

NHS BIRMINGHAM EAST AND NORTH BOARD

MINUTES OF THE MEETING HELD AT
1.45 pm on 24 NOVEMBER 2010
IN THE BOARD ROOM, WATERLINKS HOUSE, BIRMINGHAM

PRESENT

Mrs J Down	Non-Executive Director and Vice-Chair
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
Dr M Bhatti	Clinical Director, Clinical Effectiveness and Safety
Mr A Donald	Chief Operating Officer
Ms V Jones	Director of Nursing and Clinical Development
Mr J Tringham	Director of Resources

In Attendance

Ms J Belza	Divisional Director, Strategy and Redesign	(part meeting)
Ms V Devlin	Senior Mental Health Commissioning Manager	(part meeting)
Dr R Mendelsohn	Clinical Director, Strategy and Redesign	
Ms M Paskin	Minutes	
Ms A Shaw	Head of Communications and Involvement	
Mr J Tomlinson	Director of Joint Commissioning - Learning Disabilities/Mental Health	(part meeting)
Ms H Wood	Head of Corporate Services	
Dr D Wulff	Medical Director	

Apologies

Ms N Benge	Director of Health Improvement
Mr M Smith	Non-Executive Director
Mr P Sabapathy CBE	Chairman
Dr P Thebridge	Chairman, Professional Executive Committee

PROCEDURAL ISSUES

2010/817 WELCOME

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

Thanks were recorded to Hilary Wood who had served the PCT as Head of Corporate Services for the last four years. Hilary had given many years of service to the NHS and in latter years had proved an invaluable asset as, amongst other things, Secretary to the Board; her guidance would be sadly missed.

2010/818 DECLARATIONS OF INTEREST

Dr Fazil declared that her partner was a general practitioner in the Washwood Heath district.

2010/819 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 29 September 2010 were agreed as an accurate record and signed by the Vice-Chair.

2010/820 MATTERS ARISING FROM THE PREVIOUS MINUTES

There were no particular matters arising.

2010/821 USE OF TRUST SEAL

Resolved:

That the report be noted.

REPORTS FOR DISCUSSION AND DECISION

2010/822 CONSULTATION ON DRAFT JOINT COMMISSIONING STRATEGIES FOR LEARNING DISABILITIES AND MENTAL HEALTH

The documents had taken account of comments made about the Joint Strategic Needs Assessment and other local information. Further comments were sought from the Board:

Mental Health

- "There will be more mental health staff working with GPs to help care for people who need support". What form would that take?
It was hoped that more services would be available in GP practices to ensure people did not have to go straight into secondary care mental health services. Service redesign was being undertaken with the main mental health provider to see how community mental health teams could work in a primary care setting ensuring holistic assessments and access to a wide range of services.
- *Personal Budgets*
The carers reference group had seen the Strategy and would help re-write some of the commissioning intentions and service specifications.
- *Communication – ensuring people understood how to access services*
This would be undertaken through the various groups contacted across the city; through GPs; through community development workers and through existing mechanisms. It was also hoped to find more innovative ways to contact hard-to-reach groups, e.g. through information in local supermarkets.

Learning Disabilities

- *Were there any common comments?*
Many people were concerned about the loss of, or changes to, services. Day centres, for example, were important services for carers who wanted their charges to be somewhere

safe and receiving stimulation. Personal budgets were also a challenge for some carers and it was clear there would be a gradual move into fully-fledged individual budgets.

- *There was no mention in the document about treatment and prevention of the causes of learning disabilities - premature births, consanguinity, etc.*
This would need to be built into the document.
- *Housing – would private landlords see people with learning disabilities as good tenants?*
This stream of work would be considered in terms of disability awareness.
- *Personalisation – would this raise false expectations that people who met the criteria would get an individual budget?*
The City Council's Cabinet had just received a report on personalisation/individual budgets and the resource allocation system that would be applied. A consultation would soon begin and this comment would be fed into that exercise.

Both Strategies

- *Would it be possible to demonstrate that the Secretary of State's four tests had been met in terms of GP communication?*
A number of practice-based commissioning meetings had been attended. An event had also been held some six weeks previously for all GPs in the city at which the Strategy had been presented; comments were expected to feed back from that. It was timely now to engage with the developing GP consortia and the Joint Commissioning Director would initiate the relevant conversations. A meeting would also be sought with the Local Medical Committee to ensure their involvement in future.

Resolved:

That the Board noted both Strategies.

2010/823 COMMUNITY HEALTH SERVICES COMMITTEE REPORT

The CHS Committee Chair placed on records his thanks to the staff and management of the Community Health Services – and particularly to Marie Moore, CHS Director – for their hard work over the previous two years to ensure the service was in a position to transfer to the new Birmingham Community Healthcare Trust.

It was noted that the Board, through the Integrated Governance and Performance Committee, would continue to receive regular reports from the new Trust as from any other commissioned service. The next report would also contain information about the 'residual' services, i.e. Urgent Care Centres, John Taylor Hospice and the Equipment Loan Service.

Resolved:

That the Board –

- Noted the report,
- Noted the achievements and progress of both the Committee and NHS BEN's community health services,
- Approved the standing down of the CHS Committee following the transfer of the majority of services to Birmingham Community Healthcare NHS Trust on 01 December 2010. The services would utilise the alternative operational management described within, and the core governance reporting structures of, the PCT.

2010/824 TRANSFORMING COMMUNITY SERVICES

In line with the previous Government's policy, a decision had been taken in March 2010 to transfer the majority of provider services from the PCT to the new Birmingham Community Healthcare NHS Trust. Some two months ago a further decision had been taken to effect the

transfer on 01 December 2010. This would provide a level of certainty of employment for the staff involved and enable the PCT to concentrate on the commissioning of services.

A number of risks remained:

- The Co-operation and Competition Panel had been concerned about the issue of competitiveness, given the move from three to one Provider Arm in Birmingham. The transfer had been put into Phase 2 of their programme to enable detailed scrutiny of the transaction and issues relating to patient benefits. The Panel had subsequently agreed the transfer could proceed so long as the PCT took cognisance of any advice offered.
- Nursing Bank – this had already been resolved to the satisfaction of all parties. There remained a level of risk but this was deemed to be low because of the work undertaken by partners.
- Specification for services would be needed so the PCT could work towards one contract. By March 2011 the specifications of all PCTs would need to be aligned, e.g. for district nursing. The PCT would need to assure itself that quality, safety, etc., were at the forefront of the new organisation's work.

Resolved:

That the Board –

- noted developments since the last Board update,
- gave approval for the transfer to proceed,
- delegated authority to the Chief Executive, NHS BEN, to sign the Transfer Agreement and associated contracts on behalf of the PCT.

2010/825 PROGRESS ON ESTABLISHING GP COMMISSIONING CONSORTIA

It was reported that one large consortium/federation was likely to be established covering the NHS BEN area, with practices from six existing localities and some 380,000 patients. As part of the overall consortium, five practices in Washwood Heath were likely to sign up to the BSA Locality with approximately 40,000 patients. This would leave three or four practices which had declared themselves Birmingham Inner City Consortium and only two practices which had not joined with any partners.

The PCT would support three GPs leaders to take forward the work of implementing the transition plan and establishing the consortium in shadow form from April 2011. It was expected the consortium would initially concentrate on the Heart of England FT contract and prescribing; and, because it would have delegated responsibility for the contract, it would become a sub-committee of the PCT Board. There were risks to the PCT of delegating responsibility in this way but it was hoped that the increased engagement of GPs in commissioning would help reduce expenditure in secondary care.

The Federation would be accountable to the Board by virtue of its sub-committee status. The question of Non-Executive Member involvement would be raised with the Federation Board since it could not be imposed by the PCT.

Non-Executive Members raised concern about the viability of the proposed Birmingham Inner City Consortium. It was explained the National Commissioning Board would carry out an authorisation process and any groups not authorised would be allocated to other consortia. It was unlikely that groups with less than 100,000 patients would be acceptable.

A further question was asked about the cost of remunerating the three GPs being supported by the PCT to accept responsibility for budgets. The PCT had undertaken not to incur any

further costs and, as a result, had in the last week reduced the management allowance for all GP practices.

No guarantees could be provided to PCT staff about future employment with the consortium but for those who did eventually transfer TUPE would apply.

Resolved:

That the Board –

- noted the direction of travel for the emerging GP Federation in NHS BEN particularly the aim of devolving responsibility for the HoEFT contract and prescribing budgets from 01 April 2011,
- noted the potential risks and opportunities for this proposed devolution.

2010/826 EDUCATION COMMISSIONING FOR QUALITY

The PCT had a responsibility, via a Learning and Development Agreement, to ensure quality clinical placements for non-medical students. *Education Commissioning for Quality* was the outcome of a new quality assurance framework piloted in July 2010 to quality assure and performance manage non-educational training issues. Of the 11 standards NHS BEN had met ten and part-met the 11th.

Resolved:

That the Board noted the ECQ and that the partially met standard would be met in July 2011.

2010/827 "RIGHT TO REQUEST" PROPOSAL FROM JOHN TAYLOR HOSPICE TO BECOME A SOCIAL ENTERPRISE

In September 2010 a draft Business Plan had been presented and the Board had requested that further work be undertaken; the involvement of a Non-Executive Director and Finance Officer had also been suggested. Subsequently a due diligence process had been undertaken to test the robustness and sustainability of the revised proposals to ensure the safe transfer of staff and the maintenance of business in the future. It had then been decided that – with a number of caveats – the proposal to become a social enterprise could be submitted subject to final sign-off at the end of March 2011 when the Transfer Agreement had been negotiated.

The caveats related to a number of governance issues, i.e. that –

- the PCT should be involved in the recruitment of the Chair and Chief Executive using appropriate HR processes,
- the League of Friends provide a letter confirming their support for John Taylor Hospice in the event that more financial support was needed,
- the PCT provide support in terms of strategic leadership on a full-time basis to enable the hospice to reach the required stage by 31 March 2011.

One or two concerns were raised –

- Quality and Safety
It was confirmed that one of the strongest parts of the proposals related to clinical leadership and work undertaken on quality and safety. There was a standard clinical governance structure and a dedicated resource had been identified for this work. The Director of Nursing and Clinical Development was providing management support on an interim basis.

- Donations
The hospice was confident it could achieve the level of donations outlined and, in fact, had erred on the side of caution in its predictions. The PCT would ensure the League of Friends confirmed it would support the hospice should the need arise (it was agreed the Chief Executive would draft a letter and send to the Vice-Chair). Discussions had also been held with two banks on the subject of cash flow and it was possible that funds might be accessed through the Social Enterprise Investment Fund, etc. As part of the signing off process in March 2011 JTH would need to provide evidence of success in its fund-raising approach.

Resolved:

That the Board –

- noted the report,
- approved the application by John Taylor Hospice to become a Social Enterprise, subject to the actions outlined in the Due Diligence briefing document.

REPORTS FOR DISCUSSION

2010/828 CHIEF EXECUTIVE REPORT

It was confirmed the 'Ask the Chief Executive' sessions had been held in every Directorate of the PCT in an attempt to increase the level of communication within the organisation.

Resolved:

That the report be noted.

2010/829 REPORT FROM THE INTEGRATED GOVERNANCE AND PERFORMANCE COMMITTEE – MEETING HELD ON 10 NOVEMBER 2010

In terms of the Information Security Update, the Committee had recognised the need to address immediate issues in terms of security of information but also to look at longer term prevention.

Resolved:

That the report be noted.

2010/830 FINANCE AND ACTIVITY REPORT – MONTH 7 (31 OCTOBER 2010)

In September a potential gap in PCT finances had been identified and a strategy agreed for dealing with this. So far the PCT had been successful in getting the top-slice from the Strategic Health Authority returned and had identified £1m from the corporate services budget; work would continue over the last few months to identify the remaining balance.

The next part of the strategy review had been to save £500,000 from the commissioning portfolio and this had been broadly achieved. Less success, however, had been achieved in reducing activity in the acute portfolio where there had been a minimal reduction in contracted activity with Heart of England Foundation Trust. There had also been a significant increase in smaller contracts, particularly Sandwell/West Birmingham and University Hospitals which had worsened the position by £2.5m. This meant the PCT might face a £7m shortfall over the rest of the year so increased focus would be needed on reducing activity in secondary care contracts.

A&E attendances were at the same level as last year when they were lower than the previous year which reflected the investment made in urgent care centres, etc. Emergency admissions were about .7% higher than last year which meant the PCT had been fairly successful in controlling demand.

An area that was well 'above plan' was elective activity and the key to controlling that would be to work with GPs about the level of referrals; following discussion two clinical leads from the PCT and GPs were working on reducing referrals with Heart of England FT in specific areas, e.g. orthopaedics, dermatology and ophthalmology.

A further report would be provided to the Board in December to confirm whether or not it would be possible to achieve financial balance.

A number of questions were asked:

- Contract Monitoring Data – what constituted "Other"?
Other would include maternity, non-payment by results, critical care, community midwifery, etc. The PCT had expressed concern that some tests and investigations might be carried out unnecessarily. Similarly, some GPs received duplicated results from the PCT (which would be investigated).
- Public Sector Payment Policy – why had the percentage of non-NHS invoice payments fallen?
It was agreed that a report would be provided on this at the next meeting.

Resolved:

That the Board noted the report.

2010/ 831 STRATEGIC KEY PROGRESS SUMMARY

The Summary had been provided for information but a number of questions were raised:

- Seven Core Programmes of Activity in Strategic Plan
Collaborative Commissioning
Why had work been delayed on the regional strategy for palliative care?
It was suggested that, since the PCT had been implementing its own strategy for a number of years, this was not viewed as a priority. The Chief Executive would check the situation.
- *Vulnerable Adults*
Personal budgets for health care were being implemented in Birmingham with more successful outcomes than other parts of the country. Although numbers were small, much of the work carried out for COPD and mental health looked promising. There was some reluctance from patients who were unsure how budgets could be spent; this issue would be raised at a forthcoming dinner with the Care Minister.

Resolved:

That the Board noted the report.

2010/832 REPORT FROM AUDIT COMMITTEE – 08 JULY 2010

The Audit Committee Chair took the opportunity to thank Hilary Wood for her many years of work with, and support for, the Committee; Lindsey Lawson would take over provision of servicing.

Concern was expressed about the result of the PbR Data Assurance audit and it had been agreed that a formal letter would be written to Heart of England FT raising questions about the charging process.

Non-Executive Directors asked for a progress report on the problems experienced with McKesson (payroll provider) and were assured that further work would be scheduled into the action plan to ensure greater assurance.

Resolved:
That the Board noted the report.

REPORTS FOR INFORMATION AND NOTING

2010/833 REGULAR REPORT: ESTATES AND FACILITIES DIRECTORATE

Whilst there was a good deal of uncertainty surrounding the future management of Estates and Facilities, the Directorate continued to function as usual.

A question was raised about minor repairs needed to Richmond Primary Care Centre and it was agreed the Director of Resources would pursue this with BaS LIFT who were responsible for maintaining the building.

Resolved:
That the report be noted.

DATE OF NEXT MEETING

2010/834 DATE OF NEXT MEETING

It was agreed that the next public meeting would be held on Wednesday 26 January 2011 in the Board Room at Waterlinks House.

Chairman Date