

**REPORT TO MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 20th May 2016

Agenda No: 5.2

Attachment: 04

Title of Document: Chief Officer's Report	Purpose of Report: To note
Report Author: Adam Doyle, Chief Officer	Lead: Adam Doyle, Chief Officer
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Executive Summary: This report covers the main updates and activities undertaken by the Chief Officer in a number of strategic areas.	
Key sections for particular note (paragraph/page), areas of concern etc: Staff recruitment, contract position and assurance meetings.	
Recommendation(s): The Governing Body is asked to note this paper and to ask any questions relevant to the content.	
Committees which have previously discussed/agreed the report: Nil – this report is provided for the Governing Body	
Financial Implications: Each of the areas discussed within the paper have a financial element to some extent. However, there is nothing extraordinary for noting in relation to finance.	
Implications for CCG Governing Body: <ul style="list-style-type: none"> • For note and discussion 	
How has the Patient voice been considered in development of this paper: <ul style="list-style-type: none"> • All areas have impact on patient care and experience • Commissioned work to assess services for the LGBT community 	
Other Implications: Nil of note	
Equality Assessment: Each of the areas discussed within the paper have an equalities element to some extent. However, there is nothing extraordinary for noting in relation to equalities.	
Information Privacy Issues: Nil of note	
Communication Plan: Aspects of the report are communicated through the appropriate internal and external communications channels.	

**Merton Clinical Commissioning Group
Chief Officer Report
May 2016**

Introduction

This is the report for the Chief Officer to the Governing Body of Merton CCG. It covers the strategic developments and operational matters since the last Chief Officer's update to the Governing Body in March.

Staffing changes

I am pleased to announce the following new members of staff:

- Chris Moreton, Deputy Chief Finance Officer has joined us and will support the Finance Directorate
- Sangita Karelia, Head of Continuing Healthcare joined us in early May. This is the appointment we agreed to work with us and Richmond CCG to manage the overall transition of services from the South East Commissioning Support Unit to Central London Community Healthcare.

I have also taken on the comments from the Governing Body Effectiveness review and Director of Quality will now be the responsible Director for Governance and Corporate Affairs. This will mean that the remit for performance will transfer to the Director of Commissioning Operations.

CCG Assurance Framework 2015/16

I am awaiting the CCG's overall assurance rating for 2015/16. The Governing Body will recall that we will be rated in each of the following 5 domains:

- Well led
- Delegated functions
- Finance
- Performance
- Planning

Once I have received the rating, I will ensure the Governing Body is informed.

Planning and financial assurance

Merton CCG has continued to be part of regular assurance meetings with NHS England since the last Governing Body meeting. These have predominantly been based around the 2016/17 planning round. We had a further financial review meeting with NHS England on (as mentioned in the Clinical Chair' update) 4th May 2016.

I have also set up a weekly Finance Recovery Group to monitor actions on our 2016/17 plan and to ensure that there are robust plans to address our issues. The key areas of focus will be covered off as part of today's agenda

Continuing Healthcare deep dive

We attended a Continuing Healthcare (CHC) deep dive with NHS England on 18th April to discuss our plans with CHC services. We decided to do this meeting in close collaboration with Richmond CCG as we have been working with them to resolve our issues in this area. We are awaiting feedback from this meeting which we will provide to the Governing Body in due course.

2016/17 Contract Position

This has been a particularly challenging contracting round and the requirement to have fully aligned activity, performance and financial plans that are agreed across the commissioner and provider has meant we have had to work hard to get contracts agreed and signed. At the time of writing, I am pleased to say that we have signed contracts with all of our main providers which are as follows:

- Central London Community Healthcare
- Epsom and St Helier University Hospitals Trust
- Kingston Hospital NHS Foundation Trust
- St George's University Hospitals NHS Foundation Trust

We act as host for the South West London and St Georges Mental Health Trust contract on behalf of Kingston, Richmond, Sutton and Wandsworth CCGs. I am pleased to say that after significant work by our team, we have managed to secure an agreed position across all five CCGs (including ourselves) and have signed the contract. I would like personally thank Sue Hillyard, Andrew Hyslop and Owen White for getting us into this position.

Delegated commissioning of Primary Care

We have held two Primary Care meetings since 1st April 2016 and have been working through how we ensure we manage the appropriate conflict of interest and the operating model for the organisation. We have agreed that we will hold our meetings in public once we are in a position to and aim to implement this later this summer.

Industrial Action

Since the last Governing Body we have been continuing to manage the impact across Merton of the industrial action following the breakdown in negotiation regarding junior doctor's contracts.

The Executive Team and I have monitored the impact on our local Trusts and across SWL and our providers have managed these difficult days well. I visited South West London and St Georges Mental Health NHS Trust on the day of industrial action and was assured by the robust plans that the Trust had in place.

Community Services Mobilisation

I am very pleased to confirm the mobilisation of our new Community Services contracts to Central London Community Healthcare and Connect Physiotherapy has gone very well. As previously stated, I have asked the Director of Commissioning Operations and the Director of Quality and Performance to perform a post 90 day assessment of the transfer of these services. This report will be provided to the Clinical Quality Committee for discussion and a full appraisal of any issues that have arisen.

Adam Doyle
Chief Officer
May 2016