

NHS MK CCG Public Board Meeting
Tuesday 25 September 2018 at 2.00pm
Sherwood Drive Board Rooms

Minutes

Present:

Dr Nicola Smith	NS	GP Chair
Dr Hopeson Alifoe	HA	GP Board Member
Dr Edward Sivills	ES	GP Board Member
Will Perks	WP	Lay Board Member – Co-Commissioning
Peter Kara	PK	Lay Board Member – Governance
Mike Rowlands	MR	Lay Board Member – Public & Patient Engagement
Richard Alsop	RA	Director of Programme Delivery
Hilary Jones	HJ	Director of Nursing and Quality
Jill Wilkinson	JW	Director of Health & Social Care Integration
Dr Nesson Carson	NC	GP Board Member
Andrew Morton	AM	Chief Finance Officer
Matthew Webb	MW	Chief Officer
Tom Holme	TH	Secondary Care Board Member

In attendance:

Emmeline Watson	EW	Deputy Director of Public Health, Milton Keynes & Bedford
Hilda Kirkwood	HK	Chair, Healthwatch MK
Hannah Pugliese	HP	
Ruth Adam	RA	
Alison Joyner	AJ	Head of Strategy & Planning (items to)
Angie Croxton	AC	Business Manager

		Action
1.	Apologies	
	No apologies were received.	
2.	Declaration of Interests	
	The Chair asked for any declarations of interest.	
	RA and JW declared an interest in item 11 (CCG leadership) a decision was made that they could remain in the room for the discussion.	
	NS, NC, HA & ES declared an interest in item 12 (Commissioning Intentions 2019-20) in the event they were impacted as Providers of services, a decision was made that they could remain in the room for the discussion.	
3.	Minutes of Previous Meetings	
	The minutes of the meeting held on 24 July were agreed as an accurate record.	



	<p>Action Log Update: The action log was updated.</p>	
4.	<p>Chairman's Introduction</p> <p>NS welcomed everyone to the meeting.</p> <p>NS announced that this will be the last Meeting for MW and AM and the Board expressed sadness at losing two very experienced and valued colleagues from the organisation. Thanks was given to both that they are leaving MK CCG in a very good place.</p> <p>MK CCG Annual General Meeting was held on 24 September 2018 with a number of very good stands including Sepsis, Age UK, and Neurological disorders. There were a number of good questions posed by the public and a follow-up from the last AGM from the transgender community who discussed how issues are handled by the Health Services in the Hospital and Community.</p> <p>Today's agenda was re-arranged to accommodate colleagues' commitments.</p>	
5.	<p>Chief Officers Report</p> <p>MW introduced the report highlighting the following key areas:</p> <p>June and July saw a decrease in performance against the 4 hour standard which was partly due to the recent implementation of a new electronic patient record system, eCare in Milton Keynes University Hospital Foundation Trust (MKUHFT). However August has seen recovery as the new system beds in.</p> <p>111 online – this service went live on the 30 July with a further development phase planned which will see a fully functioning service replicating the 111 telephony service by the end of December 2018. The final stage will be the procurement of an Urgent Treatment Centre and Integrated Urgent Care Clinical Assessment Service.</p> <p>Delayed Transfer of Care (DTC) - for MKUHFT patients, the CCG met the target in June and exceeded it in July. This represents a significant achievement by the MK system.</p> <p>The new Brooklands Health Centre facility for the eastern expansion area is now complete. This is a new purpose built healthcare facility for 22,500 patients and Broughton Gate will re-locate from their temporary building. It will be open to patients on 10th December.</p> <p>The CCG is committed to investing in primary care, despite the pressure on budgets from other overspending areas. In 2018/19 almost £1 million is being invested in primary care, specifically aimed at personalising care and reducing avoidable admissions to hospital.</p> <p>Enhanced primary care mental health services – the CCG is working hard to expand the primary care plus pilot to all 27 MK practices for mental health</p>	

	<p>services, All practices will have a named mental health link practitioner, who will spend time in the surgery and be available for telephone advice and support and respond to urgent referrals.</p> <p>Stroke – 6 month Review of MKUHT Interim Service – this is a significant piece of work to ensure the interim service is fit for purpose. The BLMK CCG Committees in Common will be instigating a wider stroke review to establish a long term model for the STP.</p> <p>There was discussion on the current national scoring which showed that the service at MKUHFT has improved its score from D to B.</p> <p>The CCG joined in with the Lakes Estate 50th birthday celebrations and had a joint stand with MK Public Health which offered amongst other things CO monitoring and advice on minor ailments. The event was hosted by locals and included a family funday with support from a range of organisation including the police, fire service and the NHS.</p> <p>NHS70 celebrations – along with two members of staff, MW was fortunate to be invited to one of the national celebrations held at Westminster Abbey, for NHS staff, patient groups and volunteers.</p> <p>There was discussion around the use of Eclipse Radar and why dual medication was prescribed in the first place. This was due to patients with co-morbidities developing further conditions where a rationalisation of the medication taken as a whole is required.</p> <p>The Board: a) Noted the report</p>	
6.	<p>Personalisation Programme Update - presentation</p>	
	<p>RAd joined the meeting and gave an update on the programme.</p> <p>Personalised Care & Support Planning & Patient Activation Measure (PAM) Is at the heart of a whole systems 'Care Navigation' model. The programme is currently capturing baseline information and scoping priority areas with the Initial focus on adults. With additional project support from 1st October there will be further focus on Children and Young People, Maternity and learning Disability Services. Training and workforce development is underway. The aim is that Personalisation will be included in all provider contracts in 2019/20.</p> <p>Self-Management and Community Based Support – the Whole systems Self-Care Group is already in place & doing excellent work. Care Navigation is a key opportunity to embed personalised care across the system. The Lead Co-ordinator will work with the local community to identify and recruit people with lived experience, local community groups, volunteers, activities to work with the cluster.</p> <p>There was discussion on ensuring the volunteers are fully trained to ensure going into homes. Any service and agency will be able to refer into this</p>	

	<p>programme.</p> <p>NS thanked RAd for the presentation which showed successful progress to date. Presentation pack to be distributed to the Board.</p> <p>The Board: b) Noted the report</p>	AC
7.	Patient Experience – presentation	
	<p>Children’s Mental Health Arts Project</p> <p>HP joined the meeting and showed a short film. The project was commissioned to find a way to make the education environment more conducive for student learning. In Milton Keynes 80% of the Schools have identified governance and a lead for Mental Health for this national programme. The impact on pupils and teachers has been huge and more funding will be made available by the Local Authority for teacher training.</p> <p>There was discussion on how this may have an impact on adult mental health in the future.</p> <p>NS thanked HP for the presentation.</p> <p>HP left the meeting.</p>	
8.	Quality & Performance Report	
	<p>HJ presented the report which provided an overview of CCG performance as at June 2018.</p> <p>NHS Constitution measures BLMK CCG level data shows an underperformance in relation to 18 week incomplete pathways and best performance in terms of diagnostic waits with 1.5% against a 1% target. MKUHFT’s performance is reasonable in terms of A&E and 62 day waits.</p> <p>Annex B 18 week RTT incomplete standard – there was underperformance in terms of national target and agreed trajectory with no more open pathways at the end of the year than last year. The CCG is working with MKUHFT to agree additional activity to meet trajectory and exploring the benefits of triaging all not only GP referrals.</p> <p>52 week waits – in June there were 25 patients at CCG level and 26 at MKUHFT level. In July this reduced to 19 at CCG level and 14 at MKUHFT level, 5 of which were waiting for TCI dates. All patients were reviewed by the Medical Director and any risk of patient harm continues to be reported to the CCG.</p> <p>A&E Waits seen within 4 hours – The CCG achieved 91.6% in June and is</p>	

	<p>ahead of trajectory. Performance in July was 88.9% due to increased volume. The focus continues to be on reducing demand and hospital admissions.</p> <p>62 day Cancer waits – The CCG and MKUHFT both underperformed against this target at the end of Quarter 1. However, the target was met by both the CCG and MKUHFT in July and MKUHFT continue to track patients weekly and work with tertiary centres to agree parameters for ensuring all diagnostics are completed by day 38. Patient harm reports are discussed with the CCG on a monthly basis. MKUHFT plans to meet the target for Quarter 2 focussing on improvements in breast and urology specialties. Oxford University Hospital (OUH) underperformance is discussed at the contract meetings.</p> <p>Improvement Assessment Framework (IAF) Dementia – performance in July was 64.8% against the Prime Ministers Challenge Fund target for 66.7%. The CCG continues to work providers to improve diagnosis rates.</p> <p>Quality Premium GP Patient Survey performance was 59.55% in July against the target for 2017-18 of 68.8% however, survey questions were significantly re-developed and were circulated to 16-18 year olds for the first time with a 35% return rate.</p> <p>Quality Dashboard There were two never events at MKUHFT in June, one relating to a surgical event; the investigation and learning has been agreed. The other was for medicines management and investigation on this event is nearing conclusion.</p> <p>Stroke Measures Dashboard The Stroke 2 indicator was significantly underachieved in June impacting on 1 in 3 patients. There is continued focus at quality and contract meetings and utilisation of contract levers resulted in July performance improving to 69.6% and in August to 85.7%.</p> <p>The Board: a) Noted the report b) Approved actions and progress against the CCG performance standards</p>	
9.	<p>Finance & Contracts Report</p>	
	<p>AM presented the report which provided an update on the financial position for the period ending 31 July 2018.</p> <p>The CCG continues to report breakeven against the plan year-to-date. General reserves will offset underspend in Primary Care. All other budgets are under and expect to breakeven against forecast at the end of the year.</p> <p>The MKUHFT contract is above plan with over performance in outpatient attendances as well as drugs and devices at month 3. The increase in elective costs is down to RTT. Referrals were up in April and May but have now come down to expected levels. The over spend is being offset by the underspending</p>	

	<p>in CHC and Prescribing.</p> <p>QIPP – Schemes have been identified to forecast a delivery of £11.9m of savings compared to a plan of £12.8m. The forecast was revised in month 4 to reflect the expected under delivery of acute QIPP with the main areas including Procedures of Little Clinical Value (POLCV) and Integrated Musculo Skeletal Service (IMSK). There was discussion on ensuring the correct processes are being followed by Consultants.</p> <p>Risks and mitigations – the impact at month 4 has reduced by 500k to £4m. Mitigations have been identified to fully offset these risks.</p> <p>Aged debt analysis - the profile for this has shifted to 31-60 days due to the PMO hosting arrangements.</p> <p>Capital expenditure - Funding for GPIT capital has been confirmed and reporting is expected from next month. There are some risks but these are being worked through the IT Strategy Group.</p> <p>AM and the finance team were thanked for providing the CCG Board a very clear and easy to understand picture of the financial position.</p> <p>The Board: a) Noted the report</p>	
10.	<p>Board Assurance Framework (BAF)</p> <p>AM presented the report up to and including 14 September 2018.</p> <p>As of 14 September there were 10 residual red risks on the BAF</p> <ul style="list-style-type: none"> • 0 new risks have been added to the BAF • 3 risks has been removed from the BAF due to a reduction in residual score • 0 risks have been removed from the BAF due to closure. <p>It was discussed that a risk for the STP change process and integration has been registered under ST71 Integrated management.</p> <p>The Board: a) Noted the update</p>	
11.	<p>Bedfordshire, Luton & Milton Keynes (BLMK) Sustainability & Transformation Partnership (STP) Update</p> <p>RA and JW declared an interest for this item, a decision was made that they could remain in the room for the discussion.</p> <p>CCG Leadership NS presented the paper which went to the Committees in Common (CiC) meeting on 19 September 2018.</p>	

	<p>Appointments to the roles of Joint Accountable Officer and Joint Chief Finance Officer have been made and consultation began last week to establish a Joint Executive Team (JET) including Chief Operating Officer roles.</p> <p>The JET team has not been finalised but work is ongoing with Local Authority colleagues and key stakeholders to ensure that the CCGs have the right roles in place to continue to development the place based work as a priority.</p> <p>Staff briefings and communications to stakeholders and providers detailing the process and explain rationale were held on Thursday 21st September 2018.</p> <p>There was discussion that it should be made clear to stakeholders and the public that this was not a merger of the three CCGs and that Milton Keynes money will remain in the patch. NS to discuss with Chairs.</p> <p>The Board: a) noted the update and progress towards establishing the Joint Executive Team</p>	NS
	<p>Place Based Plan 2018-19 AJ joined the meeting and presented an update to the Board on the Milton Keynes Integrated System Plan which highlights the Milton Keynes Integration Board's priorities & delivery plan for 2018/19. It is heavily underpinned by the BLMK Single System Operating Plan for 2018/19 and the recently refreshed 10 Year Health & Wellbeing Strategy for Milton Keynes.</p> <p>The plan and has been signed off by the Health and Wellbeing Board (HWB) and were currently working on putting processes in place to monitor outcomes and benefits going forward. It was discussed that this was the best Board to lead on this work as as all Milton Keynes leaders were members.</p> <p>MW thanked AJ for the work to date and the ongoing work with the Health and Well Being Boards to move this forward. EW was announced as the named lead and will assist going forward.</p> <p>The Board: a) Noted the update</p>	
12.	<p>Commissioning Intentions 2019-20</p>	
	<p>NS, NC, HA & ES declared an interest in this item in the event they were impacted as Providers of services, a decision was made that they could remain in the room for the discussion.</p> <p>AJ presented the document which provided details of the commissioning intentions for each of the key strategic priority areas. New Planning Guidance for 2019/20 is expected to be published by NHS England in autumn 2018 and at this stage it is unclear what timeframe the commissioning plans will cover.</p> <p>the Joint System Commissioning Intentions (2019/20) document was considered and signed off by the 3 CCGs Committees In Common (CIC) on</p>	

	<p>19th September 2018 and it was agreed that the three respective CCG's send these to local partners and providers by 1st October.</p> <p>Next steps is for the CCGs to agree a communication strategy for specific public engagement around areas like access as this will shape changes going forward.</p> <p>The Board: a) Noted the document.</p>	
13.	Sub-Committee Reports	
	<p>The Board received and approved the minutes of the following sub-committees;</p> <p>Audit Committee - Minutes of the meeting on 5th July 2018 Primary Care Committee - Minutes of the meeting on 13 June 2018 Quality Committee - Minutes of the meeting on 31st July 2018 BLMK CCG Committees in Common - None to report</p> <p>PK provided the following verbal feedback for the Audit Committee Meeting</p> <p><u>Audit Committee</u></p> <ul style="list-style-type: none"> • The Committee received the annual audit letter and agreed the audit plan. • The Risk Register and Board Assurance Framework were reviewed as well as the Register of Interests for 2017-18. <p>MR provided the following verbal feedback for the Quality Committee meeting</p> <p><u>Quality Committee</u></p> <ul style="list-style-type: none"> • The group discussed the learning disability health checks as there is increased focus by NHS England on this in the upcoming year. • The Learning Disability Review (LeDeR) has been published and it highlighted that BME representation was very low – potentially due to people with learning disabilities not being identified on the GP register. • The Committee received the report which identified that 34 CQC inspections took place since the last report and 8 of which were rated as requiring improvement. <p>WP provided the following verbal feedback for the Primary Care Committee</p> <p><u>Primary Care Committee</u></p> <ul style="list-style-type: none"> • The Committee discussed Primary Care sustainability and ongoing work on Estates, online services and workforce planning. 	
14.	Any Other Business	
	None	
15.	Close of Meeting	
	The meeting closed at 16:26	



Milton Keynes
Clinical Commissioning Group

16.	Date of next meeting	
	Tuesday 27 November 2018, Sherwood Drive Board Room 1 at 2.00pm	

