



South West London
Merton Clinical Commissioning Group

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

**held on Thursday 24th January 2013
at**

2pm

120 The Broadway, Wimbledon, London, SW19 1RH

Chair: Dr Howard Freeman

Present:

PA	Dr Paul Alford	Merton CCG GP Clinical Board Member
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
GH	Dr Geoff Hollier	Merton CCG GP Clinical Board Member
KMcK	Karen McKinley	Chief Finance Officer

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

In Attendance:

MN	Sarah Ives	Interim Director of Commissioning and Planning: MCCG
MW	Dr Martyn Wake	Joint PEC Chair

Supporting Officers

JF	Jo Flint	Communications and Engagement Lead: NHS South London CSU for item 7.6
SH	Sue Howson	Better Healthcare Closer to Home Project Lead
JM	Jackie Moody	Corporate Affairs Manager: NHS South London CSU
MP	Mary Palmer	Operating Plan Project Lead
WS	Wasia Shahain	Equality and Diversity Lead: NHS South London CSU for item 6.2

Members of the Public:

SC	Sue Clash	Merton Residents Healthcare Forum
AMc	Andrew McCoig	Chief Executive Officer: Merton, Sutton and Wandsworth Local Pharmaceutical Committee
PM	Paresh Modasia	Wimbledon Park Resident/ Merton Residents Healthcare Forum
TP	T Pollak	Local Resident
PT	Pat Tunstall	Merton Residents Healthcare Forum

ACTION**1. Welcome and Apologies for Absence**

HF commenced by welcoming members and all in attendance, noting that it was a meeting in public and not a public meeting.

Sarah Ives, Interim Director of Commissioning and Planning was welcomed as a participating observer.

Apologies for Absence

Members: Clare Gummett, Prof Stephen Powis

Participating Observers: Dr Andrew Murray

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.

MC advised the governing body that she had been appointed Associate Non-Executive Director for Croydon Health Services NHS Trust. This was a non-voting role.

At the discussion on item 7.5, Better Healthcare Closer to Home programme, MW declared an interest as GP member of a practice participating in the programme.

3. Minutes of previous meetings

3.1 To approve the minutes of the Merton Clinical Commissioning Group Governing Body meeting held on Thursday 22nd November 2012

The minutes were approved without amendment.

4. Matters Arising**4.1 Governing Body Action Log 22.11.12 – for note**

VD gave a verbal update on the historic query around the 'Referral to Treatment' performance indicator. The action would be closed.

The action log was noted.

5. Chair's Update

The Chair informed governing body members of the following:

- The Authorisation moderation panel marked the Clinical Commissioning Group with three reds, which the CCG now had a window of opportunity to address.
- The NHS South West Cluster Chief Executive Ann Radmore has been appointed as CEO of the London Ambulance Service. Christina Craig had been appointed as Interim CEO and Ann Radmore would remain the Accountable Officer.
- John Thompson, formerly a Non-Executive Director of Sutton and Merton PCT had been appointed to Non-Executive Director roles at Croydon University Hospital Trust

A member of the public highlighted that notification of MCCG governing body meeting and papers were not on a publically accessible website.

JM

ACTION

The Chair apologised and advised that this would be remedied.

The minutes are recorded in the order of the agenda, however items were taken out of sequence to facilitate flow of conversation and support of relevant officers attending for specific items.

6. For Agreement

6.1 Merton CCG and PCT Financial position - Month 09

The Chief Finance Officer presented the financial position for Merton CCG and Sutton and Merton PCT.

The financial performance showed a Year To Date breakeven against plan and a full year breakeven against plan. The overall QIPP plan was reporting slippage of £1.5 M against the target.

Both the CCG and PCT were aiming to achieve control total balance by end of the year. Attention was drawn to the key risks, and that:

- Discussions were ongoing with acute providers to address over-performance issues.
- Acute Provider year end agreements had been signed off and no significant shift was expected, therefore the risks had been closed on Epsom and St Helier, St George's and Kingston Hospitals.
- Arrangements for funding of Continuing Care Restitution Claims were almost finalised.
- An overall target of £9.7 million had been set for the Quality, Innovation, Productivity and Prevention (QIPP) plan, on which the CCG was reporting slippage, with some mitigating factors noted in the report.

PD informed the governing body that the NHS SWL cluster Finance Committee had achieved close down with all the Acute Trust with the exception of Croydon, and that NHS London had released money to support the Continuing Care Restitution Claims. CCG control totals would not be increased.

The Sutton and Merton PCT control total would be split between the two CCGs with a challenge to increase it from 0.7% to 1% to achieve the 2013/14 control total.

Recommendation:

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

The report was discussed and agreed.

The Draft Medium Term Financial Strategy was discussed at this point.

6.2 Public Sector Equality Duty Report 2012/13

The Chair invited Dr G. Hollier and Wasia Shahain, South London CSU Equality and Diversity Lead, to introduce the report which covered the period 1 February 2012 - 31 January 2013 and brought together information, evidence and recommendations to demonstrate how NHS

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Sutton and Merton PCT was meeting its statutory duties under the Equality Act 2010.

GH reminded governing body members of his special interest and lead role for the CCG on diversity, including longstanding involvement with the Merton Health Diversity project. He drew attention to the wide range of general and specific quality duties, as specified in the Equality Act 2010, that would be held by the CCG.

The report was the last that would be published by Sutton and Merton PCT on how it has met its equality duties. Sutton and Merton CCGs had been involved during 2012/13 and would be required to set out their own, separate equality objectives for 2013/14. These were under development with internal and external stakeholders and would be brought to the March meeting for agreement.

WS stated that equality duties related to the PCT/CCG as commissioners and employer. The Sutton and Merton PCT report would form part of the NHS South West London Annual Report in which the workforce element would be covered. That report would be taken to the Joint Boards of the 5 NHS SWL PCTs in March.

WS drew attention to the highlights:

- Health Diversity Project
- Increase in the number of Equality Impact Assessments/ Equality Analysis
- Merton CCG's own Equality and Diversity Strategy being a good foundation for the CCG to develop its work.
- Areas for development – pgs. 16-18

It was noted that the South London CSU would be providing equality and diversity support to the CCG.

MC congratulated the PCT on a sound report that demonstrated compliance with the Equality Act, and suggested two additions to the report:

- a statement on how the CCGs, Merton in particular, would link into national work on equality and diversity work
- a more explicit reference to the NHS SWL Report in respect of the workforce information.

WS

EB informed that the Director of Quality and Clare Gummatt (CG) Lay Member would have a role in taking forward the equality and diversity agenda and that CG supported the involvement of Patient Participation Groups. Equality duties would also be strengthened in QIPP schemes.

Recommendation(s):

The Merton Clinical Commissioning Group Governing Body was requested to:

1. Comment on and approve the report for publication.
2. Support compliance with the Equality Act 2010; implementation of the Equality Delivery System; and recommendations outlined in the report.
3. Note progress made in 2012 by the NHS Sutton and Merton Borough Team

ACTION

The report was discussed and recommendations were agreed and noted.

6.3 Commissioning Intentions 2013/2014

SI introduced the item, saying that the Commissioning Intentions (CIs) were drawn from the draft Merton Integrated Strategic Operating Plan (ISOP) and would be refreshed as QIPP plans were further developed.

EB commented that the CIs reflected work with the Merton Health and Wellbeing Board and aligned with key documents such as the Health and Wellbeing (HWB) Strategy, the Merton Joint Strategic Needs Assessment (JSNA), QIPP plans, Operating Plan and took account of CCG members' input. The next steps would be to formulate implementation plans.

The refreshed ISOP would be brought to the March governing body meeting for agreement.

SI

VD commented on the value that had already been brought to the Sutton and Merton population by the creation of Merton and Sutton CCGs, the bringing together health and social care planning and more focused local data through, for example, separate JSNAs. Improved information and planning would better inform the 2013/14 commissioning round.

The Merton Health and Wellbeing Strategy would be brought to the March meeting of the governing body.

VD

PA expressed support for the CIs, and emphasised the need to deliver on these priorities, especially around the shift of care and resources to primary care, developing a wider portfolio of mental health services, and involvement of the voluntary sector.

EB highlighted that Mental Health and Learning Disabilities services would be addressed separately in future.

SIRecommendation(s):

The Merton Clinical Commissioning Group Governing Body is requested to approve these intentions and the commissioning plan for 2013/14

The document was discussed and agreed.

Item 7.3 was discussed next.

To Receive and Note**7. 7.1 Draft Medium Term Financial Strategy (MTFS) 2013/14**

This item was discussed directly after item 6.1

KMcK explained that the MTFS was concerned with providing a high level plan for how the CCG would use its resources wisely to meet the health needs of the local population, taking account of the financial requirements of the Operating Plan. The strategy was presented for note. It would be further developed and brought back to the March governing body meeting for approval.

ACTION

The document set out the 2013/14 CCG high level revenue budget in respect of the current understanding of the PCT's financial position, existing commitments and identified prioritised investment. Attention was drawn to the fact that the CCG budget allocation had been received and the 5-year plan estimate for the CCG on page 16.

At this stage in the 2012/13 financial year the starting point for the CCG, once contingencies and surplus had been set aside, would be a £8M gap that needed to be closed by end of March.

It was noted that the PCT currently set aside a 0.7% surplus but in future CCGs would have to set aside 1.0% on top of the underlying recurrent deficit applied to Sutton and Merton PCT. A 5-year QIPP plan was in place to address the gap.

It was acknowledged that there would be a tough year ahead. EB and PD emphasised the importance of the QIPP plan; of having fewer schemes with clinical leadership; and of ensuring that QIPP schemes had a direct impact on improving patient care.

In response to a question from VD about assurance on whether all financial allocations had been received (within the complexity of NHS reorganisation), KMck confirmed that she believed that the CCG had received its correct allocation and detailed baseline schedules were available.

With reference to the budget line concerning Forensic Named Patients in Appendix 4, HF highlighted the uncertainty about responsibility for Specialised Commissioning, a national matter for which detailed guidance was not yet available. KMck acknowledged the risk and advised that a full list of risks and mitigations would be included in the next iteration of the strategy.

A question was raised from the public gallery to confirm whether the required surplus was 1% or 2%. KMck confirmed 1% in 2013/14 and 2% in 2014/15.

PD highlighted the need for 2% headroom in addition to the 1% surplus in 2013/14, and reiterated that the PCT would not end 2012/13 in deficit.

Recommendation(s):

The Clinical Commissioning Group Governing Body was requested to:

1. Note the detailed revenue budget outlined in the paper
2. Acknowledge the risks identified in the budget

The recommendations were noted.

7.2 NHSSM and Merton CCG Performance Management Report: Month 08

VD explained that there was still little Merton specific data available as Providers would not be splitting data by CCG until CCGs were formally established (1st April 2013).

Attention was drawn to key issues of concern as outlined in the report, plus the over-performance in the acute sector and the poor figures on

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immunisations and screening activity, responsibility for which would transfer to the NHS Commission Board from 1st April 2013.

MC suggested that data provision be part of contract negotiation with providers, and that the presentation of the report be reviewed to make it simpler, more meaningful and showing mitigating actions.

VD concurred, noting that the CCG would need to review data against the NHS Outcomes Framework to assess the quality and effectiveness of care. EB advised that the Director of Quality would be working with the South London Commissioning Support Unit to develop an integrated quality report.

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CSU**

Regarding immunisation data issues, VD explained that rigid national reporting requirements did not align with local processes and that automatic uploads to the RiO system had resulted in some improvement.

Recommendation(s):

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

The report was discussed and noted.

Item 7.4: Better Services Better Value: update was received at this point.

7.3 Draft Merton CCG Operating Plan 2013/14

EB drew attention to the requirement for CCGs to submit to the NHS Commissioning Board London Area Team the first draft of the following Operating Plan documents by 25th January with final plans due by 5th April 2013.

- Plan On A Page – draft attached
- Unify2 self certification statements and trajectories – available on request
- Finance Plan – at item 7.1

The Operating Plan sets out Year 2 of the CCG's Integrated Strategy and Operating Plan: 2012/13– 2014/15 based on local population needs. It was developing in an iterative process as guidance was released.

MP took governing body members through the paper, drawing particular attention to the key risks and timelines for agreement and submission of the final Plan.

Merton CCG were working closely the NHS South West London and NHS London performance colleagues to expedite the matter of separating Sutton and Merton performance activity data.

EB advised that the Director of Public Health was leading on identification of local outcomes for the Plan and that governing body members and the Clinical Reference Group would be brought together to review the proposals. VD stated that outcomes had to be selected from the NHS Outcomes Framework. The aim was to locally applicable, achievable outcomes in which the whole health economy system would work together to have a positive impact on improving quality of care for patients.

EB

ACTION

PD requested that, if possible, the Operating Plan be succinct and cross reference other documents rather than repeat information already contained in other plans or strategies.

Recommendation(s):

The Clinical Commissioning Group Governing Body was requested to:

1. Note the NHS CB key requirements and milestones for the 13/14 planning round.
2. Note the key issues and risks highlighted
3. Delegate to the Executive Team approval of the first submission of early draft planning documents to NHS CB London Area Team on 25th January.
4. Agree to discuss in detail the Operating Plan 13/14 and associated documents at the Governing Board seminar on 21st February
5. Agree to receive for approval the final Operating Plan documents on 21 March prior to their being submitted to London by 5th April.

The recommendations were noted and agreed.

Item 7.2 Performance Report was discussed at this point.

7.4 Better Services Better Value: update

HF informed governing body members that, after Epsom Hospital had been include as a site in the review, the Clinical Strategy Group had provided recommendations on the future number of Acute Accident and Emergency departments, Consultant-led Obstetric Departments, Midwife-led unit and Children's Short Stay Unit .

A press release was to be released later that day.

7.5 Better Healthcare Closer to Home: Nelson Local Care Centre

MW declared an interest as GP member of a practice participating in the programme and took no part in the discussion.

Sue Howson, BHCH Programme Manager, updated the governing body on recent developments as outlines in the paper. The overall status of the project was AMBER.

The Stage 2 Business case was in draft for submission to NHS London, however this had been delayed pending the arrival of a suite of funding documents from Aviva. This delay was due to ongoing national negotiations between Aviva and the Department of Health.

Previously, funders of developments had been covered by a covenant arrangement with the Department of Health but this would not be available via the future NHS organisations. Aviva will not agree final funding until assurance is received from the Secretary of State. All efforts were being made to progress the preparation of these documents.

Approval by NHSL may now be delayed until March and financial Close was now scheduled for 26th March 2013. Timelines would be very tight.

ACTIONRecommendation(s):

The Merton Clinical Commissioning Group Governing Body was requested to note the report.

The update was noted.

7.6 Communications and Engagement: quarterly update

The quarterly report on progress on the strategy was received. JF was present to respond to questions – none received

EB highlighted the need for CCG colleagues to support in providing content for the Duty To Involve Report.

The reference earlier in the meeting to a CCG website and the availability of governing body meeting papers was noted. The timeline for development of the website was February 2013.

From the public gallery PM asked how the Merton Residents Healthcare Forum could be included in stakeholder engagement events. EB would respond outside of the meeting.

EB/ CGRecommendation(s):

The Merton Clinical Commissioning Group Governing Body was requested to:

1. Note the overall progress of the strategy
2. Note the attached update on the Duty to Involve Report
3. Note the Governing Body member review of progress on quantity basis with Chief Officer and Communications Team

The update was noted.

7.7 Chief Officer's Report

EB drew attention to the following:

- Appointment of Wendy Thomas, Interim Director of Quality in December
- PCT Closedown – transfer of functions was completed within timescales. Compilation of transfer scheme instructions is in progress. Thanks to all involved in this complex piece of work, especially the lead, Jackie Moody.
- Agreement to continue to support the Health Diversity Project jointly with Sutton CCG.

8. Governing Body Committee Reports

8.1 Audit Committee Report: meeting held on 5th December 2012

The report was noted.

9. Any Other Business

There was no other business discussed.

10. Future Meeting Dates – March 2013

The next meeting would be held on 21st March 2013.

ACTION

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 24th January 2013

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Dr Howard Freeman

Chairman

Date: