

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

**Tuesday, 26<sup>th</sup> January 2016**

**Chair: Dr Andrew Murray**
**Present:**

CC	Cynthia Cardozo	Chief Finance Officer
CChi	Dr Carrie Chill	GP Member
AD	Adam Doyle	Chief Officer
TH	Dr Tim Hodgson	GP Member
AM	Dr Andrew Murray	Clinical Chair
SP	Prof. Stephen Powis	Secondary Care Consultant
ST	Sally Thomson	Nurse Member

**Participating Observers**

LS	Lynn Street	Director of Quality and Performance
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**Officers in Attendance**

MW	Michele Wallington	Principal Associate, Comms & Engagement (SECSU)
GP	Greg Penlington	South West London Collaborative Commissioning (item 7.4 only)
AG	Dr Anjan Ghosh	Consultant in Public Health – LBM (item 7.5 only)
TF	Tony Foote	Minute Taker (SECSU)

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

Louie Cohedran	MSF Chair; Member of CCG Patient Engagement Group
Tom Killick	
Daphne Hussein	

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

Dr Andrew Murray (AM) commenced by welcoming all and noted that apologies for absence had been received from Peter Derrick, Clare Gummett, Sue Hillyard and Dr Marek Jarzembowski.

AM announced that as there was no lay member of the Governing Body present the meeting was not quorate. Accordingly, all items on the agenda would be considered and a decision reached in principle. However, any decisions taken would require formal ratification at the next Governing Body meeting.

**2. Declarations of Interest**

The following amendments to the Register were requested:

- (i) From Dr Andrew Murray's entry: "*Member of Audit and Governance Committee*" to be deleted.
- (ii) To Dr Carrie Chill's entry: "*Member of Finance Committee*" to be added.

**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 17<sup>th</sup> December 2015.

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**

AM invited questions on the Chair's Update, but there were none.

Adam Doyle (AD) highlighted in the Chief Officer's Report the feedback received from NHSE on the CCG's Annual Statutory Obligations Report. NHSE's assessment was that the CCG's delivery of its obligations concerning patient and public participation was "outstanding. The Governing Body congratulated Lynn Street (LS) and her team for this achievement.

#### **6. For Approval**

##### **6.1 Equality and Diversity**

6.1.1 Public Sector Duty Annual Report January 2016

6.1.2 Equality Delivery System Report 2015/16

LS presented these papers as a single item and highlighted the achievements, including the equality and diversity training provided for the Governing Body in November 2015. Both AM and Sally Thomson (ST) (Chair of the Equality and Diversity Steering Group) welcomed and praised these documents.

Dr Tim Hodgson (TH) asked about Goal 2 in the Equality Delivery System Report ("People report positive experiences of the NHS"), and noted that this was rated as "underdeveloped". LS explained that improvements were expected in the area via the Committee's work-plan.

The Governing Body approved, in principle, both the Public Sector Duty Annual Report January 2016 and Equality Delivery System Report 2015/16. This approval to be ratified formally at the next Governing Body meeting.

##### **6.2 Board Assurance Framework**

AD presented this item and explained that the Board Assurance Framework (BAF) would come to all future public Governing Body meetings. He added that the BAF had already been the subject of a thorough discussion at the recent Audit and Governance Committee where it had been approved.

Dr Carrie Chill (CChi) asked her fellow Governing Body members whether they were confident that Objective 5 (To develop and deliver a clinically and cost effective 5 year collaborative strategic commissioning plan for SW London) was adequate. In general they were. Although AM suggested that a higher risk rating may be necessary in future.

The Governing Body approved, in principle, the Board Assurance Framework. This approval to be ratified formally at the next Governing Body meeting.

##### **6.3 Merton CCG Financial Position Month 8**

Cynthia Cardozo (CC) presented this item and summarised its contents as follows:

- For the eight months to 30th November 2015, the CCG is reporting a year to date and full year surplus performance to target.
- Acute commissioning is reporting a year to date over-spend of £2.4m and a full year forecast over spend of £3.1m.
  - St George's: reporting a year to date over-spend of £1.9m and full year over-spend of £2.9m (primarily in critical care and outpatients).
  - Epsom and St Helier: reporting a year to date over-spend of £0.3m and full year over-spend of £0.5m (primarily in outpatient activity and critical care).
  - Kingston Hospital: reporting a year to date over-spend of £0.4m and full year over spend of £0.8m.
- Non acute commissioning is reporting a full year forecast under spend of £1.3m.
- Running costs are forecast to break-even.
- QIPP – A year to date over performance of £0.3m and a full year achievement of target is forecast.

In light of the acute over-spend, the CCG had continued its efforts to ensure that, wherever possible, care was provided in a community rather than acute setting. Specifically, there was an on-going communications programme to highlight the benefits of the Nelson Health Centre and work was also being carried out directly with Practices to encourage community referrals.

Additionally, and in recognition of the very challenging financial situation, CC confirmed that all reserves and contingencies had been released, investments had been reviewed and a refund of the CCG's £600k contribution to the SWL risk pool had been requested.

CChi raised the issue of the high level of "non-GP referrals" to out-patients. CC confirmed that these were mainly from consultants with some also from community services and that the CCG was monitoring these. AM asked whether there was any pattern in the St George's consultant-to-consultant referrals. CC was not sure whether that aspect was currently monitored but would report back further to the next Governing Body meeting.

CC

The Governing Body approved, in principle, the Financial Position Report. This approval to be ratified formally at the next Governing Body meeting.

#### 6.4 Governing Body Committees' Terms of Reference

LS presented this item and explained that at its November 2015 meeting the Governing Body had approved the revised CCG Constitution, within which the Terms of Reference of the formal Committees of the CCG were included. Following that, each Committee reviewed its Term of Reference and final, minor, amendments were proposed. The Governing Body was now asked to give its final approval to the Terms of Reference of the Clinical Quality Committee; the Finance Committee and the Clinical Transformation Committee.

The Governing Body approved, in principle, the Terms of Reference presented. This approval to be ratified formally at the next Governing Body meeting.

## 7. For Review

### 7.1 Planning Guidance

AD presented this item and explained that there would be two separate, but connected, plans:

- A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View.
- A one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

The Planning Guidance stated nine “must dos”:

- Develop a high quality STP, achieving key identified milestones
- Return the system to aggregate financial balance.
- Develop a local plan to address the sustainability and quality of general practice.
- Meet standards for A&E and ambulance waits
- Referral to Treatment: that more than 92% of patients on non-emergency pathways wait no more than 18 weeks.
- Deliver the 62 day cancer waiting standard and improve one year survival rates
- Achieve the two new mental health access standards
- Transform care for people with learning disabilities, improving community provision.
- Improve quality and implement an affordable plan for organisations in special measures.

AD added that, for the first time in the NHS, there was the need for a CCG’s plans to align with those of other CCGs and of providers.

ST had three questions regarding this item: (i) is it achievable; (ii) how could conflicts between CCGs be resolved; (iii) if all are working together, why remain separate organisations.

AD responded:

- (i) He acknowledged the concerns over achievability and admitted that there might be some difficult decisions to be made. However, AD stressed, the quality of services had to be maintained.
- (ii) AD said that there were already meetings with the other South London CCGs and Merton had a good relationship with St George’s. One of the great benefits of working together would be economy of scale.
- (iii) Local organisations – with local staff – would be needed when service changes were at a local level.

### 7.2 Merton CCG Balance Scorecard

LS invited questions on the Scorecard.

ST (on behalf of the absent Clare Gummett – Chair of the Clinical Quality Committee (CQC)) stated that an earlier iteration of the report had been considered by the CQC. AM asked whether the CQC had had any specific concerns; LS replied that there had been some discussions over the level of

assurance provided by Medicines Management but she was confident that this would improve.

### 7.3 Holistic Assessment & Rapid Investigation - Six Month Review

LS provided a brief summary of the first six months of this service.

The Holistic Assessment and Rapid Investigation service (HARI) was commissioned from Sutton and Merton Community Services and opened at The Nelson Health Centre in April 2015. Its aim is to provide, within a community setting, a holistic assessment service that would include a medical assessment and rapid access to diagnostics.

The number of referrals has been steady across the review period with clear scope for capacity to expand to enable urgent referrals to be received in a controlled and managed way. However, the service had experienced challenges in recruiting an interface geriatrician post to work in HARI and, as a result of this, an interim solution has been agreed with St George's now allocating the same consultant for the three sessions within HARI (rather than different consultants for the three sessions); St George's has also agreed to provide access to the consultant team over the phone at other times. These changes took effect from the beginning of January 2016 and it was hoped they would have a significant impact on access and capacity in the service.

LS then gave examples of forthcoming service enhancements:

- A review of the quality of data relating to discharges and outcomes.
- Implementation of the urgent care pathway. It is planned that from 19<sup>th</sup> January 2016, the service will begin to accept referrals directly from Geriatricians working in the Medical Assessment Unit at St George's (for patients registered with a Merton GP). This will enable HARI to support patient management in the community, preventing hospital admission.
- It is proposed that as the capacity of the service develops, more rapid access to the service can be extended to Merton patients referred by their GPs following telephone discussion with a HARI clinician.

The service has received very positive feedback from patients. This, and the level of demand and the number of enquiries from patients and GPs over the first half of the year, would indicate that there is a clear demand for this service.

ST asked about the Equality Impact Assessment for this service. LS replied this had been carried out at the beginning of the project and included the patients' voice. ST suggested that the actual assessment report should have been included with the paper.

CC asked whether, in light of the very challenging financial climate, HARI was delivering value for money. LS said that it was not yet possible to say and that all the data would need to be reviewed. However, it was clear that HARI was delivering a quality service.

AM said that HARI appeared to be becoming a real success and congratulated all who had contributed to this.

#### 7.4 South West London Collaborative Commissioning programme – update

Greg Penlington (GP) presented this item and provided a summarised update:

- Guidance has been received from NHSE that commissioners, providers and local authorities will be asked to work together as a Strategic Planning Group (“SPG”).
- The SPG and South West London & Surrey Downs Healthcare Partnership have a shared purpose: to deliver a clinically and financially sustainable future NHS in SWL. Accordingly, it is proposed that the recently formed Partnership be subsumed into the SPG, with the governance arrangements proposed for the Partnership being adapted for the SPG.

In response to questions from the Governing Body, GP confirmed that these new developments were part of the overall SWL programme and that they should not impact significantly upon transformation work.

#### 7.5 Annual Public Health Report

Dr Anjan Ghosh (AG) presented this item and stated that the two priorities for Public Health were:

- Prevention
- Reducing health inequalities

With regard to the case for prevention, AG cited the following:

- Ageing population with changing health and social care needs
- Changing patient and public expectations with greater choice demanded by patients
- Advances in medical technologies, including pharmaceuticals as knowledge expands to cure and extend life
- Avoidance or reduction of healthcare costs

AG highlighted that the difference in life expectancy can be as much as 7.9 years for men and 5.2 years for women between the most and least deprived areas of Merton (predominantly East Merton). He added that Public Health was carrying out various programmes – for children and young people; older people; non-English speaking people; health workplace schemes; etc – to both support prevention and address inequalities.

There followed comments and questions from the Governing Body.

ST asked how it could be ensured that the most vulnerable groups were not left behind. AG replied that Public Health prioritises vulnerable groups and targets work accordingly. CChi asked whether the health inequalities between East and West Merton were decreasing, AG said it was not yet possible to tell as the impact of the on-going work would not yet be seen.

There were two questions from the public gallery:

- (i) What effect will cuts in funding have?

AM responded that it was unfortunate that funding had been cut but he hoped that more integrated pro-active working would support prevention

- (ii) Have the cuts impacted upon what is contained in the Annual Report?

AG said that Public Health's priorities remained the same, specifically the safeguarding of vulnerable groups. AD added that within this area there were three budgets to consider: CCG; Public Health; Adult Social Care. Work was on-going with the Local Authority to strengthen working partnerships

#### 7.6 Process to Commission a new "Step Down" Service – Update

CC presented this item and explained that in March 2015 South West London & St George's Trust agreed to lead and carry out a formal procurement process to re-provide Mental Health Step Down Services in the Borough of Merton. It was agreed between commissioners and the Trust that they would hold a sub-contract agreement with the new provider as part of the main mental health contract.

The only formal governance required from the CCG was to agree the budget (£750k) which has stayed the same and to review and agree the service specification that the Trust would use for the procurement. This was agreed by the CCG Clinical Review Group prior to the commencement of the procurement process. With the Trust leading and responsible for the procurement it was agreed that any final decision to award would be made by the Trust and that Merton CCG would receive a report to the Finance Committee to acknowledge any decision.

The procurement process started in 24 September 2015 and is still on-going. Two providers submitted bids and have been taken forward for the evaluation process. Over the last month the bids have been scrutinised, evaluated and scored, and interviews and service visits have also been completed. Both providers have been asked further clarification questions and responses have now been received; these will be evaluated and scored and be followed by a final moderation meeting to consider the overall score for the tender and to identify if there is a preferred provider.

At present, and following the decision to take the service from the previous provider (Norfolk Lodge) an interim service model has been provided and will continue until a final decision is made. Since 1 September 2015, five people have been identified for Step Down services and all five have completed the recovery pathway successfully within twelve weeks.

There was one question from the public gallery:

- (i) Of the people placed by the interim service, had any been placed out of Borough?

CC stated that she was not aware of any.

## 8. For Note Only

### 8.1 Nurse Re-validation

LS invited any questions on this matter.

AM asked about the position of Practice Nurses. LS replied that the CCG had

been actively engaged with Practices (via Fiona White) and she was confident that all that could reasonably be done had been. However, LS stressed, the responsibility for re-validation was with the individual nurse. AM enquired further whether it would be possible to get an assurance from Practices about their nurses and LS said she would liaise with Fiona White regarding this.

**LS**

**8.2 Approved Minutes of Committees of the CCG Governing Body**

The minutes were noted.

**9. Any Other Business**

A member of the public raised a question regarding funding for Mental Health Services. CC proposed that this be discussed outside of the meeting, to which the questioner agreed.

**CC**

**10. Meeting Close**

Part 1 of the meeting was closed at 10.35am.

**11 Date of Next Meeting**

24<sup>th</sup> March 2016 9.00am – Noon  
Vestry Hall, Mitcham

Agreed as an accurate account of Part 1 of the meeting held on Tuesday, 26<sup>th</sup> January 2016.

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Dr Andrew Murray – Chair of the Governing Body

Date: