

BIRMINGHAM EAST AND NORTH PRIMARY CARE TRUST BOARD

MINUTES OF THE MEETING HELD AT 1.00 pm on 22 OCTOBER 2008 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
Ms N Benga	Director of Health Improvement
Dr M Bhatti	Clinical Director, Clinical Effectiveness
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
Dr D Wulff	Medical Director

In Attendance

Ms S Brooks	Communications Manager
Mr S German	Director of Process Development
Ms M Moore	Acting Director, Contractor and Financial Services
Ms M Paskin	Minutes
Mr T Ruffell	Interim Director, Strategy and Redesign
Mr M Wiltshire	Director of Estates and Facilities
Ms H Wood	Head of Corporate Services

Apologies

Mr B O'Brien	Non-Executive Director
Mrs L Pritchard	Director of Performance and OD

PROCEDURAL ISSUES

2008/418 WELCOME

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

Staff at the PCT were congratulated on obtaining *Good* and *Good* ratings from the Healthcare Commission for quality of services and use of resources. BEN was also one of two PCTs in the country to obtain an ALE score of 4 for Value for Money. A letter would be written to all staff thanking them for the hard work involved in attaining these scores.

2008/419 DECLARATIONS OF INTEREST

There were no declarations of interest.

2008/420 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 24 September 2008 were agreed as an accurate record and signed by the Chairman.

2008/421 MATTERS ARISING FROM THE PREVIOUS MINUTES

There were no particular matters of note arising from the previous minutes.

2008/422 USE OF TRUST SEAL

Resolved:

That the report be noted.

REPORTS FOR DECISION/APPROVAL

2008/423 EQUITABLE ACCESS TO PRIMARY MEDICAL CARE –
CONTRACT AWARD

The PCT was required to have a contract in place by 31 December which meant there would be a very tight time scale for obtaining approval. It was agreed that the Board would delegate its powers of approval to the Integrated Governance and Performance Committee meeting on 11 November. Should it not be possible for the IG&P to consider the procurement, then delegated powers would be devolved to a senior officer and a Non-Executive Director, viz. Chief Executive/Director of Resources and Chairman/Vice-Chairman. The agenda of the IG&P meeting would need to allow time for detailed discussion of this item and a briefing would be provided to the private session of the November Board.

Resolved:

That the Board delegated authority for awarding the contract to the IG&P.

2008/424 INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE
- REVIEW OF TERMS OF REFERENCE AND ALIGNMENT TO THE
AUDIT COMMITTEE

The revised terms of reference were accepted with minor amendments. It was suggested that the two Chairmen agree the revised wording and that a brief report be provided to the next IG&P; the ToR could meanwhile be used.

Resolved:

That the Board approved the revised Terms of Reference (with minor amendments) and recommended that the Audit Committee revise its Terms of Reference accordingly.

2008/424 PRIMARY CARE OVER-ARCHING STRATEGY

The Strategy set out the PCT's vision and approach to primary care. The PCT intended to actively commission for areas and groups of populations who were disadvantaged or who lacked access to a full range of services, enabling a uniform level of quality to be provided. All practices would engage in health promotion and in the early identification of disease.

Resolved:

That the Board approved the over-arching strategy.

2008/425 GENERAL PRACTICE STRATEGY - DRAFT

It was intended that there would eventually be strategies for other contractors, i.e. dentists, pharmacists and optometrists.

This strategy outlined the model already followed by the PCT, of commissioning primary care GP services for populations of 10-15,000 with a defined set of core services. A team-based model of care had been described with a range of opening hours (with resilience in the event of annual leave or sickness) across a range of services with peer review and development. A range of enhanced services was also described which could be commissioned for a wider population of, e.g. 50,000, which could be located in care centres, acute trusts, etc. It was recognised that in the interim it might be necessary to provide support to smaller practices.

Minor amendments would be made to the strategy to clarify the description of *primary care centre* and reflect the intention to move to multi-partner practices. Members were advised that, following discussions, local GPs had agreed to merge and move as a single practice into the Richmond Primary Care Centre. One piece of learning from this and other new LiftCo projects was the need for a clear process and early engagement with all participants.

Resolved:

That the Board approved the strategy.

2008/426 STRATEGIC SERVICE DEVELOPMENT PLAN

The Plan represented an assessment of the current situation, the plans for development and the facilities needed to enable appropriate commissioning. An up-to-date assessment of the estate would be needed and all three strategies would need to be discussed by the Localities. It was agreed that a summary sheet would be provided for the next meeting incorporating all the points raised from the three strategies together with a proposal relating to communications/consultation/next steps. In due course the Board would receive a status report indicating progress made by Locality Directors in engaging both individual practices and groups of practices.

Resolved:

That the Board approved the SSDP.

2008/427 EQUITABLE ACCESS PROGRAMME –
REPORT ON THE OUTCOME OF CONSULTATION

In the context of PRIME, the consultation had raised questions about the appropriateness of public meetings and the need for more sophisticated methods, e.g. structured focus groups targeted at different people which would provide much richer information.

Resolved:
That the Board endorsed the report.

REPORTS FOR DISCUSSION

2008/ 428 CHIEF EXECUTIVE REPORT

A flash report was tabled, on which the following comments were made:

- Interesting information had been provided at the PRIME SPB on, amongst other things, infant mortality. It appeared that the very high rate in Washwood Heath was replicated in Stockland Green and Kingstanding, which had very different population profiles and would need different interventions. Also the alcohol harm figures showed a problem particularly amongst women which was very different from the national profile or that for the rest of the West Midlands. More detailed analysis would be undertaken and it was hoped that a report could be made to Board before Christmas.
- Initial feed-back had been received on the Brand Audit and it was clear that the local population would only recognise an organisation called NHS Birmingham. A further report on this would be provided in Part I of the next Board Meeting.
- Section 75: The BHWP Executive had committed itself to arranging a pooled budget (between BEN PCT and the Adults and Communities Directorate, City Council) for people with learning difficulties and mental health problems. A single Director would be appointed who would ensure that strategic goals were achieved and a shadow Governance Board would meet in November. A more detailed report would be provided in either November or December.

Resolved:
That the report be noted.

2008/ 429 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

The following highlights were noted:

- The main focus had been on PRIME although there had been a discussion on Localities, which tended to be regarded in terms of geography rather than groups of people with similar social characteristics.
- The PEC Chair would join a WCC Panel assessing another PCT in December.

Resolved:
That the report be noted.

2008/430 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE

The following points were highlighted from the meeting held on 15 October:

- Two policies had been approved – the Complaints Policy (although new guidance was expected in 2009) and the Study Leave Policy. Three policies were expected at the next meeting – Lone Worker, Clinical Governance Strategy and Security Management.
- Possible usage of slippage monies had been considered and it had been suggested that resources be increased for smoking cessation and breast-feeding (subject to the review of Health Visitor services).

- The first Safety Report had been received and this would continue to be a standing item on the agenda. The report was designed to bring together safety, control of infection, new developments, etc. So long as there was a national focus on HAIs these would need to be reported separately but they were clearly an integral part of patient safety.
- New developments: information had been provided on improving the death certification process, decontamination of dental practices, registration of providers.
- The Performance Report had been scrutinised and, particularly, progress towards the 18 week target and initiatives to improve emergency and urgent care.
- The contract for enteral feeds had been approved and would be ratified in due course by the Board.
- A useful report had been received on recent changes to the Gateway process.

Resolved:

That the report be noted.

2008/431 FINANCE AND ACTIVITY REPORT

The following issues were highlighted:

- Prescribing: the latest position was that the underspend had been reduced to £3.5m resulting from an increased spend of just over £2m. on the Pharmacists' contract.
- Heart of England FT: the position was broadly similar to that in September. Nine work streams had been agreed and tracked for a few months; those had now increased to 27 covering a range of areas in which the PCT hoped to reduce demand and control activity. Although targets for emergency admissions and A&E attendances had been achieved, the over-performance figures had been skewed this year by the 18 week target; this would be investigated to determine the long-term effect.
- There was still confidence that the PCT could achieve its £1.9m surplus target.
- The PCT would continue to hold the position of spending its allocation in line with investment decisions rather than accumulating large cash surpluses.
- The PCT continued to monitor any savings made as a result of investments, e.g. with End of Life care the PCT would provide five supportive care beds and Heart of England FT would take out five beds. In terms of *Working Together for Health* it had been agreed that the two Executive Teams (PCT and HoEFT) would meet in the New Year for an update session.
- The Chief Executive had recently attended a CEOs conference and it was clear that the Department of Health intended to make no particular changes to the Comprehensive Spending Review in 2008/09 (4%) or 2009/10 (4%). However, organisations next year would be expected to use their surpluses as part of their overall allocations.
- A briefing paper would be provided to the December Board detailing the PCT's intentions to investigate further opportunities to deliver up to £7m worth of efficiencies.
- Better Payment Code: it was suggested that the Director of Process Improvement review the existing system of invoice authorisation and payment.

Resolved:

That the report be noted.

2008/432 PERFORMANCE REPORT

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

- It no longer seemed appropriate to use simple *red* and *green* descriptions given that *amber* would demonstrate progress towards targets and would enable "real reds" to be

identified. A strong recommendation to this effect would be taken to the next IG&P meeting.

- Updated figures were available for September for MRSA and C.Diff with cumulative totals of 22 and 212 respectively. The figures demonstrated the real progress being made as a result of work undertaken both at the acute trust and by community staff.

Resolved:

That the report be noted.

2008/433 NHS NEXT STAGE REVIEW: OUR VISION FOR PRIMARY AND COMMUNITY CARE

Resolved:

That the report be noted.

2008/434 ANNUAL HEALTH CHECK RATING 2007/08

Only four PCTs in the West Midlands had secured *Good* for Quality of Services and only the three Birmingham PCTs had achieved *Good* for both Quality of Services and Use of Resources. Nationally BEN was in the top five for Quality of Services and one of three PCTs which achieved 4 for Value for Money. Only Salford PCT achieved *Excellent* in both categories and contact would be made to see if any lessons could be learned.

The PCT was able to identify, through QoF, the performance of practices and would be taking assertive action before March 2009 to ensure that *Excellent* could be achieved. This action would be channelled through "My Practice" as part of the PRIME programme.

Resolved:

That the report be noted.

REPORTS FOR INFORMATION AND NOTING

2008/435 WORLD CLASS COMMISSIONING - SUMMARY

Resolved:

That the report be noted.

2008/436 QUARTERLY REPORT: CONTRACTOR AND FINANCIAL SERVICES

Resolved:

That the Board noted the report.

2008/437 QUARTERLY REPORT: DIRECTORATE OF PERFORMANCE AND OD

One or two items were noted:

- Outline details were provided of a possible BBC documentary on commissioning and the opportunity costs associated with high-cost drugs.
- Some concern was expressed at the apparent rise in the numbers of administrative and clerical staff employed by the PCT compared with the numbers of clinical staff. Further information would be provided on this.

Resolved:

That the report be noted.

2008/ 438 QUARTERLY REPORT: HEALTH IMPROVEMENT DIRECTORATE

One or two items were noted:

- It was clear that some of the lowest life expectancy figures were to be found in Kingstanding, Shard End and Erdington; there were also particular problems with perinatal mortality in Kingstanding. Actions were being taken through management of the contracts with Heart of England FT and Birmingham Women's FT to ensure appropriate interventions, e.g. women being booked early into maternity services.
- Some social marketing would be organised through the PRIME programme targeted at, e.g. concerns about smoking cessation particularly hard-to-reach communities, pregnant women. The first campaign would be launched in January to encourage people to sign up for smoking cessation; then access to vascular screening programmes, then HPV vaccine – when social marketing might be aimed at groups with the lowest uptake.

Resolved:

That the report be noted.

2008/ 439 QUARTERLY REPORT: PROFESSIONAL SERVICES DIRECTORATE

One or two items were noted:

- Revalidation: consultation on the role and responsibilities of the Responsible Officer would close at the end of the week. There was a strong indication that this would become the responsibility of the Medical Director with perhaps an expectation that the officer should be a full member of the Board.
- Decontamination of primary dental care practices: it was anticipated that every dental practice would need to be visited by the end of the financial year which might necessitate locum cover for one vacancy or staff currently on sick leave.

Resolved:

That the report be noted.

2008/ 440 PROVIDE ARM COMMITTEE UPDATE

One or two items were noted:

- An outline plan had been prepared with Partnerships UK and a facilitated meeting held with commissioners so that all could understand the generic approach being taken.
- The Strategic Health Authority - to assure themselves that 'separation' work was being undertaken appropriately - had asked Deloitte to carry out a review.

Resolved:

That the report be noted.

2008/ 441 BOARD MEETING REVIEW

The Chairman asked Members for observations on the format and conduct of the Board Meeting. The following comments were made:

- There had been a great deal of material to read before the meeting.

- Given the WCC session during the morning Members were aware that concentration had flagged towards the end of the day.

DATE OF NEXT MEETING

2008/442 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday, 26 November 2008, in the Board Room at Waterlinks House.

Chairman

Date