

DRAFT**MK Commissioning**

**MK Commissioning Shadow Board
Tuesday 13th December 2011 at 2.30pm
Sherwood Drive Board Room 1**

Minutes**Present:**

Dr Nicola Smith (Chair)	NS	Parkside Medical Centre
Jeannie Ablett	JA	NHS MK
Janet Corbett	JC	NHS MK
Dr Nessian Carson	NC	Central Milton Keynes Medical Centre
Sue Lacey-Bryant	SLB	MK Commissioning
Dr Ahmed Nasiri	AN	Sovereign Medical Centre
Rosemarie James	RJ	Patient Representative
Kim Foy-Olowu	KF-O	Milton Keynes Village Practice
Dr Luke James	LJ	Newport Pagnell Medical Centre
Mike Rowlands	MR	LINK:MK
Dr Mohammed Jahngir	MJ	Bedford Street Surgery
Dr Probir Sen	PSe	Wolverton Health Centre

In attendance:

Matthew Webb	MW	MK CHS
Felicity Cox	FC	NHS MK & N Custer PCT
Angie Croxton	AC	MK Commissioning
Chris Knibb	CK	NHS MK & N Commissioning Support Hub
Alison Joyner	AJo	MK Public Health
Alison Jamson	AJa	NHS MK & N Commissioning Support Hub
Will Perks	WP	KPMG
Scott Maslen	SM	KPMG

		Action
1.	Apologies	
	Dr Darren Moore, Richard Winter	
2.	Conflicts of Interest	
	MW recorded that there may be items in his current capacity of Director of Finance at MKCHS.	
3.	Minutes of the Joint Transition Board meeting – 6th December 2011 (Enc 11/01)	
	To be amended to reflect Dr Mohammed Jahngir was present at the meeting. Otherwise agreed as correct.	

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4.	<p>Update on Operating Framework 2012-13 (Enc 11/02)</p> <p>AJo gave an overview of the latest framework. The main focus for 2012-13 is;</p> <ul style="list-style-type: none"> • Improvement and Transition • Strong performance on ensuring service quality <ul style="list-style-type: none"> ○ Service areas requiring particular attention <ul style="list-style-type: none"> ▪ Dementia and care of older people ▪ Carers ▪ Military and veterans health ○ An outcomes approach by measuring 5 domains; • Reforms to the current commissioning landscape • Finance and business rules e.g. • Planning and accountability <p>ACTION: National performance measures to be distributed with the minutes</p> <p style="text-align: right;">The Board noted the above</p>	AC
5.	<p>Formally approve Constitution (Enc 11/03)</p> <p>The Constitution was discussed and the following amendments agreed;</p> <ul style="list-style-type: none"> • The Board should include a non executive director • As agreed at the GP Event on 8th December, the Board to include a Practice Manager with voting rights. • 14.3 Expulsion of Members – to note the Shadow Board is a sub board of the NHS Northamptonshire and Milton Keynes PCT Cluster. • Accountable officer remains with the Chief Operating Officer until review in October 2012 • 12 Commissioning Delivery Group quorum is too big – to be discussed and amended outside of the meeting. • 8 commitment to be noted as 4 hours 10 minutes, to be discussed and agreed with any input to SLB • Frequency of meetings with practices to be decided, it was suggested that this could be done as part of protected learning time. SLB to strengthen with an additional paragraph. • All GPs to endorse the constitution, to be emailed to all senior partners and practice managers. Constitution to be signed by the senior partner on behalf of the practice <p style="text-align: right;">The Board approved the document including the above alterations</p>	<p style="text-align: center;">Chair</p> <p style="text-align: center;">JA</p> <p style="text-align: center;">All</p> <p style="text-align: center;">SLB</p>
6.	<p>Formally approve MK Commissioning Board of Terms of Reference (Enc 11/04)</p>	
	<p>The Terms of Reference were agreed. It was suggested that they be reviewed</p>	

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	again in approximately 10 months. To include observer guidance.	SLB
	The Board approved the document	
7.	SEM Acute Service Review (Enc 11/05)	
	<p>Phase 1 is now complete, the ASR team is seeking all 13 NHS Boards in the cluster involved to sign up to phase 2.</p> <p>Phase 2 will continue as a Health Services Review (as distinct from ASR). FC suggested that the 2% transformation funds from the SHA could be used and encouraged clinical engagement to ensure MK Commissioning were involved in the changes being made. Dr Ann Howard and Jeannie Ablett to continue attending and provide regular updates to the Board.</p> <p style="text-align: center;">The Board agreed to receive regular updates</p>	
8.	Public Health Annual Report – receive and identify implications for 2012-13 (Enc 11/06)	
	<p>The Shadow Board formally received the Public Health Annual Report report. The major highlights are;</p> <ul style="list-style-type: none"> • The population continues to grow and become more diverse ethnically. • There are marked socioeconomic inequalities within the borough. • Female expectation of life in Milton Keynes is rising and matches the national average. Male life expectancy has dipped slightly and is now 10 weeks lower than the national average. • The major causes of death are cardiovascular cancers and respiratory disease. These are also leading causes of disability especially cardiovascular disease. • Death rates from coronary heart disease (including heart attack), pneumonia and accidents were all statistically significantly higher than the average for the country • The leading causes of death in disadvantage parts of Milton Keynes are the same as the leading causes of death in the population as a whole. • The prevalence of HIV / AIDs in Milton Keynes has increased to 2.09 / 1000 population aged 15-59 year old • Teenage pregnancy rates in MK is 40.2 / 1000 girls aged 15 to 17 years. • More than 25% of the population of Milton Keynes consume alcohol in volumes above the recommended limits. Hospital admissions due to alcohol continue to rise. • More than 22% of children in Reception and 31% in year six and in Milton Keynes are overweight or obese. It is also estimated that more than a quarter of adults in Milton Keynes are obese. <p style="text-align: center;">The Board noted and received the report</p>	

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<p>9.</p>	<p>Health inequalities (Enc 11/07)</p> <p>The board are required to;</p> <ul style="list-style-type: none"> • Commit to applying the broad principles of the Marmot review to its strategy, planning and commissioning process • Commit to identifying ways of ensuring this happens through integrating these principles into its systems and processes • Develops a vision and identifies key outcome measures to ensure they remain on track • Utilises the expertise of the Public health team to determine their initial priorities and to establish the outcome measures. <p style="text-align: center;">The board agreed to the recommendations</p> <p>The board to also agreed to;</p> <ul style="list-style-type: none"> • Incorporate the principles in the Constitution • Ensure there is a Board lead for care of Older People. 	<p style="text-align: right;">SLB</p>
<p>10.</p>	<p>Joint Strategic Needs Assessment – for discussion (Enc 11/08)</p> <p>The board received a presentation by Mick Hancock, MKC, that went to the recent Shadow Health and Wellbeing Board. This showed that although the JSNA had been developed over many years it had not always been successfully utilised and that the Shadow HWB agreed to jointly shape and strengthen this with MK Commissioning. It is intended to be an objective analysis of current and future needs of the population and will be the primary process for identifying needs and building a robust evidence base, in conjunction with the Public Health report and MK Social Atlas.</p> <p style="text-align: right;">The Board noted the above</p>	
<p>11.</p>	<p>Commissioning Intentions (Enc 11/09)</p> <p>The Board received and discussed the current version of the Commissioning Intentions which is to be finalised and presented to the Commissioning Decisions Group on 20th December.</p> <p style="text-align: right;">The Board noted the attached report.</p>	
<p>12.</p>	<p>Commissioning intentions engagement proposal</p> <p>CK gave a verbal update on progress and asked the Board to note that it was the duty of the CCG to involve patients in shaping health. This will involve promotion and marketing at supermarkets and other venues, ensuring hard to reach and the younger population are also engaged.</p> <p>CK to provide a costed report for consideration</p> <p style="text-align: right;">The board noted the above</p>	<p style="text-align: right;">CK</p>

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13.	<p>Performance and Quality Report (Enc 11/10)</p> <p>It is essential that the Board has processes in place to assure itself, the public and the cluster of the quality and safety of the services it commissions. The reports received included both quality and performance dashboards and were submitted as recommendations to the Board on how it can develop a robust system of quality assurance.</p> <p style="text-align: center;">The Board agreed to the proposal to combine the quality and performance reports</p> <p style="text-align: center;">The Board agreed a workshop be arranged in order to fully understand the requirements</p> <p style="text-align: center;">The Board agreed that AJa be invited to future Board meetings.</p> <p style="text-align: center;">The board noted the CQUIN Schemes report and agreed to review and provide opinions to AJa by 20th December 2012.</p>	
14.	<p>CCG Diagnostic (Enc 11/11)</p> <p>An extract of the full diagnostic tool was tabled as an example showing the quantitative reports. The board noted the work done in the last 10 weeks by all concerned.</p> <p>It was recommended a small group focus on organisational development to ensure we are in a strong position to commission services for the population.</p> <p style="text-align: center;">The Board agreed to the above recommendation</p>	
15.	<p>Any other business</p> <p>Outcomes from the GP Event on 8th December was discussed. The Chair of the meeting thanked those involved. The event was well represented, with some feedback on the election process. CK to feedback the list of suggestions. Dr Paul Roblin of the LMC has expressed concern that no GP Member or LMC representative is on the pre-selection committee. It was agreed that Dr Sarah Whiteman, Medical Director of the Cluster be invited to sit on the pre-selection committee. Packs will be emailed to all performers in January with one paper copy per practice.</p>	CK
16.	<p>Date of next meeting</p> <p>Shadow Board formal meeting; Tuesday 7th February 2012 at 2.30pm, Sherwood Drive board room 1.</p>	