



South West London
Merton Clinical Commissioning Group

DRAFT

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

**held on Thursday 22nd November 2012
at**

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/ Clinical Leader
CG	Clare Gummett	Lay Member: Patient and Public Engagement Lead
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.

Supporting Officers

TF	Tony Foote	Business Support Manager: NHS SWL - Sutton and Merton
AG	Andy Grimes	Better Healthcare Closer to Home: NHS SWL - Sutton and Merton
YH	Yvonne Hylton	Business Support Officer: NHS SWL - Sutton and Merton
JM	Jackie Moody	Head of the Business Support Unit: NHS SWL - Sutton and Merton

Members of the Public:

LM	Lucy Milton	Integrated Health Care Specialist. Leo Pharma
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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.

ACTION**Apologies for Absence**

Members: Nil

Supporting Officers: Mark Needham, Andrew Murray, Dr Martyn Wake

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.

3. Minutes of previous meetings

3.1 To approve the minutes of the Merton Clinical Commissioning Group Governing Body meeting held on Thursday 27th September 2012

The minutes were approved with the following amendments:

6.3 Commissioning Support - Director of Nursing should read Director of Quality

Pg. 13 The words, "PA emphasised the need to confirm cap and collar arrangements with the acute Trusts" were amended to read, "PA emphasised the need to pursue cap and collar arrangements with the acute Trusts".

3.2 To approve the minutes of the final Part 1 meeting of the Clinical Commissioning (Delegation) Committee meeting held on Thursday 27th September 2012

The minutes were approved without amendment.

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

The action log was noted. Matters arising were covered by agenda items .

5. Chair's Update

HF commenced by noting that the CCG Authorisation visit would take place the following day. Governing Body members' and staff had been very much occupied with preparation for the visit.

HF informed the Governing Body that the HSJ Award 2012 for improving partnerships between health and local government had recently been jointly won by Sutton and Merton PCT, the London Boroughs of Merton, Sutton and Kingston and the South West London and St. George's Mental Health Trust. The Sutton and Merton team were congratulated.

6. For Agreement**6.1 Merton CCG Corporate Objectives and Board Assurance Framework**

Governing body members met in October to discuss risk management from which interim CCG-specific objectives for 2012/14 were developed and high level risks were identified to form the Board Assurance Framework. EB presented these for agreement at this meeting.

The top risk areas were as anticipated. These included the financial

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position, transforming services during transition and the longer term financial strategy around the Better Services and Better Value position.

The importance of membership engagement was noted.

The Board Assurance Framework had been formulated at a particular point in time. The Executive Management Team would ensure that a culture of identify risk would be a natural part of everyone's work. This would be especially important during transition.

Comments were received from members. PD agreed that the paper presented captured most of the risks identified at the seminar. However the risks around governance and compliance needed to be added.

EB

All agreed on the necessity to track financial risks in particular.

KMcK advised that there would be a session with the BSBV team in the following week to review the revised financial model. An update would be available for the next governing body meeting.

Recommendation(s):

The Merton Clinical Commissioning Group Governing Body was requested to review and agree the:

1. Interim Corporate Objectives for 2012
2. Risk Register / Board Assurance Framework for 2012/13

The item was reviewed and agreed.

6.2 NHS Sutton & Merton Financial Position: Month 07**i) Merton CCG****ii) Sutton and Merton PCT**

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

Financial performance showed a Year to Date Performance breakeven against plan and a full year breakeven against plan, due to phasing of the overall QIPP plan. The PCT is reporting breakeven at Month 7.

Merton CCG we are aiming to achieve control surplus at month 7 and at the year end. Although Merton CCG surplus appeared higher than control total, there was work ongoing with Sutton CCG to determine the budget split, especially regarding non-PBR activity. It was anticipated that the next report would be more in line with target.

Slippage on QIPP program was noted. It was hoped this would be mitigated later in the year.

Fig 1A – Overspend on Acute contracts

There was ongoing discussion with the Trusts to fix the year-end position thus providing stability for both Trusts and the CCG. These should be concluded by Month 9.

Another risk for the CCG would be the Continuing Care restitution claims for which the PCT had set aside provision, split between Sutton and

ACTION

Merton. An exercise was underway to estimate the potential financial impact. This information would be brought back to the next meeting.

KMcK

KMcK highlighted the transition risk around movement of staff between organisations and the need to maintain financial stability in order to meet the Sutton and Merton PCT control total and CCG stability going forward.

KMcK drew attention to the fact that the methodology for splitting the Sutton and Merton PCT budget was yet to be agreed and that Merton CCG had emphasised that wished to keep the current control total. In regard to further financial challenges MCCG would be requesting that any reserve held by NHS SW London cluster would be transferred as a resource adjustment rather than a change to the Sutton and Merton PCT control total.

PD emphasised the month on month increase over activity in the acute Trusts, noting that this could potentially pose a threat to Sutton and Merton achieving control total and the cluster achieving their control total. The cluster Finance Committee had discussed the importance of stringent contract management with a view to agreeing a cap on activity.

PD made reference to continuing care retrospective claims noting that it appeared that the Department of Health is not intending to carry the risk. The governing body members agreed that the CCG via the NHS Cluster would wish this position to be challenged because of the risk it posed to the CCG and National Commissioning Board going forward.

HF also noted that in general across NHS South West London Trusts there was as deteriorating financial position.

In response to a question from SP about the financial impact on the CCG of the split of Sutton and Merton PCT, KMCK responded that allocations had not been received and it was likely that transitional arrangements between Sutton and Merton CCGs would be required.

HF commented that the new formula would not been received until after the 14th December and that CCG Chairs across London supported the application of pace of change, although there was ongoing national debate about this.

VD drew attention to the fact that the Sutton and Merton PCT budget would be shared between 5 new organisations and therefore questions about the split of the budget may arise during discussions.

In response to a question from MC about whether financial reserves had been held by NHS London for transition, PD advised that some monies had been held but it was not clear how these would be utilised.

PA noted an apparent underspend on Learning Disability services, to which KMCK replied that it was a one off in year benefit relating to QIPP money which was part of the previous campus homes provision.

To provide assurance on contract monitoring EB advised that the Commissioning Support Unit function was now in place and were actively involved in discussions with the acute Trusts, and there was increased

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clinical involvement in the St George's Hospital reference group.

Recommendation(s):

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

The report was discussed and agreed.

6.3 Complaints and PALS Policy

Tony Foote, Business Support Manager, presented the Policy sets out the central principles of the Patient Advice and Liaison Service (PALS) and Formal Complaints Service in dealing with queries, concerns and formal complaints to the highest standard possible of effectiveness; efficiency; consistency and openness. The Policy is supported by operational protocols for both the PALS and Complaints Service.

The policy is the current PCT policy adapted for the CCG. It was acknowledged that the future of PALS and Complaints services may change when the Commissioning Support Unit takes on the functions

The most recent change to the policy related to a new statement regarding the commitment to valuing diversity.

HF commented that the handling of Complaints and PALS queries, including those about Independent Contractors, from April 2013 onwards was a high profile issue under discussion across London that was yet to be fully resolved.

Page 7 Reporting and Monitoring – MC requested that this section be more explicit about how this would be undertaken.

TF

CG requested clarification on the future of the PALS service. EB responded that some element of PALS may transfer to Healthwatch but this had not been formalised.

Amendments noted:-

Page 31 – Chief Executive should read Chief Officer

Page 15 - Polish language to be added

It was noted that the CCG would need its own suite of policies covering areas such as whistle-blowing and counter fraud. These currently existed with the NHS SW London Cluster and would be part of the handover and closure process.

Recommendation

The CCG Governing Body is requested to agree the Policy and supporting protocols.

The policy was agreed.

6.4 Constitution: Revisions and New Content

EB presented the paper noting that the revisions to the constitution had been seen and approved by Andrew Murray the Local Medical Committee Chair.

ACTION**i) Committee Terms of Reference**

- a) Audit Committee - ratify
- b) Clinical Quality Committee - ratify
- c) Charitable Funds Committee - agree
- d) Finance Committee – agree

Amendments made to existing committee terms of reference and the terms of reference for newly established committees were presented for ratification and agreement. Revised documents were presented for agreement. These had been included in the latest draft of the CCG Constitution.

Comments received

Audit Committee – PD noted that the membership needed to be reviewed to include clinicians. SP and MC agreed that they would be members of the committee. Membership and quoracy would be reviewed and approved at the next meetings of the Audit Committee. **KMcK**

Charitable Funds Committee – KMCK advised that this Committee be joint across Sutton CCG and Merton CCG because funds were jointly held by Sutton and Merton PCT. The Terms of Reference would be changed to reflect this. **KMcK**

Finance Committee - PD suggested that the membership needed to include clinicians (GH and PA) and the Chief Officer and the Chief Finance Officer. Membership and quoracy would be reviewed and approved at the next meeting of the Audit Committee. **KMcK**

Clinical Quality Committee – VD requested that the Director of Public Health be added to the membership. This was agreed. The constitution would be checked to ensure consistency of the name of this committee throughout. **EB/JM**

ii) Governance – for agreement

- e) Standing Orders
- f) Scheme of Reservation and Delegation
- g) Scheme of Delegation

Revised documents were presented for agreement. These had been included in the latest draft of the CCG Constitution.

Amendments made to non-governing body committees were noted for information only.

Standing Orders – KMCK advised that this extended version of the Standing Orders had been added in response to feedback from the Mock Site visit. A Conflicts of Interest Policy had already been agreed within the constitution therefore the policy appended to the document before the Governing Body was not for agreement.

The words 'Council of Members' throughout the document would be replaced by the words 'Practice Leads Forum'. **EB/JM**

ACTIONRecommendation(s):

The Merton CCG governing body was requested to:

1. Ratify the revised terms of reference
2. Agree the terms of reference for newly established committees.
3. Note that changes requested by the governing body have been made to non- governing body terms of reference

The items were ratified, agreed and noted as per the recommendations.

iii) Constitution: Changes

All changes to the text were provided in red font in the paper.

Substantive additions to the Constitution, such as the establishment of new committees, were agreed at agenda items 6.4 i) and ii)

Recommendation(s):

The Clinical Commissioning Group Governing Body was requested to agree the changes to the Merton CCG Constitution.

The changes were agreed

6.5 Better Services Better Value: Draft Establishment Agreement and Terms of Reference for a Joint Committee of Primary Care Trusts

HF spoke to the paper presented a draft Establishment Agreement to create a Joint Committee of Primary Care Trusts for the purposes of formal public consultation and decision making about the provision of hospital and out-of-hospital services in SW London together with the draft Terms of Reference and membership for this committee. It was proposed that this should be known as the Better Services, Better Value Joint Committee.

The draft Establishment Agreement was discussed by the Joint Boards at its meeting on September 27th. Since that time Surrey Downs had confirmed their wish to join the programme as equal participants in the decision making process. At this stage the SW London CCGs were being asked to review and discuss the draft Terms of Reference and refer any concerns or suggested amendments to the BSBV Programme Director. The Establishment Agreement and Terms of Reference would be formally signed off by the Joint Boards at its meeting in December.

HF drew attention to the fact that the Governing Body would oversee the consultation, its outcome and the decisions made as a result. Therefore the Joint Committee of PCTs was being established in such a way that its membership would be likely to transfer to a Joint Committee of CCGs who would take final decisions. The current proposal was that HF would Chair the Joint Committee of PCTs. This paper would be reviewed by each CCG governing body.

In response to a question from MC about the mix of representation on the Joint Committee HF advised that CCG Chairs had made clear that they wanted lay and clinical membership. More details would be returned to the governing body in future.

ACTIONRecommendation:

That the CCG should REVIEW the draft Establishment Agreement including proposed Terms of Reference and membership of the Joint Committee. Formal approval for the establishment of the Joint Committee will be sought at the Joint Boards meeting to be held on December 13 2012

The report was discussed and approved in principle.

6.6 Overview of Quality, Safeguarding & Serious Incidents - Arrangements for Merton CCG

As part of the development of Merton CCG as an independent legal body and the allied authorisation process, the CCG has developed the arrangements to enable the discharge of its statutory duties and operational functions. These were presented in this paper for agreement and note.

EB requested that the governing body members approved the recommendation of Leads for Safeguarding

- Legal responsibility for Children Safeguarding, is held by Eleanor Brown for Merton CCG - Chief Officer
- Responsibility for Adult Safeguarding, including the Mental Health Act 2005 and the DOLS element, is held by Mary Clarke – Nurse Member

The CCGs had already appointed Children's safeguarding professionals and there was a 0.4 WTE adult safeguarding post in the CCG structure who would be working closely with the Local Authority.

It was emphasised that this was a Merton CCG organisational policy and was not being agreed on behalf of Independent Contractors.

MC sought assurance on how the quality of adult placements would be monitored. EB stated that both block contracts and spot contracts were within the London procurement process.

Recommendation(s):

The Merton Clinical Commissioning Group Governing Body was requested to:

1. Ratify the designated Board Members for safeguarding (see above)
2. Note and agree the Safeguarding Adult Procedure
3. Note the progress on MCCG Board Safeguarding Training due to take place in December

The report was discussed and agreed

7. To Receive and Note

7.1 NHSSM Performance Management Report: Month 06

VD highlighted the key issues from the Month 6 performance report. The paper provided comments against those indicators where interpretation and action would be appropriate.

Healthcare acquired infection – It was noted that although Merton CCG was rated Green the Epsom and St Helier Hospitals Trust was rated Red.

ACTION

This was because there was a higher incidence of HCAI at Epsom Hospital.

Cancer Waiting Times – a similar issue exists. Merton CCG are rated green but there are known issues at the Royal Marsden Hospital Foundation Trust which will be discussed at the accountability meeting.

Referral to Treatment Times – an improvement at SGH was noted

GP written referrals – work is ongoing with new clinical representatives

VD noted a general improvement in the level of discussion about mitigating actions against levels of poor performance, for example the NHS SW London is liaising with ESH to understand how the problems with C difficile were being managed.

In response to a question from HF about the split of performance data between Sutton and Merton, VD advised that it was unlikely to change until 1 April 2013 when the CCGs are statutory organisations.

Recommendation(s):

The Merton Clinical Commissioning Group Governing Body was requested to:

- 1) Consider and note the Scorecard
- 2) Agree future actions arising from discussion.

The update and future actions were noted.

7.2 Item re-positioned on the agenda

7.3 Better Healthcare Closer to Home: Nelson LCC highlight report

The documents provided an update on the Nelson Local Care Centre development. It was noted that there was currently no Mitcham LCC report as work on the scheme was just about to commence. The report was noted.

7.4 Chief Officer's Report

EB updated governing body members on:-

- CCG team working on preparation for the Authorisation visit which would take place the following day;
- Since the last meeting the CCG staff had moved to Wimbledon Bridge House;
- Handover and Closure – identified as a transition risk on the risk register due to tight timelines. Borough level function handover delayed until week commencing 26 November due to Authorisation visit;
- Recruitment to structure continuing;

EB requested that governing body members ratify the governing body leads for Education and Training/Caldicott Guardian and Health Inequalities Lead, as Dr Paul Alford and Dr Geoff Hollier respectively.

EB extended grateful thanks to the Business Support Unit Team for their

ACTION

hard work in bringing the CCG to this point in particular managing the Board and preparation for Authorisation Visits. HF endorsed this.

In response to a question from CG about capacity for patient and public involvement EB advised that there was a post in the CCG structure.

Practical arrangements to facilitate governing body members to work more closely with CCG staff this will be made.

HF raised the matter of CCG identity in regard to email address. An update would be requested from the CSU lead on IT transition.

EB

The update was noted.

7.5 Governing Body Register of Members' Interests

As a committee of the Sutton and Merton PCT Board with delegated responsibilities, the governing body is subject to the Standing Orders and Standing Financial Instructions of the South West London Cluster of PCTs and Codes of Conduct and Accountability for NHS Boards and Managers.

All NHS organisations maintain a register of members' interests to avoid any danger of Board members and senior managers being influenced, or appearing to be influenced, by their private interests in the exercise of their public duties, and are expected to declare any personal or business interest which may influence, or may be *perceived* to influence, their judgement.

The register was being collated as appointments to the governing body were formalised, and was therefore not yet complete.

Recommendation(s):

The Merton CCG governing body was requested to note progress with the collation of the Register.

The register was noted.

7.6 Integrated Strategic Operating Plan (ISOP): update

The first complete working draft of Merton Clinical Commissioning Groups – 'Integrated Strategy and Operating Plan' (ISOP) which covers the period 2012-13 to 2014-15 has been developed. The paper described the developments that had taken place and the next steps to share the draft with clinicians before the document is returned to the governing body for final agreement.

The full document would be shared informally with governing body members by email for comment.

Recommendation(s):

The Clinical Commissioning Group Governing Body was requested to:

- 1) Note progress on development of the ISOP
- 2) Note the next steps to share the ISOP with clinicians before the document is returned to the governing body for final agreement.

8. Any Other Business

ACTION

VD advised the governing body that the London Borough of Merton had successfully bid for £312k made available by the Department of Health for winter warmth. As there had previously been a high level of winter deaths reported in Merton the governing body congratulated the London Borough of Merton in securing the funds.

9. Meeting Dates for 2011/12

The date of the next meeting in public is to be confirmed.

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 22nd November 2012.

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Dr Howard Freeman

Chairman

Date: