

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 24th March 2016

Agenda No: 6

Attachment: 05

Title of Document: Items approved in principle at Governing Body Meeting of 24 th January 2016	Purpose of Report: For Ratification
Report Author: Tony Foote - SE Commissioning Support Unit	Lead Director: Adam Doyle, Chief Officer

Executive Summary:

At its meeting on the 24th January 2016, the Merton CCG Governing Body was not quorate. Accordingly, although all items on the agenda for “Approval” were considered any decisions taken were done so in “principle” only, requiring ratification by a quorate Governing Body meeting.

This paper comprises a cover sheet for each of the items requiring ratification along with the specific minute of the Governing Body’s consideration at its January meeting. The items are as follows:

Items	Public Sector Duty Annual Report for January 2016 Equality Delivery System Report 2015-16
Recommendation	To approve the Public Sector Duty Annual Report for January 2016 To approve Equality Delivery System Report 2015-16
Decision (in principle)	Approved (both)

Item	Board Assurance Framework
Recommendations	To approve the Board Assurance Framework, confirming the following: <ul style="list-style-type: none"> • That the risks described represent the main strategic risks to the delivery of the CCG’s plans. • That the mitigating controls adequately increase the probability of the CCG delivering its plans
Decision (in principle)	Approved

Item	Merton CCG Financial Position Report – Month 8
Recommendations	To approve the Merton CCG Financial Position Report – Month 8
Decision (in principle)	Approved

Item	Governing Body Committees’ Terms of Reference – Annual Reviews
	<ul style="list-style-type: none"> • Clinical Quality Committee • Finance Committee • Clinical Transformation Committee
Recommendation	To Approve the Terms of Reference
Decision (in principle)	Approved

Key sections for particular note: Whole document

<p>Recommendation(s): The Governing Body is asked to ratify the decisions made in principle at its meeting on 26th January 2016 to approve the following items:</p> <ul style="list-style-type: none"> (i) Public Sector Duty Annual Report for January 2016 (ii) Equality Delivery System Report 2015-16 (iii) Board Assurance Framework (iv) Merton CCG Financial Position (v) Governing Body Committees' Terms of Reference – Annual Reviews <ul style="list-style-type: none"> • Clinical Quality Committee • Finance Committee • Clinical Transformation Committee
<p>Committees which have previously discussed/agreed the report: Governing Body 24.01.16</p>
<p>Financial Implications: See individual items</p>
<p>Implications for CCG Governing Body: See individual items</p>
<p>How has the Patient voice been considered in development of this paper: See individual items</p>
<p>Other Implications: See individual items</p>
<p>Equality Assessment: See individual items</p>
<p>Information Privacy Issues: See individual items</p>
<p>Communication Plan: See individual items</p>

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

Date of Meeting: 24th March 2016

Agenda No: 6.1 & 6.2

Attachment: 05

<p>Title of Document: Public Sector Duty Annual Report for January 2016 Equality Delivery System Report 2015-16</p>	<p>Purpose of Report: For Ratification</p>
<p>Report Author: Yasmin Mahmood, Senior Associate (Equality and Diversity)</p>	<p>Lead Director: Lynn Street, Director of Quality and Performance</p>
<p>Executive Summary: See Overleaf</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: Equality Delivery System Report 2015-16 – Appendix 4 of the report details the EDS improvement plans. EDS Report Appendix 5: The NHS England Template for the summary EDS report, which aggregates the scores by outcome for Goals 1 and 2 across the commissioning priorities selected.</p>	
<p>Recommendation(s): The Governing Body is asked to ratify the decision taken at the meeting of 26th January 2016 to approve (in principle) the following:</p> <ul style="list-style-type: none"> • Public Sector Duty Annual Report for January 2016 • Equality Delivery System Report 2015-16 	
<p>Committees which have previously discussed/agreed the report: Merton CCG Equality and Diversity Group–Oct. 2015; Merton Clinical Quality Committee – Nov. 2015' Governing Body 26.01.16</p>	
<p>Financial Implications: None</p>	
<p>Implications for CCG Governing Body: The approved Public Sector Equality Duty Report will be published on the CCG's website by 31 January 2016. This is a statutory requirement. The approved EDS report needs to be published on the CCG's website by 31 March 2016.</p>	
<p>How has the Patient voice been considered in development of this paper: Through the engagement activities undertaken as part of the EDS assessment.</p>	
<p>Other Implications: Relates to Risk Register number: 510: If the CCG fails to publish the public sector equality duty annual report, it will not comply with requirements of Equality Act 2010 and its statutory duties under it. 2 x 3 = 6 If the CCG fails to publish its EDS report, it will not comply with requirements under the CCG Assurance Framework.</p>	
<p>Equality Assessment: The CCG is required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the 9 named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.</p>	
<p>Information Privacy Issues: N/A</p>	
<p>Communication Plan: Both reports will be published on the CCG website.</p>	

Executive Summary:

Public Sector Duty Annual Report for January 2016

Merton CCG's annual public sector equality report for January 2016 highlights progress made in respect of Equality and Diversity responsibilities between January and December 2015. This is a specific duty under the Equality Act 2010, which states that public bodies must publish information by 31 January each year showing how they are meeting the general equality duty.

The general equality duty requires public bodies to show due regard to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act
- Advance equality of opportunity
- Foster good relations between people who share a protected characteristic and those who do not.

The report details positive examples of strategy, policy and practice in Merton CCG to include:

- Developing a new vision and strategy for the CCG in 2015-16, along with an Organisational Development Plan, to ensure the CCG has the direction and capability to deliver its ambitions.
- Gathering robust baseline information to inform equality and diversity improvement plans for 2015-16
- Ensuring equality and diversity have been considered in the Community Services procurement process, including a full and robust equality analysis and evaluation of Pre-Qualification Questionnaires around equality, diversity and patient engagement
- CCG staff received two sessions of statutory and mandatory face-to-face training on equality and diversity in keeping with Skills for Health guidelines
- The Governing Body (GB) benefitted from training on Equality and Diversity in decision-making
- Bespoke training on equality and diversity was also delivered to the Better Healthcare Closer to Home Patient Participation Group.

A new Equality and Diversity policy statement on employment and service delivery will be published by 31 March 2016.

Equality Delivery System Report 2015-16

Since authorisation in April 2013, Merton CCG has ensured that embedding equality and diversity is a priority. The CCG uses the Equality Delivery System (EDS2) performance assessment tool, introduced by NHS England, to annually assess the progress of equality and diversity within NHS organisations following a review of evidence and stakeholder consultations.

Implementation of the EDS2 is overseen by the CCG Equality and Diversity Group, set up in September 2013 to oversee the CCG equality and diversity work programme. The group meets quarterly and includes commissioning leads, Public Health representation, GB representatives; Patient & Public Involvement lay member and Independent Nurse; and is chaired by the Director of Quality. The group reports to Merton Clinical Quality Committee and thereafter to the GB.

In 2015, Merton CCG completed its benchmarking against EDS2 for the second consecutive year. The system has 4 overarching goals with 18 outcomes. Goals 1 and 2 relate to better health outcomes and improved patient access. Three commissioning priorities were identified for 2015-16: early intervention in psychosis; community mental health services for people with dementia; structured education programme for people with newly diagnosed Type 2 diabetes. Goal 3 relates to a representative and supported workforce and Goal 4 relates to Inclusive Leadership. Goal 4 included a peer review assessment in a reciprocal arrangement with Sutton CCG.

Following consultations with service users, providers, voluntary and community sector, staff and leadership teams between August and December 2015, Merton CCG was assessed overall as 'DEVELOPING' for Goals 1-4.

The report, and improvement plan, is based on the evidence gathered. NHS England provides a template for submission of the Summary EDS report which is included with these reports as Appendix 5 (attached separately). This will be published along with the full report on the website by 31 March 2016.

Extract from the minutes of the Merton CCG Governing Body meeting on 26th January 2016

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.

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 24th March 2016

Agenda No: 6.3

Attachment: 05

Title of Document: Board Assurance Framework	Purpose of Report: For Ratification
Report Author: Terri Burns, Corporate Affairs Principal Associate, South East CSU	Lead Director: Adam Doyle, Chief Officer
<p>Executive Summary:</p> <p>Risk 1009 has been removed from the Governing Body Assurance Framework. It was amalgamated with risk 1012, with the agreement of the Clinical Quality Committee. Risk 1012 now covers children looked after as part of the safeguarding children risk.</p> <p>There has been some movement in risk ratings which is noteworthy, particularly the increases of risks 954, 798 and 938 and the decreases of risks 958 and 792.</p> <p>Following the implementation of the revised governance structure, a more robust risk governance process has been put in place. All corporate risks are reviewed every month, with more regular oversight of the Governing Body Assurance Framework by the Audit and Governance Committee and Governing Body being implemented.</p>	
<p>Recommendation(s):</p> <p>The Governing Body is asked to ratify the decision taken at the meeting of 26th January 2016 to approve (in principle) the following:</p> <ul style="list-style-type: none"> • That the risks described represent the main strategic risks to the delivery of the CCG's plans. • That the mitigating controls adequately increase the probability of the CCG delivering its plans 	
<p>Committees which have previously discussed/agreed the report: Governing Body 26.01.16</p>	
<p>Financial Implications: As per objective 3</p>	
<p>Other Implications: As described by the risk descriptions</p>	
<p>How has the Patient voice been considered in development of this paper: As per Objective 4</p>	
<p>Equality Analysis: N/A</p>	
<p>Information Privacy Issues: As per Freedom of Information Act 2000</p>	
<p>Communication Plan: Public papers for Governing Body meeting, published on website – January 2016</p>	

Extract from the minutes of the Merton CCG Governing Body meeting on 26th January 2016

6. For Approval

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.

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 24th March 2016

Agenda No: 6.4

Attachment: 05

Title of Document: Finance Report – Month 8	Purpose of Report: For Ratification
Report Author: Faiza Waheed	Lead Director: Cynthia Cardozo
<p>Executive Summary: NHS Merton CCG is reporting achievement of plan for the eight months to 30th November 2015. A full year forecast over spend of £3.1m is reported on acute commissioning. The over performance is mostly seen at St George’s, Kingston and Epsom and St Helier NHS Trusts. A full year under spend of £1.3m is forecast on non-acute commissioning and a full year over spend of £0.5m is reported on prescribing. The forecast over spends are offset by slippage on investments, utilisation of the contingency fund, an assumption that critical care and outpatient activity will not continue to increase at the same rate and an assumption that Merton’s contribution to the SWL risk pool will be returned.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: Entire report</p>	
<p>Recommendation(s): The Governing Body is asked to ratify the decision taken at the meeting of 26th January 2016 to approve (in principle) the Merton CCG Financial Position Report – Month 8</p>	
<p>Committees which have previously discussed/agreed the report: Finance Committee (14.12.15): Governing Body 26.01.16</p>	
<p>Financial Implications: As per finance report, reporting to plan as at Month 8.</p>	
<p>Implications for CCG Governing Body: Financial indicators are part of the CCG assurance framework used by NHS England – For Month 8 the financial performance is rated as amber green.</p>	
<p>How has the Patient voice been considered in development of this paper: N/A</p>	
<p>Other Implications: None</p>	
<p>Equality Assessment: N/A</p>	
<p>Information Privacy Issues: N/A</p>	
<p>Communication Plan: N/A</p>	

Extract from the minutes of the Merton CCG Governing Body meeting on 26th January 2016

6. For Approval

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.

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

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

Date of Meeting: 24th March 2016

Agenda No: tbc

Attachment: tbc

<p>Title of Document: Governing Body Committees' Terms of Reference – Annual Reviews</p>	<p>Purpose of Report: For Ratification</p>
<p>Report Author: Adam Doyle – Chief Officer</p>	<p>Lead Director: Adam Doyle – Chief Officer</p>
<p>Executive Summary: The current terms of reference (ToR) of all Governing Body committees were agreed by the Governing Body on 03 November 2015 as part of the refresh of the NHS Merton CCG Constitution. It was agreed that each Committee would take an early opportunity to review its ToR as presented in the Constitution and make recommendations to the Governing Body for further amendments. These reviews also fulfil the need for each Committee to review its ToR on an annual basis.</p> <p>To date three Committees have had the opportunity to review their ToR:</p> <ul style="list-style-type: none"> • Clinical Quality Committee • Finance Committee • Clinical Transformation Committee <p>Details of the changes are attached.</p> <p>The Audit & Governance Committee are due to review their ToR on 20 January 2016 and the Remuneration Committee at its next meeting (date to be confirmed).</p>	
<p>Key sections for particular note etc: Report needs to be considered in its entirety.</p>	
<p>Recommendation(s): The Governing Body is asked to ratify the decision taken at the meeting of 26th January 2016 to approve (in principle) the Terms of Reference of the Committees stated.</p>	
<p>Committees which have previously discussed/agreed the report: Governing Body 26.01.16; proposed changes also agreed by the relevant Committees.</p>	
<p>Financial Implications: None</p>	
<p>Implications for CCG Governing Body: Changes to the terms of reference of the specified Governing Body committees.</p>	
<p>How has the Patient voice been considered in development of this paper: NA</p>	
<p>Other Implications: Enhances and clarifies governance arrangements in the CCG</p>	
<p>Equality Assessment: The proposed changes are considered to have either positive or neutral impact.</p>	
<p>Information Privacy Issues: NA</p>	
<p>Communication Plan: The approved changes will be reflected in the appendices of the NHS Merton CCG Constitution which is available on the public website. Committee members are already aware.</p>	

Extract from the minutes of the Merton CCG Governing Body meeting on 26th January 2016

6. For Approval

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.