

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

Date of Meeting: 24th March 2016

Agenda No: 5.1

Attachment: 4

Title of Document: Clinical Chair Report	Purpose of Report: To note
Report Author: Andrew Murray, Clinical Chair	Lead: Andrew Murray, Clinical Chair
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Executive Summary: This report covers the main updates and activities undertaken by the Clinical Chair in a number of strategic areas.	
Key sections for particular note (paragraph/page), areas of concern etc: Governing body effectiveness review, delegated commissioning of primary care and PMS Review	
Recommendation(s): The Governing Body are asked to note this paper and to ask any questions relevant to the content	
Committees which have previously discussed/agreed the report: Nil – this report is provided for the Governing Body	
Financial Implications: Each of the areas discussed within the paper have a financial element to some extent. However, there is nothing extraordinary for noting in relation to finance.	
Implications for CCG Governing Body: <ul style="list-style-type: none"> • For note and discussion 	
How has the Patient voice been considered in development of this paper: <ul style="list-style-type: none"> • The patient voice has been considered particularly in the following areas: <ul style="list-style-type: none"> • Health Help Now 	

Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing)

Nil of note

Equality Assessment: Each of the areas discussed within the paper have an equalities element to some extent. However, there is nothing extraordinary for noting in relation to equalities.

Information Privacy Issues: Nil of note

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) Aspects of the report are communicated through the appropriate internal and external communications channels.

Merton Clinical Commissioning Group Clinical Chair Report

March 2016

1 Introduction

This is the report for the Clinical Chair to the Governing Body of Merton CCG. It covers the strategic developments and operational matters since the last Clinical Chair update to the Governing Body in January.

2 Clinical Chair Update

2.1 Governance

As the Governing Body is aware, we are currently in the middle of our yearly review of Governing Body effectiveness and today we are joined by colleagues from Capsticks LLP. The team are currently having individual meetings with Governing Body members, reviewing our Governing Body members and attending our committees. The team will report their findings to the Chief Officer and me. We aim to discuss them with the Governing Body in our seminar in April. We will then use the findings to feed into our overall organisational development plan.

2.2 Delegated commissioning of Primary Care

Following the many discussions we have had as the Governing Body regarding the delegated commissioning of Primary Care, we have now completed our review of the due diligence and have signed the delegated commissioning agreement with NHSE. NHSE are still undertaking a review of this and we will update you on this in future. We held a member practice meetings in February where we talked through the benefits of delegated commissioning and we had significant support from our membership to continue to proceed on this basis

We are therefore preparing our teams for taking on this responsibility from 1st April and we are having our first Primary Care Committee (with delegated responsibilities) in April.

2.3 PMS review

At our member practice meeting in February, we also discussed our joint plans with NHSE about the upcoming PMS review. Our current position is that we need to ensure that some of the key performance indicators are reviewed to align to our strategic plans for complex patient and planned care. I have asked the Chief Officer to oversee the negotiation of this programme and he will be apprising the Primary Care Committee of the negotiation plans and timetable.

2.4 Planning guidance and financial allocations

As you are aware, we received the planning guidance just before Christmas for the 2016/17 planning round and subsequently we were sent the accompanying financial allocations at the beginning of January. The executive team are currently modelling the impact of the changes in the national tariff and our cost pressures for 2016/17. The Chief Finance Officer will be taking us through the detail of our financial plan. It

should be recognised by all members of the Governing Body that we are seeing significant demand in our acute profile of activity and we will need to make some big decisions about our future commissioning of services in the coming months.

2.5 Health Help Now

I am delighted that we will be launching in April our new Health Help Now application. Health Help Now has been developed by the South East Commissioning Support Unit with input from local GPs, hospital doctors, and other health professionals. It lists common symptoms and offers suggestions for treatment. The one which works best for most people is listed first and the other suggestions follow in order. Health Help Now then links through to local services, and shows whether they are open or closed and their location.

For patients using an alternative to A&E could mean:

- More convenient service
- Little or no time in a waiting room
- Treatment by professionals who are experts in common illnesses and injuries – rather than A&E staff who specialise in emergencies.

For the Merton CCG this could mean

- Faster treatment for people who are seriously hurt or ill
- Better use of staff and NHS funds

By using Health Help Now you are helping the NHS save A&E for those who really need it. I will ensure that the Governing Body is given the link to download the application once it is live.

2.6 Strategy

I co-ordinated a visit to the Bromley-By-Bow Centre with our Health and Well Being Board colleagues on Friday 11th March. The visit was attended by approximately 50 people from Merton, including Councillor Stephen Alambritis, Siobhain McDonagh MP, Ged Curran, our executive team, local Councillors, GPs, Community Health Partnership and Central London Community Healthcare.

30 years ago the Bromley by Bow Centre was a small community centre run from the church hall. It has now grown into a multi-use ‘campus’ incorporating a Health Centre; open-faith church used as a nursery during the week; meeting and creative spaces; café; courtyard garden and park with allotment; footpaths; a charity funded drop-in centre offering a comprehensive range of support to those in need, or simply somewhere to come in and talk about problems. It is run and maintained by a mix of full and part time staff and local volunteers.

The Merton guests were welcomed by Dan Hopewell, Director of Knowledge and Innovation, who spoke about the history of the centre and how it is run. Guests learned in-depth about the centre’s holistic approach to meeting the health and

wellbeing needs of such a diverse community through 'social prescribing'. Ian Jackson, Director of the Bromley by Bow Health Partnership then gave a talk on how the health centre has evolved to integrate with the community centre and other local GPs.

We have also held a community mapping workshop to ensure that as we start to develop the East Merton Model of Health and Well Being, we have all community leaders engaged with the programme.

I am grateful to all the attendees and I am looking forward to seeing the outline project plan from our Director of Transformation on this.