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

Date of Meeting: 24th November 2016

Agenda No: 5.1

Attachment: 04

Title of Document: Clinical Chair's Report	Purpose of Report: For 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: <ul style="list-style-type: none"> • South West London – STP update • St Georges Hospital CQC status • East Merton Model of Health and Wellbeing • The Rowans Surgery Procurement • Better Care Fund 	
Recommendation(s): The Governing Body is 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.	
Implications for CCG Governing Body: For note and discussion	

How has the Patient voice been considered in development of this paper:

In all items

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.



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Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group Clinical Chair Report November 2016

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 July.

South West London – Sustainability and Transformation Plan (STP)

The 6 CCGs covering the SWL STP footprint are Merton, Wandsworth, Sutton, Croydon, Richmond and Kingston.

The financial challenge collectively across SWL is around £140m a year and projections shows the financial challenge will reach up to £726m by 2020/21 if we do nothing.

The whole of the NHS in South West London has been working together and with local councils to develop a long term plan that will:

- use our money and staff differently to build services around the needs of patients
- invest in more and better services in local communities
- invest in our estates to bring them up to scratch
- try to bring all services up to the standard of the best.

The plan has now been published for discussion. A summary version is also available. A significant STP communications cascade is in progress to share our plan with our key stakeholders across SWL.

The key headline messages in our 5 year plan are:

- We want people-centred services
- We have some excellent services but we know we can do better
- We will invest much more in mental health and services based in the community as this improves outcomes
- We want to help local people live healthier lives
- We need to transform the way we deliver services to make sure people get the best care and taxpayers get value for money
- We have already achieved a lot

For Merton patients it means:

- Reduced variation in the quality and access of services
- More care delivered outside hospital in community settings (key to this is our emerging GP federation, CLCH and primary care localities as part of our primary care strategy)
- An expansion/transformation of primary care (based on GPFV).
- Proactive, preventative care based on keeping people well and early intervention
- Parity of Esteem for mental and physical healthcare
- Consideration of the best configuration of acute hospitals and specialised services in SWL

As part of the emerging STP Commissioner Operating Model, Merton and Wandsworth CCG have started early discussions about working together to deliver services in a more joined up way to support the recovery of SGH. This will not compromise our position in continuing to develop a more joined up approach to working with Sutton CCG.

Contrary to misleading media coverage, we also wanted to clarify that there are no proposals to close any hospital in South West London. We are suggesting our hospitals will need to work differently, with more clinical networking and possibly one hospital ceasing to provide certain acute services such as A&E, obstetrics and specialist paediatrics. However we have not ruled out retaining these services in all five hospitals. Our plans are still in development and will be subject to much wider discussion - and formal public consultation should we develop firm proposals to change acute hospital services.

St George's Hospital CQC status

The CQC published their inspection report on St George's University Hospitals NHS Foundation Trust, giving an overall rating of inadequate and has recommended that it is placed in special measures. It was rated 'good' for caring but the team of inspectors found it "inadequate" for being safe and well-led. It was rated "requires improvement" for being effective and responsive.

We are pleased that the report recognises the caring attitude of St George's staff and acknowledges areas of outstanding practice including positive outcomes for renal patients and improvements in maternity care.

We will continue to monitor, seek assurance and work with the trust, NHS England, NHS Improvement and the CQC to support delivery of St George's recovery plans. We hope that this report marks a turning point that will enable the trust to focus on making the significant improvements that are needed.

East Merton Model of Health and Wellbeing

The CCG remains committed to developing the East Merton Model of Health and Wellbeing (EMMoHWB) to be based on the Wilson Hospital site.

I am delighted to say that the project board have interviewed and recruited a dedicated project manager who is able to start in January 2017. A period of GP engagement will commence once the project manager is on board.

The first phase of community conversations has been completed and information is being gathered to see what can be learnt and built on.

A key aspect of the EMMoHWP is the social prescribing model. Our primary care team is attending the operational group with Public Health and Merton Voluntary Services, as well as local practices.

The service will be piloted at two East Merton practices (Wide Way and Tamworth House) and this is set to commence in January 2017.

The head of Merton Voluntary Service Council, Khadiru Mahdi, has received applications for the recently advertised community navigator post. Interviews will take place later in the month (Dr Doug Hing is on the panel) with a view to starting with the pilot in January.

It was agreed that referrals to the navigator will not be restricted to any one health profession in general practice and, following valuable input from the community care navigator at the Nelson, initial consultations are expected to be around 1 hr with follow ups agreed at around 45 minutes.

One Public Estate: Additional Funding Announcement

I would like to congratulate Dagmar and her Public Health and Merton Council colleagues on their achievement in successfully pursuing the full funding for the One Public Estate application.

The Local Authority will be the lead organisation for this programme, using the Local Authority property asset board for direct oversight of the project. The proposal is to engage with partners through existing links. One of the first tasks will be to appoint a project manager.

The Rowans Surgery

Re-procurement of the service has commenced and local stakeholders have been informed.

Two patient engagement sessions were recently held and a second patient engagement event is scheduled to take place on Monday, 21st November; one session in the afternoon and one session in the evening.

Overall service feedback from patients during the engagement sessions was positive; there has been an improvement in patient access / appointment availability offered by the caretaking providers (Hurley Group).

I attended a Longthornton Residents meeting (Saturday 19th November 2016) to provide an update on the procurement process and to offer reassurance that although the service provider may change, a primary care service will continue to be offered at the surgery.

Better Care Fund

The Better Care Fund (BCF) is a programme spanning both the NHS and local government. It was created with the intention of improving the lives of some of the most vulnerable people in society, placing them at the centre of their care and support, and providing them with 'wraparound' fully integrated health and social care, resulting in an improved experience and better quality of life. The BCF takes the form of a local, single pooled budget that aims to fund ways that the NHS and local government can work more closely together.

The Chief Officer and I have discussed and shared our thoughts with Merton Council colleagues on future BCF for 17/18. Any investment will need to be considered alongside the Local Authority decision to apply the Adult Social Care precept and/or Council Tax increase for 17/18. We will also, as responsible commissioners, work with the Local Authority to review the current investment, understand how the benefits are being achieved, use the learning and revise the services and/or provision accordingly.

Andrew Murray
Clinical Chair
November 2016