South West London
Merton Clinical Commissioning Group

Approved

Minutes of Part 1 of the
Merton Clinical Commissioning Group Governing Body

Held on Thursday 21st March 2013
at

120 The Broadway, Wimbledon, London, SW19 1RH

Chair: Dr Howard Freeman
Present:

EB	Eleanor Brown	Chief Officer
MC	Mary Clarke	Independent Nurse Member
VD	Dr Valerie Day	NHS SWL Sutton and Merton: Interim Public Health Director
PD	Peter Derrick	Lay Member: Chair of the Audit Committee/ Vice Chair
HF	Dr Howard Freeman	Chair Designate/ Clinical Leader
GH	Dr Geoff Hollier	Merton CCG GP Clinical Board Member
KMcK	Karen McKinley	Chief Finance Officer
SP	Prof Stephen Powis	Secondary Care Consultant

Appointments to the governing body are designate until the authorisation of the CCG.

In Attendance:

KE	Dr Kay Eilbert	Incoming Director of Public Health
JK	Jennifer Kay	Director of Quality
MW	Dr Martyn Wake	GP/ Joint PEC Chair

Supporting Officers

GJ	Glyn Jones	Information Governance Lead: NHS SWL
CJ	Charlotte Joll	Better Services Better Value Programme Lead
TK	Dr Trudi Kemp	Director of Strategic Development: St George's Healthcare NHS Trust
JM	Jackie Moody	Corporate Affairs Manager: NHS South London CSU
AS	Andy Smith	Interim Director of Commissioning and Planning

Members of the Public:

	Tom Pollack	Local resident
	Pat Tunstall	Merton Residents Healthcare Forum
	Ulla Yangopoulos	Merton Residents Healthcare Forum

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1. Welcome and Apologies for Absence

The Chair commenced by welcoming members and all in attendance, noting that the meeting was in public, not a public meeting.

Apologies for Absence

Members: Clare Gummett
Participating Observer: Andrew Otley

2. Declarations of Interest

The Merton Clinical Commissioning Group Governing Body is required to maintain a register of members' interests which can be made available on request. At meetings of the Governing Body members are expected to declare interests in respect of items on the agenda if appropriate.

No additional declarations were received at that the start of the meeting. Martyn Wake (MW) declared an interest at item 7.3.

3. Minutes of previous meetings

3.1 To approve the minutes of the Merton Clinical Commissioning Group Governing Body meeting held on Thursday 24th January 2013

The minutes were approved without amendment.

4. Matters Arising

4.1 Action log 24.01.13 – For Note

Completed actions were noted
Sept 2012 Item 6.3: Organisation Structure – will come back to the Board.

5. Chair's Update

The Chair gave an update on a number of staff changes

- Dr Val Day would be leaving her interim post as Director of Public Health (DPH) at the end of March. Newly appointed Merton DPH Dr Kay Eilbert would be joining the CCG Board and was present at the meeting. HF expressed grateful thanks to VD for her enormous contribution to the PCT and CCG.
- Jenny Kay , Director of Quality, and Andy Smith, Interim Director of Commissioning and Planning were welcomed.
- Dr Paul Alford had taken up a position as Chair of the Community Services Division, St. George's Healthcare NHS Trust. HF and EB had accepted Dr Paul Alford's resignation from his position as GP member of the governing body due to the conflict of interest this presented.
- Dr Andrew Otley had taken over from Dr Andrew Murray as Chair of the Merton, Sutton and Wandsworth Local Medical Committee. Thanks were extended to Dr Murray for his contribution to the development of the CCG.
- This meeting was the last that Dr Martyn Wake would attend as Joint Chair of the PCT Professional Executive Committee (PEC). HF and MW were the longest standing PEC Chairs in London and had been through many changes and challenges together. Appreciation for MW's work was echoed by members.

The Chair advised that the CCG had been authorised by the NHS Commissioning Board with one condition. He thanked all who had

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contributed to this achievement since work had commenced in November 2011, noting that this marked the beginning of a new era.

6. For Agreement

6.1 Merton CCG and PCT Financial position - Month 11

Karen McKinley (KMcK) updated the governing body on the position. The PCT/ CCG were on track to deliver the control total surplus. This position assumed utilisation of reserves and contingencies; achievement of Merton CCG's financial and investment plans; and delivery of the QIPP (Quality, Innovation, Productivity & Prevention) programme.

The financial performance showed a year to date breakeven against plan and a full year breakeven against plan, due to phasing of the overall QIPP plan. The PCT reported breakeven at Month 11 and this was not expected to change in Month 12.

Peter Derrick (PD) drew attention to substantial increase in Acute sector activity which would affect the base position on what could be agreed with providers in 2013/14. The risks around the Quality, Innovation, Productivity and Prevention (QIPP) schemes not achieving the projected savings were highlighted along with the challenge to maintain quality of care in a difficult financial environment.

In response to a question from Mary Clarke (MC) about whether surplus cash could be carried forward, KMcK advised that confirmation had not been received on whether it would be returned to CCGs, and confirmed that surplus resource would be carried forward.

Eleanor Brown (EB) expressed thanks to KMcK and her team for their financial management to bring the PCT/CCG to a balanced position. The Chair echoed this, noting that it had been achieved from a Turnaround position in previous years.

Recommendation(s)
The Clinical Commissioning Group Governing Body was requested to review and agree the financial position.

The report was agreed.

6.2 Draft Budget Book 2013/14 & Medium Term Financial Strategy (MTFS)

KMcK introduced the item, noting that the reports remained draft until negotiations with the main acute providers were finalised.

Budget Book
Attention was drawn to the CCG's statutory financial duty to maintain recurrent financial balance to keep expenditure within its resource limits. It was also required by the operating framework to deliver financial targets of a 1% surplus plan, 2% non recurrent investment reserve and 0.5% contingency.

In 2013/14, the CCG's immediate priority would be to deliver in-year financial balance. To achieve this, its growth funding of £4.7m and a further

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anticipated net £7.5m QIPP plan would be required to fund 2012/13 outturn and anticipated growth in 2013/14.

Key generic financial risks in para. 26 were highlighted. PD emphasised the importance of these, in particular delivering the £7.5M QIPP savings.

Page 21: Table 12 – indirect running costs were included in the direct running costs figure. These costs would be separated in future.

Medium Term Financial Strategy

KMcK advised that this high level summary of the revenue budget was also contained within the Integrated Strategic Operating Plan (ISOP) and Commissioning Intentions. Governing body members had previously reviewed these.

MC commented on the lateness of finalising of the strategy. EB described national issues that had caused delay.

Recommendation(s)
The Clinical Commissioning Group governing body was requested to:

1. Approve the interim (draft) revenue budgets outlined in Tables 1-12
2. Acknowledge the risk identified in the budgets.
3. Note the assumptions used in the projection of a minimum £7.5m QIPP Programme in 2013/14.
4. Note the 2012/13 recurrent deficit brought forward and other factors, including growth, deflator, 0.5% contingency and the requirement to hold 2% funds. This results in QIPP Programme of £7.5m.
5. Consider the approach to ensure that the organisation is focussed on key performance and financial targets whilst acknowledging the need to focus attention and maintain accountability on performance and financial priorities in line with initiatives in the Strategic Plan.
6. Ensure clinical engagement is focussed on key performance and financial targets.
7. Note the risks identified in both papers

The recommendations were noted and agreed.

6.3 Integrated Strategic Operating Plan (ISOP)

EB explained that the paper was a summary of a large document originally put together in November 2012. To some degree, it had been superseded by the Operating Plan and the CCG Prospectus (to be reviewed at the May Board and published by 31st May 2013).

The CCG Prospectus would bring together key documents such as the Operating Plan, ISOP, QIPP and Health and Wellbeing Strategy implementation plan. Support from the communications team would ensure it was shared with stakeholders.

Val Day (VD) expressed concern that the summary of the ISOP was not full enough to enable the governing body to agree the plan itself. Mary Clarke agreed, saying that that it would be a useful summary for members of the public and recommended distribution to a comprehensive

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stakeholder list for full engagement.

EB agreed to put together a timetable leading up to the publication of the CCG Prospectus by 31st May and to liaise with Clare Gummett and the operational patient and public engagement lead. **EB**

Recommendation
The Merton Clinical Commissioning Group Governing Body was requested to agree the Integrated Strategic Operating Plan 2012/13 and 2014/15

Taking account of VD's comments the governing body agree that, subject to a few minor changes, the paper be approved for publication on the website. **EB**

6.4 Draft Merton CCG Operating Plan 2013/14

EB introduced the paper explaining that the CCG was required to submit the 2013/14 Operating Plan and its constituent parts on 28 March 2013. The paper included an updated 'Plan on and Page'; a more recent draft of the 2013/14 Operating Planning template to show key milestones and achievements to date; and the local quality improvement measures selected for the quality premium programme.

VD provided further background on the quality premium including the principles applied for selection of the local quality measures. These had been chosen in discussion with governing body members, CCG clinical colleagues and managers. Conversations with local authority colleagues had also taken place to ensure the measures reflected the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

The following local measures were proposed:

- Increasing immunisation rates at 24 months
- Increasing diagnosed Chronic Obstructive Pulmonary Disease (COPD) prevalence
- Reablement

And back-up measures:

- Prevalence of atrial fibrillation
- Diabetes screening

EB stated that, at the CCG membership meeting held on 20th March, there was support for the measures and enthusiastic discussion about what could be done to deliver the measures in partnership with others. Howard Freeman confirmed that local leads and members were absolutely behind the measures.

SP asked whether any advance work had been done with providers on national measures; highlighted that the journey from enthusiasm to delivering a set of targets on local measures would be challenging; and asked about the process for approving the measures.

In response HF explained that some discussion had taken place with Kingston Hospital Acute Trust and in a similar would be had with other Acute Trusts. It was accepted that the work to achieve the measures would be challenging. EB explained that final approval for the measures would be

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via the NHS Commissioning Board, who had seen draft versions of the Operating Plan. The final set of measures would be submitted by 28th March 2013 and back-up measures were to provide the NHS CB with alternatives should they not support the first three selected.

Engagement events had taken place which could have resulted in a change to the proposed measures, however it was recognised that, for example, 're-ablement' aligned well with local authority aims to keep patients in their own homes, and the COPD measure linked with Quality and Outcomes Framework (QOF) measures to encourage joint working across the health system.

JK drew attention to how well the measures integrated with GP aspirations and QIPP programme. The quality outcome measures had been added to the draft Quality Strategy which would be brought to the Board in May.

MC commented that, on the assumption that Acute Trusts had included national quality measures in their plans, the intertwining of national and local measures would create a win: win situation for all. She suggested that preparation and planning for 2014/15 begin early in the year. This suggestion was supported by all.

SP stated, from an Acute Trust perspective, draft regulations for the national quality premium measures had been released in December 2012 but were not yet finalised. There was recognisable flow through from national to local measures.

The Chair invited comment from the public gallery. The Merton Residents' Healthcare Forum members said they would like to know more about how the CCG intended to inform the public about their CCG's strategies and plans, and working with Patient Participation Groups. The forum was looking forward to the CCG website.

EB confirmed that the CCG were pleased to have input from the public and would be communicating this in various ways in the coming weeks and months.

Recommendation(s):

The Merton Clinical Commissioning Group Governing Body was requested to:

1. Note and agree the Plan on a Page, local Quality Outcomes and draft Operating Plan Key Milestones.
2. Agree that the final Operating Plan submission will be delegated to the MCCG Executive Team.
3. Agree that the Operating Plan be shared as part of the local prospectus.

The recommendations were noted and agreed.

6.5 Merton Health and Wellbeing Strategy

The CCG was required to have a Merton Health and Wellbeing Strategy in conjunction with the local authority. VD presented the document which set out the draft Delivery Plan 2013/14 for each of the four priorities of the strategy. These had been finalised following a consultation and engagement programme and the document had been through the London

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Borough of Merton Cabinet.

There were three parts to the paper:
i) Pgs. 1-60: the actual strategy
ii) Pgs. 61 – 74: the engagement findings
iii) Final section - The delivery plan

VD referred to single page summary on page 20 which set out the four priority themes, outcomes and delivery leads core principles and enablers. It was noted that, as a result of the consultation and to demonstrate the increased commitment to improve the mental health of the population, an additional principle around 'recognising mental health as integral to wellbeing' had been added.

HF expressed thanks to VD, her team and other partners, especially Cllr. Linda Kirby, for the amount of work that had gone into producing the strategy.

Governing body members commended the coherent, thorough strategy and noted that the three local quality measures (item 6.5) would also be delivered as part of this strategy. GH stated that working together as a group had been very positive and bodes well for health in Merton in future.

Members of the public present also commended the strategy.

Recommendation(s)
The Merton Clinical Commissioning Group Governing Body was requested to approve Merton Health and Wellbeing Strategy.

The recommendation was agreed.

6.6 Revised Terms of Reference for ratification:

The following terms of reference were had been revised and approved by the individual Committees and groups. They were presented to the Governing Body for ratification.

Board Committees
- Merton Clinical Quality Committee
- Finance Committee
- Charitable Funds Committee
  The Charitable Fund Committee is a joint Committee with Sutton CCG.

Other Groups
- Executive Management Team

Recommendation:
The Merton Clinical Commissioning Group Governing Body was requested to ratify the terms of reference attached.

The recommendation was agreed and the items ratified.

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6.7 Legal Agreements with London Borough of Merton and with parties to the Royal Marsden NHS Foundation Trust Community Services Contract

VD brought to governing body members attention the legal agreements necessary for contracts and other services primarily with the London Borough of Merton and also with Sutton CCG and the borough arrangements that need to be put in place with the changes in the NHS for signing 2013/14 agreements.

The agreements must be signed by 31 March 2013 to maintain service continuity. At the time of meeting none of the agreements were complete and ready for approval but there was confidence that heads of terms agreements would be in place by 31st March.

Regarding the collaboration agreement with the Royal Marsden Hospital NHS Foundation Trust Community Services, PD noted that current agreements were due to end in March 2014. The CCG would need to give careful thought, very early in the year, to the process for the re-tender of this contract. **EB**

Regarding the Section 75 NHS Act 2006 Agreements, MC drew attention to point iii) about data sharing and requested clarification on what advice and support was being given around this subject.

VD confirmed that Information Technology and Information Governance leads within the Commissioning Support Unit were leading on this. The CCG was mindful of the complex changes in the legal position for various bodies to hold patient identifiable data (PID), however local authorities and CCGs could not work effectively together if certain levels of data were not shared.

MC drew attention to the fact that, before Chair's Action be taken on agreeing the Section 75 NHS Act 2006 Agreements, the CCG should confirm its Caldicott Guardian arrangements and ensure the appointed person agreed with the proposed arrangements for sharing information. **EB**

Recommendation(s)
Merton Clinical Commissioning Group Governing Body was requested to:
1. Agree that the necessary legal agreements be signed by Chair's Action
2. Agree those members of the Governing Body who may be needed to support the Chair to take the necessary action

The recommendations were agreed. The members of the governing body that would support Chair's Action were identified as MC, Geoff Hollier (GH), HF and EB.

6.8 Governance and Polices: update

EB updated the governing body on governance and policy development and requested agreement to continue using the NHS South West London - Sutton and Merton PCT policies until the CCG had developed its own full suite of polices. This was in line with the stance taken by other local CCGs.

As part of MCCG governance support from South London Commissioning Support Unit (SLCSU) the CCG would be receiving recommendations for CCG policies required. The recommendations would be RAG rated in

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terms of priority for development and/or review and the CCG Executive team would review the recommendations in the first instance. It was proposed, unless Board approval was necessary, policies would be approved at Committees of the Board.

The SLCSU had been asked to ensure that the Individual Funding Request policy be reviewed within the first quarter of the year.

MC requested that, once received, the proposed timetable for developing polices be shared with Board members. **EB**

Recommendation(s)
The Merton Clinical Commissioning Group Governing Body was requested to:
1) Note that the Executive Team will work with the CSU to develop the policies for Merton CCG.
2) Agree that in the meantime the CCG continue to utilise the NHS South West London - Sutton and Merton PCT policies.

The recommendations were noted and agreed.

Item 7.8 - St George's Foundation Trust Consultation – was discussed at this point in the meeting

7. To Receive and Note

7.1 NHSSM and Merton CCG Performance Management Report: Month 10

VD outlined the key issues, noting that there would be no full separation of performance data for Merton and Sutton until after 1st April so the more meaningful combined Sutton and Merton position was presented.

Performance remained broadly in line with that noted throughout the year. Included within the attachments was a useful summary provided to the Joint Boards of the SW London PCTs. It showed where performance had improved or deteriorated during 2012/13 at PCT level.

Although the actual year end was 31st March, the year end position would not be known until later, and it was likely to be July before the CCG received substantial new data. There was continued over-performance on Out Patient referrals. Other issues of note were detailed in the paper.

MC queried how performance and quality reporting would align in future, especially in regard to the increased focus on quality. JK agreed that this narrative was required and stated that conversations were ongoing with the SLCSU. **JK**

Recommendation:
The Merton Clinical Commissioning Group Governing Body is requested to consider the Scorecard and agree any actions.

The report was discussed and noted.

ACTION

7.2 Everyone Counts: Planning for Patients 2013/14

The paper was provided for information to show what lies behind planning, the quality premium and commissioning for 2013/14.

Recommendation:
The Merton Clinical Commissioning Group Governing Body was requested to note the document Everyone Counts: Planning for patients 2013/14.

The report was noted.

7.3 Better Services Better Value (BSBV): update

Charlotte Joll provided a verbal update on progress.

The pre-consultation business case was being finalised, including narrative on work to date on clinical models. The options appraisal specifications had been taken to the BSBV Programme Board on 20th March, then the Business case to Programme Board on 26th March followed by presentation to CCG boards in April. Any re-drafting would be done in early May with options for consultation being published mid-late May.

The update was noted.

7.4 Better Healthcare Closer to Home: Nelson LCC

The highlight report was noted.

PD took the opportunity to update the governing body from Better Health Care Closer to Home (BHCH) programme board meeting which had taken place that day.

(MW declared an interest in this item because his GP practice would be moving into the Nelson Local Care Centre. He remained in the room but took no part in the discussion.)

BHCH was a Sutton and Merton PCT programme in which the initial intention was to have four Local Care Centres. The viability of the Mitcham site was being tested; the Jubilee Health Centre site was almost complete; the Nelson was almost at financial close and the St Helier site was difficult to separate from the hospital proposals.

The BHCH Programme Board therefore proposed that the Sutton CCG and Merton CCG take forward their own out of hospital programmes separately. EB had discussed with Sutton CCG. The BHCH programme would be split and the Merton BHCH primary focus would be the Nelson LCC and determination on the Mitcham site. A report on this and revised terms of reference would be brought to the May board. **EB**

The period in which a judicial review could have been launched expired at midnight on 20th March. The next stage was to take the Nelson Stage 2 Business Case to the Capital Investments and Estates Committee of NHS London. This would allow for sale of the Nelson car park and financial close was set up for 27th March.

One final condition was that two GP practices sign up to a commitment to

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occupy the Nelson LCC. This was anticipated soon.

EB expressed thanks to PD, Susan Howson and the BHCH team who had worked tirelessly to ensure the Nelson LCC project happens.

HF noted that it this was his last meeting as Joint Professional Executive Committee Chair (with MW) who had jointly written the original BHCH proposals in 1999.

PD's update was noted.

7.5 Merton CCG Information Governance Assessment 2012-2013

Glyn Jones (GJ) drew attention to the need for the CCG to complete baseline assessment against the 28 standards. On the basis of the current implementation and supporting evidence the CCG was 24.7% compliant against the 28 CCG requirements.

An improvement plan would be developed to achieve the required level 2 compliance at level 2, by 31st March 2014', thereby achieving the 66.7% overall target score.

The SLCSU would be providing Information Technology and Information Governance (IG) support to give assurance on the technical side of compliance. IG risks should be identified on the CCG risk register.

The Executive Team would be monitoring progress. JK was the interim Caldicott Guardian and would therefore register with Connecting for Health. **JK**

Recommendation(s):
The Merton Clinical Commissioning Group Governing Body was requested to:
1. Accept the self assessment and score which will be made by the end of March 2013
2. Acknowledge that non-compliance represents an information risk to the CCG, which must be identified and managed through the Board Assurance Framework. **JK**
3. Provide a clear commitment to the achievement of level 2 compliance by March 2014 as the key method of mitigating the risks identified.

The recommendations were noted.

7.6 Equality Objectives: update

JK drew attention to the requirement for all public authorities to publish Equality Objectives every four years by 6 April under the Equality Act 2010, and noted that recent guidance published by the Department of Health confirmed that CCGs would be given an extension to meet their statutory duty to publish equality objectives, with a new deadline set for 13 October 2013.

This would provide Merton CCG with an opportunity to establish priorities, develop action plans and undertake meaningful engagement. The intention being to take draft objectives and supporting plan to the Merton Clinical Quality Committee, and the Board in May 2013.

ACTION

Recommendation(s):
The Merton Clinical Commissioning Group Governing Body was requested to:
1. Note the changes to legislative timelines
2. Support approach to develop and approve the equality objectives and action plan

The recommendations were supported.

7.7 Chief Officer's Report

EB emphasised key points.

HF advised that with effect from 31st March he had resigned from the partnership of Dr. H. Freeman and Partners and thus, with no pecuniary interest in a GP practice in either Wandsworth or Merton, would have no conflicts of interest in regard to Merton CCG going forward.

JK commended the Family Nurse Practitioner scheme being set up in Merton.

The report was noted.

7.8 St George's Foundation Trust Consultation

Dr Trudi Kemp, Director of Strategy, St George's Healthcare NHS Trust, was present to update the governing body on progress with Foundation Trust (FT) application and the public consultation.

She informed members that a second submission had been made to the NHS Trust Development Authority (NTDA) and the consultation with the public and stakeholders in priorities for business plans and governance of the Trust had begun. It would run for 12 weeks from 1st February to 26th April 2013.

FTs are set up in such a way that makes them accountable to the areas they serve and are membership organisations that comprise staff, patients and local population. The consultation paper set out proposals for membership constituency and responses would be welcome from stakeholder organisations and individuals alike.

HF commented that governing body members views could be contributed through the Merton CCG representative on the FT Steering Group.

EB had been involved in a series of conversation and was pleased to see that the FT vision echoed the CCG's own values.

VD was pleased with the greater degree of equality between Wandsworth and Merton now reflected in the document and felt that the needs of Merton residents would be well represented if the proposals were agreed. She asked whether the governers would include representation from primary care services. TK responded that Trust were seeking to be inclusive and would welcome primary care clinician involvement, GP or nurse. The Trust was taking the view that primary care would be present in their capacity as fellow providers rather than commissioners, acknowledging that the CCG may have a different view.

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Prof. Stephen Powis (PD) highlighted the need for training for governers; careful thought be given to the structure and number of governers, noting that smaller is better and less complex; and that Monitor would be keen to see alignment with commissioner's views. TK responded that the proposals reflected the CCG's Commissioning Intentions. Further checks would take place to ensure that there was also alignment with the Better Services, Better Value programme. The BSBV team will be asked to write to all South West London CCGs to confirm they agree.

The timelines were:

- FT team are expecting feedback from the NTDA
- final submission to NTDA in May 2013 for a board to board discussion
- Submit to Monitor in July 2013
- Authorisation circa April 2014 all being well.

It was emphasised that the quality performance bar was raising due to recommendations from the Francis Report. It was likely that external reviews would be increased and additional requirements may be added.

MC queried how, given that there were 8,000 employed staff, the balance of staff to patients to executives would be managed on the board of governers. TK replied that similar comments had been received and that it was a tricky balance to adequately represent all stakeholders without the group becoming too big and unwieldy. It was expected that changes might be made as a result of the consultation.

MW sought clarification on detail about getting the basics right, such as accessibility and patient access. TK responded that these aspects were best expressed in the Trust's Strategy.

In summary, EB stated that the CCG would put together a draft response in combination with other reference groups which would be brought to the May Board. **EB**

The Chair invited comments from the public.

Mr Pollock, local resident, asked why there are no patient representatives proposed. TK responded that the Trust had taken the view that being a patient was not necessarily a permanent state and had made no differentiation between patients and the public in regard to membership of the governing body.

Mr Pollock went on to ask about representation from the London Borough of Lambeth. Would there be restrictions based on where a person lived based on the area serviced by the Trust? TK replied that the Trust has national reach therefore there would be no restrictions on where the person chosen as a representative resided in Lambeth.

HF drew the discussion to a close by wishing the Trust success in their application for FT status.

8. Approved Minutes of Committees of the CCG Governing Body

8.1 Merton Clinical Quality Committee (MCQC):
10 December 2012; 12 February 2013

ACTION

8.2 Finance Committee: 24 January 2013

Re: MCQC February minutes
MC sought clarification on how the Committee and Board would be involved with reviewing the Francis Report and following through with providers.

JK responded that the report and its ramifications had been reviewed by the MCQC in March. The government response was awaited and all organisations had been asked to consider the report and actions required. The aims and objectives of the MCCG Quality Strategy would set out how commissioning relationships would be managed and improvements made.

EB and JK had attended a helpful event on Quality Surveillance Groups, part of the National Quality Board's network. JK commented that the groups would cover large geographical areas and further work was needed to determine how system-wide risks would be managed.

9. Approved Minutes of Other Groups

9.1 Merton Health and Wellbeing Board

The minutes in sections 8 and 9 above were received and noted.

10. Any Other Business

EB thanked Howard Freeman for his work as Medical Director for Sutton and Merton PCT, a role that would come to an end on 31st March 2013.

Mr Pollock asked for clarification on provision of the Out of Hours service until a new provider had been appointed, and what lessons had been learnt from the failure of the procurement.

EB confirmed that the current provider would continue the service and that along with Sutton CCG, Merton CCG had reviewed the procurement and applied lessons learnt. Due to commercial sensitivity no further information could be shared at this stage but GP practices were all aware of who the providers were in the interim.

EB and HF took the opportunity to say farewell to three people:

- Dr. Val Day - thanks to VD for her contribution as Interim DPH to Sutton and Merton PCT and the two emerging CCGs. She had championed Public Health cause and influenced CCG leaders.
- Jackie Moody – thanked for her leadership of the Business Support Unit and the volume of work associated with the handover and closure of the PCT, including the legal transfer scheme instructions.
- Martyn Wake – time as Joint PEC Chair with HF would come to an end on 31st March. MW was thanked for his enormous contribution over many years and in particular for his significant role in overseeing the closure of the Orchard Hill site for people with learning disabilities.

MW responded by saying how much he had enjoyed working with HF and paid tribute to HF's contribution locally and nationally, and wished him and the CCG well in the next phase.

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11. Meeting Dates for 2013/14

The Merton Clinical Commissioning Group Governing Body meets in public every two months.
Thursday 16th May 2013 at 120 the Broadway, Wimbledon, SW19 1RH
Thursday 18th July 2013 at 120 the Broadway, Wimbledon, SW19 1RH

Closure of Part 1

The governing body resolved that the public now be excluded from the meeting because publicity would be prejudicial to the public interest by reason of confidential nature of business to be conducted in the second part of the agenda.

Agreed as an accurate account of the meeting held on Thursday 21st March 2013

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Dr Howard Freeman

Chairman

Date: