

BIRMINGHAM EAST AND NORTH PRIMARY CARE TRUST BOARD

MINUTES OF THE MEETING HELD AT 1.00 pm on 26 NOVEMBER 2008 IN THE BOARD ROOM, WATERLINKS HOUSE, BIRMINGHAM

PRESENT

Mr P Sabapathy CBE	Chairman
Mrs J Down	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
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

Mr S German	Director of Process Improvement
Dr R Mendelsohn	Director, Chronic Disease Systems
Ms M Moore	Interim Director, Operations
Ms M Paskin	Minutes
Mrs L Pritchard	Director of Performance and OD
Ms D Rayson	Communications Manager
Mr A Reedman	Interim Director, Redesign and Commissioning
Ms D Shepherd	Staff Side Representative
Mr M Wiltshire	Director of Estates and Facilities
Ms H Wood	Head of Corporate Services

Apologies

Dr Q Fazil	Non-Executive Director
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PROCEDURAL ISSUES

2008/443 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.

The opportunity was taken to thank Tony Ruffell, attending his last Board Meeting, for all his efforts at the PCT over the last few years and to wish him a long and happy retirement. His place would be taken on an interim basis by Adrian Reedman.

2008/444 DECLARATIONS OF INTEREST

There were no declarations of interest.

2008/445 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 22 October 2008 were agreed as an accurate record and signed by the Chairman.

2008/446 MATTERS ARISING FROM THE PREVIOUS MINUTES

2008/406 Chief Executive Report

A recent Summit meeting of Birmingham Health and Well-being Executive had proved a useful summary of the work being undertaken. A synopsis would be provided at the December Board Meeting.

2008/434 Annual Health Check Rating

It was reported that December's Performance Report would include *amber* ratings and thus demonstrate progress toward targets. Work was continuing to agree thresholds for individual targets and to consider information for the Board on risk assessment of *red* ratings, on 'likelihood and consequence' ratings and on national benchmarking.

2004/437 Quarterly Report: Performance and OD

The HR Department would investigate the apparent rise in numbers of administrative and clerical staff compared with clinical staff, and a report would be provided to the next meeting.

REPORTS FOR DECISION/APPROVAL

2008/447 SECTION 75 POOLED BUDGET AGREEMENTS FOR LEARNING DISABILITIES AND MENTAL HEALTH

It had been previously reported that agreement had been reached between Birmingham PCTs and Adults and Communities to move toward pooled budgets, based on work undertaken by Ged Taylor. The proposal had already been approved by the Boards of Heart of Birmingham (teaching) and South Birmingham PCTs who had raised a number of practical questions. The pool for mental health would remain with BEN PCT, as lead commissioner in the city, and for learning disabilities with Adults and Communities, the latter being a statutory requirement.

Since the budget involved was over £320m it was important that the financial arrangements were clear; discussions continued on a potential in-year overspend and active contract management. It would be important to differentiate between strategic intent and operational management of the budgets. Whilst HoBt had wanted to look at alternatives to the use of Section 75, it was felt that this provided an effective mechanism for joint commissioning having full statutory powers and the ability to be legally managed – in the same way as the existing contract with Adults and Communities for intermediate care.

The next step would be to establish a Governance Board which would hold its first meeting in December 2008. Mrs Janet Down would represent BEN with Jonathan Tringham taking an 'Executive' place; Ms Susan Nixon had agreed to step into the role of Chair for the Integrated Governance and Performance Committee.

Whilst there was an established joint commissioning team for mental health, there was no comparable structure for learning disabilities and it was likely that an external source would provide the required expertise in commissioning such services. Negotiations undertaken since the report was written would result in twin action plans to ensure that key tasks were identified.

Resolved:

That the Board endorsed the proposed action plan, the creation of a shadow Strategic Governance Board and the appointment of a Non-Executive Director to represent BEN.

2008/448 BIRMINGHAM CHARTER FOR DISABLED CHILDREN, YOUNG PEOPLE AND FAMILIES

All the suggestions made at a previous Board Meeting had been incorporated into the revised Charter. One further question was raised about the Parent Partnering Service, which provided advice to 'statemented' children and not just those excluded from school. It was agreed that this would be pursued.

Resolved:

That the Board formally agreed to sign up to the Birmingham Charter for Disabled Children, Young People and Families.

REPORTS FOR DISCUSSION

2008/449 CHIEF EXECUTIVE REPORT

The following issues were highlighted:

- A number of presentations had been provided at national meetings organised by the Audit Commission on the Comprehensive Area Agreement in Birmingham. It was encouraging that the Commission looked to BEN as a preferred NHS partner for their staff training and held positive views about the development of partnership in Birmingham.
- The first meeting of the National Institute for Clinical Excellence Evidence Advisory Board had been attended. This group had been formed following the recommendations of the Darzi Report and was intended to provide a locus for evidence on a range of subjects.
- Work had continued on developing the *Investing for Health* programme, primarily on short-term work to develop draft key performance indicators that could be embedded consistently in ambulance, mental health and community service contracts for 2009/10. Then moving to larger streams of work and the building of social movement for quality across the West Midlands; engaging front-line staff in ensuring quality at the heart of their professional and clinical practice. It was hoped that staff from the Institute for Health Improvement in Boston could provide sessions for whole Boards on leadership for quality programmes in the West Midlands.
- A Birmingham Health and Well-being Partnership Summit had been attended; more than 110 people from across the city had signed up to participate. It had provided a

“shape” for future summits and would be particularly helpful for NEDs to keep in touch with partnership developments.

- Serious concerns had been raised about areas of specialised service clinical practice at Birmingham Children’s Hospital Foundation Trust. These had been pursued both in terms of the West Midlands Specialised Services Team and the National Specialised Services Commissioning Group, and a time-limited Clinical Performance Task Group for Tertiary Paediatrics had been established. The group, covering three levels of commissioning, had considered an action plan intended to tackle all concerns – including areas regarded as potentially heightened clinical risk - and verbal assurances had been provided that relevant action would be taken on a programme of work. It was hoped that by 10 December most actions would have been completed and sustainable assurances could be provided to the Board that issues had been resolved. Meanwhile the Secretary of State had asked the Healthcare Commission to undertake an enquiry and the PCT had already submitted a range of documentation, including the commissioner action plan.

Resolved:

That the report be noted.

2008/ 450 PROFESSIONAL EXECUTIVE COMMITTEE CHAIR REPORT

There were no particular items to report.

2008/451 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE

The following points were highlighted from the meeting held on 12 November:

- It had been agreed that Ms Susan Nixon would assume the Chair of the IG&P and thanks were recorded for Mrs Janet Down for her work as Chair.
- Mr Richard Miner would assume full membership of the IG&P and provide a link between that and the Audit Committee.
- Information was still awaited on maternity services and it was agreed that the Chief Operating Officer would provide a report to the December meeting.
- Award of the contract for the Health Trainer Service would need to be considered by the Board since it exceeded the delegated authority level of IG&P.
- Core Standard assurance for Quarter2 remained much as for Quarter1; action plans were in place to ensure full compliance for the Standards on which there was not yet full assurance.

Discussions at Birmingham Children’s Trust had revealed concerns about the robustness of SUI (serious untoward incident) reporting from hospitals to lead commissioners. All providers would be contacted to remind them that any SUI within a BEN contract should be reported to the PCT. The risk that the PCT was not being regularly updated on SUIs would be included in the Corporate Risk Register.

Resolved:

That the report be noted.

2008/452 FINANCE AND ACTIVITY REPORT

The following issues were highlighted:

- Members were assured that, although the format of the Finance Report had been changed, there was still a process for examining variances.
- The forecast underspend on Prescribing had stabilised at £3.5m. The Provider Arm had been on track all year to deliver approx. £2m underspend. The Heart of England FT forecast out-turn continued to reduce as challenges were resolved and demand management initiatives impacted; the forecast year-end position was a £4.7m overspend although this was expected to fall. There was still confidence that the year-end control total of £1.9m would be achieved.
- The Operating Framework for 2009/10 had still to be published but two messages had been "trailed" – that the NHS would not receive all its surpluses in the next financial year; that following the Comprehensive Spending Review there would be cash uplifts of 1.2%-2%. The PCT had assumed an uplift of 4% but had made provision for lower levels of growth. Detailed consideration would begin once the allocations had been announced but it was anticipated that the PCT's overall strategy and investments could be maintained.
- The PCT had planned to spend the totality of its allocation and to make the best use of that £630m. It was likely that growth would be considerably lower in future and therefore necessary to build in a 'lean' approach, perhaps using the learning acquired two years ago when the PCT saved £26m whilst making significant investments in new services and extending and improving the quality of existing services. To this end an Investment/Disinvestment Group had been established which included a Patient Forum link.

Resolved:

That the report be noted.

2008/453 PERFORMANCE REPORT

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

- The A&E target at Heart of England FT was being closely monitored through the Emergency Care Network (ECN).
- There was a continued deterioration in some of the ambulance category targets. Again this was being tracked through the ECN where commissioners had asked for a recovery plan since it appeared unlikely that the target would be achieved.
- In terms of over-performance at Heart of England FT there were concerns about out-patient activity and delayed transfers of care with a change in the methodology for measuring the target.
- There had been a huge improvement in 18 week waits, immunisations and breast-feeding status targets.
- The same rules had been applied to cancer targets as applied to the 18 weeks target. The PCT had been meeting the cancer targets but performance might drop as a result of the new 18 week rules application. This was a problem nationally and would receive further consideration through the Cancer Network; the PCT would liaise over publicity.
- Delayed transfers of care: this was a 'whole system' problem – how people flowed through the system and how they could be prevented from entering in the first place. It was agreed that an action plan would be brought back to the Board in due course.
- The Commission for Social Care Inspection (CSCI) had served Improvement Notices on two homes serving Birmingham PCTs; one was currently closed and, although alternative places had been found for residents, some 59 beds had been taken out of the residential system. The PCT would try to ensure a smooth transfer for people into hospital or alternative provision.

Resolved:
That the report be noted.

2008/454 CORE CITIES HEALTH IMPROVEMENT COLLABORATIVE

An opportunity to tender had been issued to the market to support the eight core cities in collaborating on a programme for tackling health inequalities and health improvement with a particular focus on obesity, premature mortality (including infant mortality), alcohol harm and tobacco reduction. Alcohol harm was emerging as high profile nationally and there was evidence in the PCT that, whilst male drinkers were benchmarked as average against all PCTs, women drinkers of all ages were benchmarked at a much higher level. Alcohol services were generally designed with men as the main users and it would be important to tailor future services to meet the needs of other groups. Some £3m of work on alcohol harm at Tier 1 and Tier 2 had recently been tendered and this would need to target appropriate groups.

All eight core cities were below national averages in key areas so there would be real benefits in collaboration. Nine proposals had been received from providers/consortia and the shortlisted suppliers would be interviewed on 09 December. In terms of partnership, Local Authorities had been meeting for many years and had a shared infrastructure for collaboration; they had never previously collaborated on health. Core Cities would be an integrated piece of work; a conference in June 2008 had been attended by the Deputy Leader of Birmingham City Council and future events would be run in partnership with Local Authorities.

Resolved:
That the report be noted.

REPORTS FOR INFORMATION AND NOTING

2008/455 QUARTERLY REPORT: ESTATES AND FACILITIES, SHARED SERVICES AGENCY

The following issues were highlighted:

- Streetly Road: A date had been agreed for the GP to move in during December 2008. Lessons had been learned from this experience, i.e. that the PCT needed to enter into negotiations with GPs well in advance of anticipated completion dates.
- Yardley Green: There had been a last-minute problem in negotiations between Heart of England FT and Birmingham and Solihull Mental Health FT, HoEFT seeking assurance they could continue to use the site until they had reprofiled their need to find 1600 parking places elsewhere. BSMHFT would produce a scheme related to surface level car parking. As part of Partners in Health the PCT would accommodate the majority of its parking needs on site, with possibly a small over-flow onto the Yardley Green site. There was concern, however, that plans to provide surface parking would damage the intention to create a pleasant green space. This might be a suitable issue to raise at Chairman to Chairman level – in the context of a strategic initiative to develop Yardley Green and provide environment improvement opportunities. The PCT's relationship with planning authorities might also be affected given there was still likely to be parking on local roads and thus complaints from local residents.

The need for a coherent transport strategy was raised particularly as there would be other developments on the Yardley Green site. It was agreed that this issue would be referred to the Yardley Green Site Group.

- Care Centres: the nurse call systems had been successfully installed and residents would move into Perry Tree House on 12 December and into Ann Marie Howes before Christmas.

Resolved:

That the report be noted.

2008/456 QUARTERLY REPORT: OPERATIONS DIRECTORATE

The following issues were highlighted:

- Work had continued on the role and function of the Provider Arm Committee and a set of proposals on Degrees of Freedom, including revision of delegation of authority, would be presented to the Board hopefully before Christmas. There was no indication that the Provider Arm would be externalised and it was clear that the Department of Health's thinking on this subject had shifted significantly in the last twelve months.
- Children and Families: Concern had been previously expressed about HoBt's recruitment initiative for Health Visitors. BEN had decided that it would continue to implement a fair remuneration system, i.e. payments would be based on performance not length of employment. An action plan had been prepared and would be considered by the Executive Directors.

The PCT had decided to undertake an audit of all children known to be at risk (following the Baby 'P' case). All activity through A&E Departments would be cross-referenced with other information to provide assurance that nothing similar would happen in BEN. The Safeguarding Nurse would also look back over five years' of Serious Case Review records to identify themes and lessons learned. The resulting report would be presented to the IG&P.

- It appeared that collaboration in the East Midlands between the PCT and Local Authority had made a significant difference to NEETs (not in education, employment or training) by reinforcing school nursing in schools at higher risk of 'housing' vulnerable girls. Further information would be sought; it was possible that some initiatives could be built into the teenage pregnancy action plan and into the work being undertaken by the Young Foundation on a loyalty scheme.
- The interim DFI scoping reports earlier in 2008 had revealed an issue about access to basic information and communications technology. There had now been an investment in 600 replacement pieces of equipment and 100 additional pieces. A pilot was also being investigated to provide staff making domiciliary visits with equipment to enable them to access information.

Resolved:

That the Board noted the report.

2008/457 QUARTERLY REPORT: STRATEGY AND REDESIGN

Progress with the Care Centres had only been possible with the help of the Director of Estates and Facilities and his team, who were thanked for their outstanding efforts on this project.

Resolved:

That the report be noted.

DATE OF NEXT MEETING

2008/458 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday 17 December 2008 in the Board Room at Waterlinks House.

Chairman

Date