



**Merton**

**Clinical Commissioning Group**

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

**Thursday, 25<sup>th</sup> September 2014**

**Vestry Hall, Cricket Green, 336 – 338 London Road,  
Mitcham CR4 3UD**

**Chair: Dr Howard Freeman**

**Present:**

|    |                     |  |
|----|---------------------|--|
| EB | Eleanor Brown       | Chief Officer  |
| CC | Cynthia Cardozo     | Chief Finance Officer                                |
| MC | Mary Clarke         | Independent Nurse Member                             |
| PD | Peter Derrick       | Lay Member: Chair of the Audit Committee/ Vice Chair |
| HF | Dr Howard Freeman   | Chair Designate/ Clinical Leader                     |
| AM | Dr Andrew Murray    | Clinician - GP                                       |
| SP | Prof. Stephen Powis | Secondary Care Consultant                            |

**Participating Observers**

|    |                       |                                       |
|----|-----------------------|---------------------------------------|
| AD | Adam Doyle            | Director of Commissioning & Planning, |
| MJ | Dr Marek Jarzembowski | Chair. Local Medical Committee        |
| LS | Lynn Street           | Director of Quality                   |

**Supporting Officers**

|    |               |                                |
|----|---------------|--------------------------------|
| SM | Sarah Campion | SWL Commissioning Support Unit |
| DC | David Cotter  | SWL Commissioning Support Unit |
| SM | Sean Morgan   | SWL Commissioning Support Unit |
| FW | Fazia Waheed  | SWL Commissioning Support Unit |
| TF | Tony Foote    | SWL Commissioning Support Unit |

**Member(s) of the Public:**

|                               |                                |
|-------------------------------|--------------------------------|
| Daphne Hussein                | Member of the public           |
| Pat Tunstall                  | Merton Residents' Health Forum |
| Sue Clark                     | Merton Residents' Health Forum |
| David Barker                  | Merton Residents Health Forum  |
| Tony (unable to read surname) | Resident                       |

**ACTION**

**1. Welcome and Apologies for Absence**

Dr Howard Freeman (HF) commenced by welcoming members and all in attendance; noting that the meeting was in public, not a public meeting.

The following apologies were noted: Dr Caroline Chill, Dr Kay Eilbert, Clare Gummatt.

**2. Declarations of Interest**

HF requested the Governing Body members to declare if their entry upon the Register of Declared Interests was not a full, accurate and current

statement of any interests held.

Prof. Stephen Powis (SP) declared a new interest: Director, Health Services Laboratories LLP.

This was noted by the Governing Body.

### 3. Minutes of previous meetings

To approve the minutes of the meeting of the Merton Clinical Commissioning Group on 31<sup>st</sup> July 2014.

The following amendment to the minutes was requested:

Pg. 1, In Attendance

“Quality and Diversity Lead “

Be amended to:

“Equality and Diversity Lead “

With the incorporation of the requested amendment, the minutes were approved as a full and accurate record of the meeting.

TF

### 4. Matters Arising

4.1 Action Log - actions arising from meeting of the 31<sup>st</sup> July 2014.

The progress made against the actions was noted.

### 5. Chair and Chief Officer's Update

5.1 Chair's Update – verbal

HF informed all present that the Governing Body meeting would be followed by the CCG's first public Annual General Meeting.

In addition to this, the CCG had already held its Members' Annual General meeting. This had been attended by all twenty five GP Practices who had engaged well with, and were pleased with the progress made by, the CCG.

5.2 Chief Officer's Report

Eleanor Brown (EB) presented her report, covering the following topics.

#### **CCG Development**

Sedina Agama has been appointed to the role of Chief Pharmacist and Assistant Director – Medicines Optimisation, also acting as the CCG's main lead for working with community pharmacies.

The CCG's Constitution states that every two to three years all Governing Body members' terms of office should change (except the roles of Chief Officer, Chief Finance Officer and Director of Public Health). Therefore the CCG will be undertaking a process of application, selection and, where appropriate, election or ratification over the next eighteen months. In line with the Constitution, it is proposed this process takes place from November

2014 with recruitment to the Clinical Chair of the Governing Body.

### **Service Development**

Assisted Conception – EB was pleased to announce that, effective from 29<sup>th</sup> August 2014, the CCG has reinstated funding for one cycle of IVF treatment for new patients in Merton. Couples who are struggling to conceive are able to speak to their GP about a referral to local fertility services.

This brings the CCG in line with the majority of other areas in South West London. EB said she was aware that many will be disappointed that it is not possible, at this time, to deliver the NICE recommendation of funding three cycles of IVF treatment. However, the CCG would continue to review the situation to establish if it was possible to offer more cycles in the longer term.

Complex Depression and Anxiety Service – the CCG has agreed to increase its investment into Mental Health services and are commissioning a Complex Depression and Anxiety Service to improve care for people who suffer from complex depression and to ensure we have appropriate patients attending Improving Access to Psychological Therapies (IAPT) services.

Transforming Primary Care - NHS England London is developing a framework for Primary Care. This will require change in the following areas which form enablers:

- Development of practice networks;
- Primary Care Workforce;
- Technology-enabled care;
- Co-ordination of care;
- Proactive care;
- Primary Care estate review.

To date, Merton CCG has undertaken the following to ensure it is supporting Primary Care Transformation:

- Development of practice networks:  
Over the past year the CCG has been working with the Locality Clinical Leads to support ways in which practices within their locality could work together. The Raynes Park locality was successful in gaining funding from the Office of London CCGs for facilitated time to look at options for joint working. To ensure that other localities are offered support to undertake this thinking and to ensure that best practice is shared across all the localities, Merton CCG has commissioned some short term organisational development work.
- Primary Care Workforce  
The CCG has identified the need for a co-ordinated and strategic approach to the development of the Primary Care Workforce, establishing an advisory Education and Training Group comprising representatives from Practice Nurses; Practice Managers; GPs; CCG staff.

The CCG has also a Primary Care Support and Development Team to co-ordinate and advise on education for the workforce and, in South West London, there has been a review of future workforce requirements as part of both the Commissioning Collaborative's

Strategic Plan and the Transforming Primary Care London programme.

- **Technology-enabled care**  
Due to the ongoing issues with primary care IT in Merton, the CCG has agreed to underwrite the costs of delivering the roll out of new hardware and software upgrades in Merton practices.
- **Co-ordination of care**  
All Merton practices have a risk stratification tool and the CCG has constructed a simple guide on how to use this to select patients for care planning. As practices are able to identify their most at risk patients and proactively plan the care required, so unnecessary hospital admissions are reducing.

Community services and social care have aligned their structure to meet that of the localities, facilitating smoother communication between clinicians and professionals. This, in turn, ensures better co-ordination of care for patients, and further work is ongoing as part of this Integrated Care project.

- **Proactive care**  
The CCG has invested in services provided by Primary Care for patients over 75 years of age. The services have been designed to complement the Direct Enhanced Service commissioned by NHS England.

On a monthly basis each practice is given robust data and the CCG expects this approach will see a significant improvement in specific areas. Sessions around informing GPs of upcoming changes to planned care pathways in these areas, with educational updates, are also being undertaken.

- **Primary Care Estate Review**  
The CCG is working with NHS England to develop an estate strategy, to include local care centres and changes to other Primary Care premises.

The CCG has set up an internal task and finish group chaired by the Clinical Chair, to consider next steps in Transforming Primary Care in Merton and there will be further updates to the Governing Body on this area as appropriate.

### **Commissioning and Planning**

Better Care Fund - Merton CCG and London Borough of Merton submitted its Better Care Fund (BCF) Plan on 4<sup>th</sup> April 2014. As part of a national review of all submissions, it was requested that all health and social care economies resubmitted their plan in line with new guidance. To meet the national deadline for submission the documentation was signed off by Dr Freeman, as Clinical Chair of the CCG, and Cllr Cooper-Marbiah, as Chair of the Health and Wellbeing Board and submitted to the Department of Health on 19<sup>th</sup> September 2014. This is also an item on today's agenda.

This has been a significant piece of work and EB thanked James Corrigan, (Project Lead for Integration); Murrae Tolson (Head of Health Systems and Performance); Simon Williams (Director of Housing and Community, London

Borough of Merton) and Shamal Vincent (Performance Officer, London Borough of Merton) for their hard work in ensuring the submission was completed.

Co-commissioning Primary Care - Further NHSE guidance regarding the co-commissioning of Primary Care is expected in October. In the meantime, the CCG is working with other South West London (SWL) CCGs to look at how collaborative working can ensure best use of current resources to fulfil the functions required within the scope of Co-commissioning Primary Care.

### **System Resilience**

As previously reported, as part of the drive towards joined up services, System Resilience Groups (SRGs) have been established to ensure a robust review of any issues that may result in patients attending unnecessarily A&E, or are unable to be discharged in a timely way. The CCG is an active member of both the St George's and St Helier SRGs and the CCG's plans submitted on 30<sup>th</sup> July came back as assured but with the need to provide NHS England with further information before it is signed off completely. The CCG is now working with other local CCGs and our providers to ensure that all schemes to support system resilience are up and running from 1<sup>st</sup> October 2014.

### **Mental Health**

As co-ordinating commissioner for South West London and St. George's Mental Health NHS Trust, the CCG is working closely with Kingston CCG to review the plans for proposed estates configuration and subsequent consultation.

The CCG has reviewed the Trust's estates strategy and note that over the course of the five year plan there will be a reduction in the headcount and skill mix of staff delivering care within the community. We note that these figures also tie into the Long Term Financial Model (LTFM) that the Trust has proposed. As commissioners we have agreed the Trust's Cost Improvement Plan (CIP) form 2014/15 and this equates to a real terms headcount reduction of five Whole Time Equivalent staff within Merton through a more efficient use of staffing. As part of our two year operating plan we are aware that that we need to allocate an increase level of community resources to mental health services and are working internally, reviewing how we would apply a financial efficiency to the Trust in forthcoming years. We expect that our efficiency in the short to medium term would be reinvested within the Trust to deliver a more resilient community mental health service. This will take time due to Merton's residual distance from financial allocation target. We have indicated to the Trust our commitment to improve mental health outcomes for our patients and feel that over time we can realise this ambition.

As such Merton CCG is in a position to support the estates consultation, with the following caveats to the process to be applied:

- Kingston CCG as coordinating commissioners will ensure that all public and patient involvement activities are communicated widely to associate commissioners;
- That, over the contracting rounds for 2015/16 and 2016/17, the Trust is able to demonstrate that it has reviewed its corporate services to meet its internal savings targets.

The consultation is likely to begin at the end of September 2014.

### **Honour for Services to Patient Care**

EB formally congratulated HF on his recent award of an MBE for services to Primary Care. The Governing Body members also offered their congratulations.

## **6. For Ratification**

### **6.1 Better Care Fund Plan Resubmission**

HF explained to the Governing Body that the Better Care Fund Plan resubmission documentation now presented had been prepared against a very tight deadline. This is due to the timescales for a comprehensive re-drafting of the plans and the reason why it was not possible to get full Governing Body approval for the final version. Accordingly, this was done via "Chair's Action" which the Governing Body is now asked to ratify.

The Plan template is significantly different from the previous version submitted in April 2014 and, in particular, there is a predominant focus on creating a case for change that results in a 3.5% reduction in non-elective admissions (NELs) in 2015/16. Failure to meet this target will proportionally result in up to £894,000 of the BCF Fund being referred back to the Health and Wellbeing Board to be used to fund healthcare based interventions, i.e. to pay for the spells in Acute hospitals that were not avoided by BCF Schemes.

The Finance Committee considered and approved the re-submission at its meeting on the 15<sup>th</sup> September 2014. Following approval by the Committee, the documentation was submitted to HF and Cllr Cooper-Marbiah (Chair of the Health and Wellbeing Board) on the 16 September and duly signed-off by both. The documentation was then formally submitted to NHS England in time for the deadline of 19<sup>th</sup> September 2014. .

Peter Derrick (PD) (Chair of CCG Finance Committee) confirmed that the re-submission had been reviewed thoroughly by the Finance Committee and recommended to the Governing Body.

Mary Clarke (MC) asked about the aim of the work on IT systems. Adam Doyle (AD) replied that it was intended to lead to inter-connectivity. MC also enquired whether there would be clinical representation on the Merton Integration Board. EB assured her that clinical input was delivered at a different level and the Clinical Directors were already working on this.

The Merton Clinical Commissioning Group Governing Body ratified the signing off of the Better Care Plan Re-submission.

## **7. For Approval**

### **7.1 Duty to Involve Annual Report 2013/14**

Lynn Street (LS) presented this item and explained that there was a duty on NHS organisations to report annually on both their engagement and consultation activity and the influence people's views have had on the commissioning of local services.

LS highlighted a number of aspects of the report:

- a statement from Healthwatch Merton who play a central role in acting as a patient and consumer champion for health and social care services.
- Specific involvement events: Engage Merton, the findings of which informed CCG priorities and commissioning plans for 2014/15; A Call to Action that included an online survey through existing communications and engagement channels with hard copies of the survey available from GP Practices, libraries.
- Equality Delivery System: Department of Health tool for monitoring equality outcomes, was refreshed in 2013 to reflect the changes in the NHS structures and streamline the framework.
- Members Engagement - achievements from each of the three localities, encompassing twenty five practices, including the Patient Participation Groups.
- The Patient Advice and Liaison Service (PALS) deals with information requests, issues and concerns raised by patients and members of the public.
- The CCG's future engagement plans.

Both EB and HF congratulated LS and Clare Lowrie-Kanaka (Merton CCG Patient and Public Engagement Manager) on an excellent report.

Prof. Stephen Powis (SP) also commended the work carried out but asked whether there was anything the CCG could be doing better. LS responded that the CCG was re-launching the Patient Reference Group programme. In response to a question from the public gallery requesting more public events in future, and more representation at these of "ordinary people", EB stated that there would be further events and that lessons had been learned from previous events about ensuring as representative an attendance as possible.

The Merton Clinical Commissioning Group Governing Body approved the Duty to Involve Annual Report 2013/14.

## 7.2 Effective Commissioning Initiative Policy 2014-2015

LS explained that the development of the South West London Effective Commissioning Initiative (ECI) 2013/14 was led initially by the Public Health Department of Croydon PCT. In February 2013, Croydon PCT ceased the co-ordination role and, in October 2013, the constituent CCGs (Croydon, Kingston, Merton, Sutton, Richmond, and Wandsworth) agreed to fund the South London Commissioning Support Unit (SLCSU) to take on the co-ordination role on their behalf. In the interim, an extension of the ECI 2013/14 policy was agreed by the CCGs from April 2014 until September 2014 with the expectation that a refreshed ECI Policy would be approved in August 2014.

The SWL ECI Review Group met on 02/09/13, 02/12/13, 30/01/14, 05/03/14, 28/05/14 and 09/07/14.

The ECI Policy was amended to include necessary updates and NICE recommendations. The Policy was agreed by the ECI Group on 28/05/14 and it was then circulated to local providers for clinical consultation. The results of this showed limited or no clinically-relevant resistance to the policy

changes.

The ECI 2014/15 Policy is now ready for formal CCG approval, allowing the policy to be published and included within Acute Contracts.

Work has commenced on the review for 2015/16.

The Merton Clinical Commissioning Group Governing Body approved the Effective Commissioning Initiative Policy 2014-2015

### 7.3 Individual Funding Requests Policy

LS informed the Governing Body that in the transition from Primary Care Trust to CCG the SLCSU took over the administrative function for Individual Funding Requests (IFR) and Effective Commissioning Initiative requests.

The NHS SWL Policy and operating procedure for IFR was approved originally in October 2011. In September 2013 an extension to the existing policy was approved by the SWL CCGs, pending a review that would result in a single South London IFR Policy by April 2014. In addition each of the twelve participating CCGs would have their own South London IFR Operating Policy which details variations to the general policy.

Following a number of meetings held since October 2013 of representatives from the twelve CCGs IFR panels, a final policy was produced by the SLCSU 2014 for ratification across the twelve CCGs.

LS explained that the aim of the policy now presented was to improve the process and ensure greater contact between the Panel making the decision and the clinician making the request. Also included is an option by which, if the standard process is taking an undue length of time, cases can be escalated.

The importance of the requesting clinician being kept informed, and the timeliness of decisions, was emphasised by HF, SP and Dr Andrew Murray (AM).

AM also raised a concern over the nature of decisions made by IFR Panels; that the “exceptionality” of a request – the most likely factor in a successful request – could be open to subjectivity. LS said she would explore the possibility of an audit of panel decisions.

LS

A member of the public gallery asked what type of requests were considered by panels. LS explained that these would relate solely to individual patients and their treatment and not services as a whole.

The Merton Clinical Commissioning Group Governing Body agreed the Individual Funding Requests Policy

### 7.4 Merton CCG Financial Position Month 5

Cynthia Cardozo stated that the CCG is reporting on plan for both year to date (ytd) and full year forecast (fyf).

With regard to acute services, the overall spend is broadly in line with contract value both ytd and fyf, though there are over and under-spends on individual provider contracts. This represents a satisfactory position and is

an improvement on that for the period last year when compared to plan. However the CCG must remain cautious in outlook and maintain vigilance as the acute position can change materially over time.

The QIPP (Quality, Innovation, Productivity and Prevention) position reported shows 89.7% achievement ytd and 97% fyf; ytd £32,000 under achievement and fyf 32,000 over achievement

All other areas of the CCG's activities, including prescribing costs, are reported on plan.

PD confirmed that the Finance Committee had reviewed the report, He felt that, overall, position was manageable but remained concerned at the position of St George's.

The Merton Clinical Commissioning Group Governing Body approved the Merton CCG Financial Position Month 5

## 8. To Receive and Note

### 8.1 Commissioning Intentions

- (i) Merton CCG
- (ii) South West London Collaborative Commissioning

AD presented this item and explained that the CCG's commissioning intentions (i) relates to local issues for the period 2015/16, and the South West London Collaborative Commissioning (SWLCC) commissioning intentions (ii) relates to acute providers across the SWL area for the period 2015/16. The latter includes detail of how collaboration would work and will be reviewed by all six SWL CCGs.

EB felt that both documents were very comprehensive.

AM was concerned that the CCG's local intentions may become diluted by being combined with the more wide-ranging SWLCC intentions. He noted that the SWLCC document contained no reference to drug and alcohol services but AD assured him that these would be included in the final version.

MC had queries that related to both documents:

- (i) That neither, in their cover sheets, indicated any patient and public engagement or that an Equality Impact Assessment had been carried out.
- (ii) That more detailed demographic information should be included.

AD assured MC that (i) would be looked into and that (ii) should be covered by the Strategy but that he would also look further into this.

**AD**  
**AD**

The Merton Clinical Commissioning Group Governing Body noted the Commissioning Intentions of both Merton CCG and the South West London Collaborative Commissioning

### 8.2 NHSE and Local Merton CCG Balance Scorecard

CC presented this item and explained that the Scorecard had been re-designed to reflect the NHSE's six domains by which CCG's are monitored:

Domain 1: Quality of services  
Domain 2: Patient and the public involvement  
Domain 3: Commissioning for Health outcomes  
Domain 4: Governance  
Domain 5: Partnership working  
Domain 6: Leadership

CC stated that, overall, the CCG had performed well in Quarter 1 with operating plans and delivery structure for 2014-15 being embedded in the organisation.

There were concerns at St George's non delivery of Performance targets, particularly regarding A&E. These were being addressed and improvement was expected in quarter 2.

SP commented that issues relating to A&E were often challenging as the cause of the problem could lay elsewhere within a hospital and only manifest itself at A&E. He asked whether CC was confident about future delivery and also whether the CCG was doing enough to support the Trust.

CC responded that St George's had an action plan in place which, by quarter 3, should ensure greater bed capacity. It was also intended that part of the Better Care Fund would be used to support a discharge team.

AD added that it was important to look at any problems "in the round". The Trust had been asked what would help and had responded that better support from community services and more "joined up" services would be of most benefit.

The Merton Clinical Commissioning Group Governing Body noted the Balance Scorecard

### 8.3 Improving Access to Psychological Therapies (IAPT) Procurement

AD explained that the paper presented was an update on the procurement of IAPT services under a new contract in 2015.

The current contract for IAPT services, a joint service across Merton and Sutton CCGs, is held by South West London and St George's Mental Health NHS Trust. The contract has been extended a number of times beyond its original length. Performance is below the targets within the contract for both access and recovery rates, with the national targets now mandated at a higher level than in the current contract.

An earlier paper describing the various options available to the CCG was considered by the Clinical Reference Group. The model agreed was substantially different from the Sutton CCG model and consequently the two CCGs agreed to procure the service separately.

The procurement is now on track for a new contract to begin on 1 October 2015. An advertisement to attract potential providers was published in August 2014.

The Merton Clinical Commissioning Group Governing Body noted the update on the Improving Access to Psychological Therapies Procurement.

### 8.4 Community Services Project Initiation Document

AD informed the Governing Body that community services to the Boroughs of Merton and Sutton are currently provided by The Royal Marsden NHS Foundation. The contract for this was originally entered into by Sutton and Merton Primary Care Trust in April 2011 for a contract term of three years with an option to extend for a further two years. The option to extend by two years has been exercised and the contract will now expire at the end of March 2016.

A full competitive procurement will need to be undertaken in order to identify and appoint a preferred partner for the provision of community services post March 2016. Such services will be for Merton only.

AD gave an assurance that the procurement process would be very diligent and follow the correct methodology. This would be led by Dr Andrew Murray, in his position as both a Clinical Director of the CCG and a member of the Governing Body.

SP asked what had been learned from the provision of services under the current contract that can be applied in the forthcoming process. AD replied that the CCG would be taking a more evidential approach. There was very little benchmarking information about community services available and so the CCG would be taking a lead in this area.

In response to two questions from MC, AD gave an assurance that a recent report on community nursing by the South London Nurse Network would be taken into account, and there would be further clarification provided regarding the roles of individuals on the Project Board.

AD  
AD

PD suggested that the Project Board should report regularly to the Finance Committee. This was agreed.

The Merton Clinical Commissioning Group Governing Body noted the Community Services Project Initiation Document

## 9. For Note Only

### 9.1 Annual Audit Letter

The Merton Clinical Commissioning Group Governing Body noted the Annual Audit Letter

### 9.2 Approved Minutes of Committees of the CCG Governing Body

Finance Committee 17.06.14; 22.07.14

Clinical Quality Committee 11.07.14; 08.08.14

Audit & Governance Committee 28.05.14

The Merton Clinical Commissioning Group Governing Body noted the approved minutes of Committees.

## 8. Any Other Business

There was no further business to discuss.

**9. Meeting Dates for 2014**

The Merton Clinical Commissioning Group Governing Body meets in public every two months.

Thursday, 20<sup>th</sup> November 2014 – 9.00am.  
Venue: Civic Centre, London Road, Morden, SM4 5DX

**10. Closure of Part 1**

The Chair declared the meeting closed at 11.20am.

Agreed as an accurate account of the meeting held on Thursday, 25<sup>th</sup> September 2014

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Dr Howard Freeman - Chairman

Date: