICES AT BIRMINGHAM CHILDREN'S HOSPITAL FOUNDATION TRUST

Last year clinicians at Birmingham Children's Hospital has raised concerns about quality and safety and, as lead commissioner for regional speciality services, the PCT had convened a Tertiary Paediatric Clinical Review Group. This group had met on a monthly basis, prepared an action plan that had addressed all issues raised publicly and met all the clinicians involved. The action plan had been completed in July/August 2009 and it had therefore been felt appropriate to move back to the usual commissioning processes.

The action plan had focused on skill mix, core policies, etc. but there had also been a regime change at the hospital with a new Chief Executive and new Medical Director, which had enabled new and positive relationships to develop. The PCT would continue its managing role through Specialised Commissioning and would pay particular attention to renal transplants and neurosurgery.

The recent issue about long-waits for paediatric cardiac surgery was not connected with the historical problems; in fact, there was evidence that staff had worked with the best intentions and applied appropriate clinical practice. The hospital's core processes would continue to be monitored to ensure there were no recurrences.

DATE OF NEXT MEETING

2009/655 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday 28 October 2009 in the Board Room at Waterlinks House.

Chairman

Date