

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

Thursday, 24th March 2016

Chair: Dr Andrew Murray
Present:

CChi	Dr Carrie Chill	GP Member
PD	Peter Derrick	Lay Member: Chair of Audit Committee/Vice Chair
AD	Adam Doyle	Chief Officer
CG	Clare Gummett	Lay Member: Patient & Public Engagement Lead
AH	Andrew Hyslop	Chief Finance Officer
AM	Dr Andrew Murray	Clinical Chair
SP	Prof. Stephen Powis	Secondary Care Consultant
ST	Sally Thomson	Nurse Member
DZ	Dr Dagma Zeuner	Director of Public Health, LBM

Participating Observers

CC	Cynthia Cardozo	Director of Transformation
SH	Sue Hillyard	Director of Commissioning Operations

Officers in Attendance

MW	Michele Wallington	Principal Associate, Comms & Engagement (SECSU)
GP	Greg Penlington	South West London Collaborative Commissioning (item 7.8 only)
DC	David Cotter	Principal Associate Corporate Affairs (SECSU)
MP	Moosa Patel	Capsticks
SB	Sarah Boulton	Capsticks
PS	Paul Sheriff	Capsticks
TF	Tony Foote	Minute Taker (SECSU)

Member(s) of the Public:

Louie Cohedran	Local Healthwatch Representative
Name Unclear	Merton CPL

		Action
1.	Welcome and Apologies for Absence	
	Dr Andrew Murray (AM) commenced by welcoming all, particularly Sue Hillyard and Andrew Hyslop who were both attending their first public Governing Body meeting. He also noted that apologies for absence had been received from Dr Tim Hodgson, Dr Marek Jarzembowski and Lynn Street.	
2.	Declarations of Interest	
	AM noted that all GP members of the Governing Body – with the exception of Dr Caroline Chill – should be declaring their membership of the Merton Health GP Federation. It was agreed that the Register should be amended to reflect this.	TF
3.	Minutes of previous meetings	
	To approve the minutes of Part 1 of the meeting of the Merton Clinical Commissioning Group Governing Body of the 26 th January 2016.	

	The minutes were agreed as a full and accurate record of the meeting.		
4.	Matters Arising		
	There were no additional matters arising from the minutes.		
5.	Chair's Update and Chief Officer's Report		
	5.1	Chair's Update	
	<p>AM highlighted the following aspects of his update:</p> <ul style="list-style-type: none"> • That the Governing Body is currently undergoing the yearly review – by Capsticks LLP - of its effectiveness. Today's meeting is attended by Capsticks who will also be interviewing Governing Body members and attending other CCG committee meetings. The review's findings will be discussed at the Governing Body's April Seminar and will be fed into the CCG's overall organisational development plan. • With regard to the delegated commissioning of primary care, the CCG has now completed the due diligence process and signed the agreement with NHSE. There has also been discussion with CCG's member practices who have expressed significant support to the CCG continuing to proceed on this basis • The CCG is also working with NHSE on a Personal Medical Services review. The Chief Officer will be overseeing the negotiation of this programme and he will be apprising the Primary Care Committee of the negotiation plans and timetable. <p>AM had co-ordinated a visit to the Bromley-By-Bow Centre with was attended by approximately 50 people from Merton, including Councillors, a MP, GPs and the CCG's Executive Team. The Centre – previously a small community centre – has developed into a multi-use 'campus' incorporating a Health Centre; open-faith church used as a nursery during the week; and many other facilities. It is run and maintained by a mix of full and part time staff and local volunteers. It was a very informative visit and AM thanked all who attended.</p>		
	5.2	Chief Officer's Report	
	<p>Adam Doyle (AD) highlighted the following aspects of his update:</p> <ul style="list-style-type: none"> • The CCG has undergone a number of assurance meetings with NHS England predominantly been based around the 2016/17 planning round. These included a key stocktake meeting was held with NHSE on 24th February 2016 to the CCG's planning submission. <p>Also, due to the on-going financial pressures within the commissioning system, AD had had a number of meetings with NHSE and SWL colleagues to discuss both the CCG's and the SWL CCG s' financial positions.</p> <ul style="list-style-type: none"> • A safeguarding deep dive was undertaken in November 2015 and the CCG achieved an overall assurance rating of assured in this area. The safeguarding team within the Quality Directorate have created an action plan that will be monitored by the Executive Team and reviewed by internal audit. 		

	<ul style="list-style-type: none"> The CCG was now in the final stages of the mobilisation of its new Community Services contracts to Central London Community Healthcare and Connect Physiotherapy. The CCG team and our new providers have taken the proactive step to run the two weeks prior services commencement (1st April 2016) and the two weeks after as a critical incident so that any issues as they arise can be managed in real time. <p>Clare Gummatt (CG) asked for more information about the “critical incident” approach to change over. Sue Hillyard (SH) explained that this would involve working with both the current and future provider to ensure the availability of the services -- and patient safety – from 1st April. SH added that an incident room had been set up at both the CCG’s base and that of the new provider.</p>	
6.	For Ratification from January 2016 Meeting	
	<p>AM explained that at its meeting on the 24th January 2016, the Governing Body was not quorate as no lay members were present. . Accordingly, although all items on the agenda for “Approval” were considered any decisions taken were done so in “principle” only, requiring ratification by a quorate Governing Body meeting.</p> <p>The following items were now presented to the Governing Body (with both lay members present) for formal ratification.</p>	
6.1	Public Sector Duty Annual Report January 2016	
	The decision to approve the Public Sector Duty Annual Report made by the Governing Body at its meeting on the 24 th January 2016 was ratified.	
6.2	Equality Delivery System Report 2015/16	
	The decision to approve the Equality Delivery System Report 2015/16 made by the Governing Body at its meeting on the 24th January 2016 was ratified.	
6.3	Board Assurance Framework	
	The decision to approve the Board Assurance Framework made by the Governing Body at its meeting on the 24th January 2016 was ratified.	
6.4	Merton CCG Financial Position Mth 9	
	The decision to approve the Merton CCG Financial Position (Mth 9) made by the Governing Body at its meeting on the 24th January 2016 was ratified.	
7.	For Approval	
7.1	Merton CCG Financial Position Mth 11	
	<p>Andrew Hyslop (AH) summarised the report.</p> <ul style="list-style-type: none"> CCG is reporting a break-even position for the eleven months to 29th February 2016. However, there would be no planned surplus of 1%. The consent of NHSE to this had been granted. The challenging position the CCG faces is due mainly to a number of issues: <ul style="list-style-type: none"> Overspending in acute services, continuing healthcare and prescribing Year-end issues Charges from other organisations; primarily regarding property 	

	<p>The forecast over spends are offset by slippage on investments, under spends in non-acute, utilisation of the contingency fund, return of Merton’s contribution to the SWL risk pool and the reporting of a break-even position.</p> <p>AM then asked Peter Derrick (PD) (Chair of the Finance Committee) for his views on the financial position. PD stated that the financial position had been “tightening” since September 2015 and measures to combat this had been put into place. However, recent circumstances, as outlined by AH, had meant that mitigations were no longer sufficient.</p> <p>There followed questions and comments from the Governing Body.</p> <p>Dr Caroline Chill (CChi) enquired about the reason for the increase in prescribing costs, AH confirmed this was due mainly to the rising cost of certain drugs. Sally Thomson (ST) noted that a number of challenging aspects arose from nationally directed “must dos”. AD acknowledged this but also that this applied to all NHS organisations and that the CCG must make every effort to recover its financial position as soon as possible.</p> <p>Whilst acknowledging the financial issues, CG emphasised the need to maintain a focus on the quality of services commissioned and the monitoring of this. AD acknowledged this and that such a balance – between finance and quality – had to be maintained. In response to a question from Professor Stephen Powis (SP), AH confirmed that a bill from NHS Property Services for £580k had been received but that clarification of this was being sought.</p> <p>The Governing Body approved the Financial Position (Mth 11).</p>	
7.2	Continuing Health Care	
	<p>AD presented this item, in the absence of Lynn Street (LS).</p> <p>He explained that historically Continuing Healthcare had been an area of both concerns about the service delivered and significant cost. Accordingly, the CCG was looking to re-commission the service. There were two options – both contained within the paper presented - for how this could be taken forward but it was option 2 that was being recommended to the Governing Body. Specifically:</p> <p>Option 2: Central London Community Healthcare (CLCH) is commissioned to provide all elements of the continuing healthcare service. Merton and Richmond CCG share an internal management and quality assurance post for CHC.</p> <p>AD added that the Richmond CCG Governing Body had already considered and approved Option 2.</p> <p>There followed questions and comments from the Governing Body.</p> <p>CG stated that she was very pleased with the action taken but was concerned that a Equality Impact assessment had not been carried out.. AD said he would raise this matter with LS. PD also welcomed the intended way forward and that it should bring financial savings too. ST asked whether involvement of both Merton and Richmond CCGs would entail a duplication of governance arrangements. AD assured her that LS would be working with Richmond CCG to design a suitable governance structure. CChi commented that she was also pleased at the involvement of CLCH but asked for assurance that they had the capacity to deliver the service in in line with the timeline. AD explained that this</p>	

	<p>matter had been raised with CLCH and they would initially be using their wider resources to ensure a safe and timely service, and then focusing on a Merton-specific service in due course.</p> <p>The Governing Body approved the recommended Option 2.</p>	
7.3	<p>Safeguarding Adults Report Q3</p>	
	<p>AD presented this item, in the absence of LS and explained that the report presented sets out the CCG's safeguarding arrangements and activity within commissioning and provider services across the whole health economy of Merton for Q3.</p> <p>The report focussed on the following priority areas::</p> <ul style="list-style-type: none"> • Assurance • Training • Prevent • Mental Capacity Act and Deprivation of Liberty Safeguards <p>The Governing Body had no questions on the report but congratulated LS and her team on the work done.</p> <p>The Governing Body approved the Safeguarding Adults Report Q3</p>	
7.4	<p>Safeguarding Children Report Q3</p>	
	<p>AD presented this item, in the absence of Lynn Street LS, and explained that Children's Safeguarding represented a key risk for the CCG. He added that the Governing Body would be receiving training in this field at its Seminar in April.</p> <p>CChi asked whether, with the advent of Primary Care Commissioning for CCGs, responsibility for safeguarding training would lie with the CG. AD replied that CCG already has involvement in this matter but that it would become more formalised in the future.</p> <p>The Governing Body approved the Safeguarding Children Report Q3.</p>	
7.5	<p>Financial Planning 2016 -17</p>	
	<p>AH explained that the paper showed how the CCG would be proceeding in the coming year and that, of the 3 Step Planning Process, this represented Step 2. The information included is a summary of that submitted to NHSE and, although an interim position, may remain unchanged.</p> <p>AH identified the two main issues:</p> <ul style="list-style-type: none"> • The CCG's financial problems of 2016/16 impacting upon the 2016/17 performance • The impact of the following business rules: <ul style="list-style-type: none"> - The recreation of a 0.5% (£1.2m) contingency - Creation of a 1% (£1.7m) uncommitted reserve <p>With regard to the QIPP, the initial aim was to deliver one of 2.7% (£7.3m) but informal feedback received from NHSE indicated that they were concerned at CCG's having a high QIPP target. Accordingly, it is probable that a revised target of 1.8% (£5m) will be submitted. PD stressed the importance of producing a credible plan for 2016/17.</p>	

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	<p>ST thought there to be significant risks with the proposed way forward: the tension between finance and quality; whether quality outcomes should be lowered to “good enough”; whether the overall plan is deliverable. AD acknowledged the very challenging circumstances faced by the CCG and the need to balance the commissioning of high quality services with financial prudence. The CCG will be exploring every option with regard to what services it had to commission and those it did not and difficult decisions would need to be made. With this it was vital for the Governing Body to work collectively. Dr Dagmar Zeuner (DZ) added that more work was needed between the CCG and the Local Authority about how joint funds could be best used.</p> <p>AM thanked all for their input into this very important discussion. He added that there would also be the need to engage with the public over these difficult challenges and decisions.</p> <p>The Governing Body approved the Financial Planning 2016 -17.</p>	
7.6	CCG Policies	
	7.6.1 Risk Management Policy	
	The Governing Body approved the Risk Management Policy on the recommendation of the Audit and Governance Committee.	
	7.6.2 Policy for Policy Development	
	The Governing Body approved the Policy for Policy Development on the recommendation of the Audit and Governance Committee.	
	7.6.3 Conflicts of Interest Policy	
	The Governing Body approved the Conflicts of Interest Policy on the recommendation of the Audit and Governance Committee.	
	7.6.4 Non-Clinical Incident and Near Miss Policy	
	The Governing Body approved the Non-Clinical Incident and Near Miss Policy on the recommendation of the Audit and Governance Committee.	
	7.6.5 Procurement Policy	
	The Governing Body approved the Procurement Policy on the recommendation of the Audit and Governance Committee.	
	7.6.6 Information and Communications Technology (ICT) Policies	
	The Governing Body approved the Information and Communications Technology (ICT) Policies on the Senior Information Responsible Officer.	
	Additionally – in respect of all policies above – the Governing Body approved a three year review cycle.	
7.7	Audit and Governance Committee Terms of Reference	
	AH presented this item and highlighted that the changes requested by the Audit and Governance Committee had been incorporated.	
	The Governing Body approved the revised Audit and Governance Committee	

	Terms of Reference.	
7.8	Revised Governance Proposals for next phase of programme to deliver Five Year Strategy - South West London Collaborative Commissioning	
	<p>Greg Penlington (GP) (South West London Collaborative Commissioning) joined the meeting to present this item. He explained that there was now the need to provide a 5 Year Plan and a Sustainability Plan and the revised governance arrangements reflected this.</p> <p>There followed questions and comments from the Governing Body.</p> <p>AD asked how this new national requirement could be integrated with the existing governance of the South West London & Surrey Downs Healthcare Partnership (the Partnership). GP relied that a “hybrid” approach was being taken with two aims in mind: (i) keeping governance arrangements as simple as possible; (ii) avoiding duplication. SP enquired whether the Partnership and SWL Strategic Planning Group (SWLSDP) would be chaired by the same person. AD confirmed that this would not be so: the Partnership would be chaired by Sir Andrew Morris and the Group by Kathryn Magson.</p> <p>ST emphasised the need for all associated risks to be thought through and was concerned that an equality impact assessment had not been carried out on the paper. GP said he would feed this back. PD wanted an assurance that he revised arrangement were “fit for purpose” and GP responded that this was recognised by the Partnership and all partners had been involved in its formulation.</p> <p>CG expressed concern that lay people may find the arrangements too complex and so be unable to comment on them. GP stated that the Partnership’s Communications Team was working on this and there would be patient/public representation on all working groups. He added that the Partnership appreciated that clarity of message was vital. DZ stressed the need to be pragmatic and that Merton Local Authority was already working with their partners. GP agreed with this and that the Partnership was aware of the benefits working with Local Authorities.</p> <p>SP commented that the existing mechanisms for joint working should not be disregarded, but built upon. Duplication must be avoided.</p> <p>AM asked about the cost of the governance arrangements to the CCG. GP did not have exact figures available but AD stressed that it was his expectation that all involved would be contributing towards the cost.</p> <p>The Governing Body approved the Revised Governance Proposals for the next phase of programme to deliver Five Year Strategy.</p>	
8.	For Review	
8.1	Quality and Performance Exception Report	
	<p>AD presented this paper and highlighted the following points:</p> <ul style="list-style-type: none"> • In December 2015 the CCG did not meet the constitutional standards for 18 Week referral to treatment on incomplete pathways, 6 week wait for diagnostics, 4 hour wait for A&E, 31 Day wait for first definitive cancer treatment, 31 day wait for cancer surgery, Ambulance response times. 	

	<p>However, AD was confident that the position on cancer waits would be recovered.</p> <ul style="list-style-type: none"> Improving Access to Psychological Therapies – The CCG is in line to meet its recovery trajectory. <p>There were no comments or questions from the Governing Body</p> <p>The Governing Body reviewed the Quality and Performance Exception Report.</p>	
8.2	Board Assurance Framework	
	<p>AH presented this item and highlighted the following:</p> <p>Risk 1000 – relating to the performance of the Continuing Health Care service and plans for future service delivery - has been added to the Framework.</p> <p>Risk 798 – relating to the CCG being unable to its planned budget - has increased from an amber (high) to a red (very high) rated risk.</p> <p>Risk 962 – relating to quality outcomes becoming unsustainable – this risk to be re-scored once the impact of the Sustainability and Transformation funding had been fully appraised.</p> <p>The top five rated risks facing the CCG at present are:</p> <ul style="list-style-type: none"> 938 - Potential over performance of acute contracts 1000 – see above 798 - see above 961 – Potential impact of lack of collaboration may have upon high quality sustainable solutions. 962 – see above <p>AH stressed the need for all risks, and their mitigations, to be closely monitored and AD added that he would be holding a session with the Executive Team to review and challenge current risk ratings.</p> <p>The Governing Body reviewed the Board Assurance Framework and confirmed:</p> <ul style="list-style-type: none"> That the risks described represent the main strategic risks to the delivery of the CCG’s plans. That the mitigating controls adequately increase the probability of the CCG delivering its plans Any gaps to mitigating controls or actions that would provide improved assurance of delivery to the Executive Team 	
8.3	Planning Update for 2016/17	
	<p>Sue Hillyard (SH) presented this paper and invited questions and comments from the Governing Body.</p> <p>CG asked for more detail about the QIPP project “Case finding for the over 50 age group.” SH explained that this entailed finding out the needs and expectations of this sector.</p> <p>The Governing Body reviewed the Planning Update for 2016/17.</p>	
9.	For Note Only	
9.1	Approved Minutes of Committees of the CCG Governing Body	

	The minutes were noted.	
10.	Any Other Business	
	<p>There were three questions from the public gallery.</p> <p>(i) What was the possibility of a new hospital project for Epsom and St Helier Trust?</p> <p>AD responded that the Programme Board would be looking at all issues across South West London and Epsom and St Helier Trust estates would be included in this.</p> <p>(ii) What was the current status of social care and safeguarding?</p> <p>AD replied that the CCG had a very good partnership with the Local Authority and work was ongoing to ensure that Adult Safeguarding was at the same level as that for Children.</p> <p>(iii) The questioner firstly commented that the meeting compared favourably to others she had attended. The questioner then asked about “bed blocking” and what were the issues behind this?</p> <p>AD stated that this was a national issue but that locally Merton had a good record, although AD appreciated there could always be improvement and the CCG was working with the Local Authority on this.</p>	
11.	Meeting Close	
	Part 1 of the meeting was closed at 11.00am.	
12.	Date of Next Meeting	
	20 th May 2016 2.30pm – 5.00pm 120, The Broadway, Wimbledon SW10 1RH	
<p>Agreed as an accurate account of Part 1 of the meeting held on Tuesday, 24th March 2016.</p> <p>.....</p> <p>Dr Andrew Murray – Chair of the Governing Body</p> <p>Date:</p>		