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right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

MINUTES MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY PART 1

30th November 2017

Time: 1.00pm – 4.15pm

Rooms 6.2/6.3, 120 The Broadway, Wimbledon, SW19 1RH

Chair: Dr Andrew Murray

In attendance:

Members

SB	Sarah Blow	Accountable Officer
JB	James Blythe	Managing Director
CG	Clare Gummett	Lay Member: Patient & Public Engagement Lead
JHa	Julie Hall	Nurse Member
AM	Dr Andrew Murray	Clinical Chair
JM	James Murray	Interim Chief Finance Officer (Interim)
AL	Andrew Leigh	Lay Member: Audit
SP	Stephen Powis	Secondary Care Consultant
KW	Dr Karen Worthington	GP Member
DZ	Dr Dagmar Zeuner	Director of Public Health, LBM

Non-Voting Members

JA	John Atherton	Director of Performance and Management
JHe	Julie Hesketh	Director of Quality & Governance
MJ	Marek Jarzembowski	Chair, Local Medical Committee
NM	Neil McDowell	Local Finance Director
AMc	Andrew McMylor	Director of Primary Care
JP	Josh Potter	Director of Commissioning Operations

Other Officers in Attendance

RB	Rebecca Blackburn	Partnership Manager (East Merton) (for item 10.1 only)
TF	Tony Foote	Note Taker – NELCSU
DB	Diane Bebbington	Interim Board Administrator

Members of the Public in Attendance

Carl Alderman	
David Ash	KOSHH
Sandra Ash	KOSHH
Marie-lise Audley	
Graham Barker	
Sue Clark	MRHF
Roger Gartland	
Cllr. Suzanne Grocott	London Borough of Merton
B. Hennessy	
Claire Jackson-Prior	KOSHH
Karim Jashapara	
Ronald Phillip	
Anthony Sperran	
Sheelagh Starrett	London Borough of Merton
R Tasker	KOSSH

No.	AGENDA ITEM	WHO
1.	Welcome and Apologies for Absence	
	AM welcomed everyone to the meeting, in particular Andrew Leigh who had been appointed as the Lay Member for audit and was attending his first meeting. There were no apologies.	
2.	Declarations of Interest	
	MJ said that he was no longer a Governing Body member at the Nelson Health Centre. Subject to the above amendment, the Governing Body APPROVED the Register of Interests as a full and accurate record.	
3.	Minutes of Previous Meetings	
	The following amendments to the 28 th September minutes were requested: <ul style="list-style-type: none"> • 4.1 ii), JHe was abbreviated to JH which could be taken to refer to JHa. • 10.3 Fourth line from the bottom should read ‘...information about the general themes emerging’. With the incorporation of the requested amendment the minutes of 28 th September 2017 were APPROVED as a full and accurate record. The following amendment to the 26 th October minutes was requested: <ul style="list-style-type: none"> • Under the list of non-voting attendees on page 10, the initial MJ next to Neil McDowell should read ‘NM’. With the incorporation of the requested amendment the minutes of 26 th October 2017 were APPROVED as a full and accurate record.	
4.	Matters Arising and Action Log	
4.1	<u>Actions arising from the meeting of the Merton Clinical Commissioning Group Governing Body of 27th July 2017.</u> <u>9.3 Children’s Safeguarding Report Q3:</u> JHe proposed that this item be removed from the action log and be further discussed at the Quality Committee meeting. <u>4.1 Patient’s Story:</u> JHe said that the focus of the previous Quality Committee meeting had been on mental health. JP had had a meeting with the clinical leads for mental health in Wandsworth and Merton and there were now child-specific objectives that aligned with the Commissioning Intentions. <u>12 Questions from the Public:</u> this question related to IAPT services - see item 11.4 on today’s agenda. <u>5.3 Accountable Officer Update:</u> this related to winter pressures - see item 11.3 on today’s agenda. <u>7.2 Commissioning Intentions Process:</u> JP confirmed that a copy of the Commissioning Intentions Process document had been emailed to the Keep Our St Helier Hospital Group. <u>10.3 Complaints PALS Annual Report 2016-2017:</u> JB stated that the aim was to present this data in the same way as all other quality issues were. <u>4. Any Other Business – questions from the public:</u> AM noted that a written response to this question was to be sent shortly.	

5.	Chair's Update, Chief Officer's and Accountable Officer's Updates	
5.1	<p><u>Chair's Update</u> AM noted three items to bring to the attention of the Governing Body:</p> <ul style="list-style-type: none"> • The Merton Health and Wellbeing Board met on 28th November. Key issues were an update on commissioning intentions, the Wilson Campus development and diabetes. • The South West London Clinical Senate Forum did not take place on 21st November and has been rescheduled for 7th December. • Clinical Leadership Development. Rebecca Thornley is helping to develop the CCG's clinical leadership programme. She has met with the Clinical Directors and Leads to understand their needs and identify areas of focus. <p>Additionally, AM reported on a leadership programme that he attended with Ged Curran (GC) and John Galston (JG). This was a helpful week in which AM, GC and JG chose to look at the rising incidence of self-harm in Merton, resulting in a project and a reference group being convened in January 2018. B. SB expressed support for this project saying that this is an area SWL wants to develop further.</p>	
5.2	<p><u>Managing Director's Update</u> JB presented this paper and summarised its main issues:</p> <p><u>Staff consultation</u> The staff consultation on proposed changes to the LDU management structure has now been concluded. Engagement has been strong and changes to the proposals have already been fed back. JB thanked the Lay Members of the Governing Body for their support in this process.</p> <p><u>Joint working with Wandsworth and South London Alliance</u> The scope of joint working arrangements was continuing to increase. Subject to approval at the Wandsworth Board, Merton and Wandsworth CCGs will have a shared set of corporate objectives. A draft shared Board Assurance Framework is also currently being reviewed by committees. The two Finance Committees met 'in common' this month and aligned Quality/Governance Committees were due to do so in the New Year. The SWL Alliance convened a Committee in Common (CiC) to approve the new Effective Commissioning Initiative policy across SWL on 16th November using the CiC provisions approved in each CCG's consultation.</p> <p><u>Elective Care Recovery Programme – St George's</u> JB attends a fortnightly meeting with NHS England, NHS Improvement, SWL Alliance colleagues and St George's Hospital Executive Team to review progress in recovering elective care reporting and performance. Positive progress has been made with reporting and data quality issues meaning better data is available to advise referrers and patients about current waits and options at other nearby Trusts. The CCG is continuing to work with NHS England to integrate this information into the e-referrals system to inform patient choice.</p> <p><u>STP refresh</u> The SWL STP is currently refreshing its strategy, with the discussion document due to be published today. This will be circulated to Governing Body Members and other key stakeholders and organisations.</p> <p><u>Development of the Multispeciality Community Provider (MCP) and Integrated Locality Team in Merton</u> The MCP Programme Board met on 27th November. The group is to agree the vision, strategy and governance for progressing the integration of primary, community and social care in the Borough linked to outreach services from our two principal hospital providers.</p>	

	<p>CG asked how much patient involvement there would be on the MSP Programme Board. JB acknowledged the significance of patient involvement and said he hoped Healthwatch, who will be represented on the Board, would provide this.</p> <p><u>Epsom and St Helier Strategic Outline Case</u> The Board of Epsom and St Helier University Hospitals NHS Trust met earlier this month to consider and approve a Strategic Outline Case for the consolidation of more acute services onto a single site. A process of reviewing all potential scenarios will be undertaken considering the quality of care, finances, whether people support it and if it is deliverable. The public would be formally consulted before making any recommendation to the Governing Bodies.</p> <p>Finally, JB added that the CCG's website now states that Ravensbury Park GP Practice had been as 'inadequate' by the Care Quality Commission (CQC) and that though the CQC has noted an improvement, the rating had not changed. The CCG continues to work closely with the practice.</p>	
5.3	<p><u>SWL Accountable Officer Update</u> SB said there was nothing to note under this agenda item.</p>	
Questions from the Public Gallery (i)		
	<p><u>Question 1:</u> <i>My daughter has mental health issues. Help was requested when she was in year 3 but she has still not received this and she is now in year 8.</i> <u>Response:</u> AM said he recognised that waiting times for children's mental health services were not as good they could be and that there were a number of root causes of this which the CCG was trying to address. TH added that the person who attended a recent Governing Body meeting to tell their "Patient Story" had established a group for young adolescents with mental health issues and this provided a helpful resource. SB commented that the Sustainability and Transformation Plan would prioritise mental health services.</p> <p><u>Question 2:</u> <i>I am very concerned about the NHS and the Government is trying to destroy it. The Governing Body should be clear in their aim of defending the NHS. Do any members of the Governing Body have private medical insurance for themselves and, if so, should this be declared as a conflict of interest.</i> <u>Response:</u> AM said this would be considered. He emphasised that all Governing Body members are passionate about the NHS, as evidenced by their membership.</p> <p><u>Question 3:</u> <i>We are the Keep Our St Helier Hospital group and would like to present a petition to the Governing Body. The petition was about fighting for the retention of acute services at both Epsom and St Helier Hospitals. The names and addresses of 10,775 people have been obtained who are opposed to the plan.</i> The petition was received by the Governing Body.</p> <p><u>Question 4:</u> <i>In the recent Budget, the Government stated that there would be £10b available for infrastructure. Would the CCG be applying for any of this?</i> <u>Response:</u> SB replied that any funding for infrastructure would be helpful. The CCG was working with partners on a number of programmes that potentially required infrastructure funding. .</p> <p><u>Question 5:</u> <i>Medical care in Merton is very bad. The CCG should apply to the Government for extra funding.</i> <u>Response:</u> AM said that he acknowledged these concerns but they were not borne out by the data contained in the Performance Report that would be reviewed later in the meeting. SB recognised that Mental Health Services had under-funded historically but, as there was no new funding available, it was a question of making the best of current resources with increased efficiencies.</p>	
6.	Strategic	

6.1	<p><u>South West London (SWL) Commissioning Intentions 2018-19</u> JP said he would present this item and the following – Merton CCG Commissioning Intentions 2018-19 - together.</p> <p><u>South West London (SWL) Commissioning Intentions 2018-19</u> JP explained that the paper contained the Commissioning Intentions for South West London for 2018/19. The priorities represent a refresh of the second year of a two-year plan, with changes expected across a number of areas. Specifically:</p> <p>Urgent and Emergency Care Primary Care Mental Health Cancer Planned Care Maternity Learning Disabilities Integrated Community Care</p> <p>The strategic objectives were:</p> <p>Supporting people to stay well Proactive, personalised care for people with long term conditions Delivering the right care in the right place Getting end of life care right Transforming access to outpatient services Getting the model of care right</p> <p>The Governing Body APPROVED the South West London Commissioning Priorities: Annual Commissioning Plan 2018/19.</p> <p><u>Merton CCG Commissioning Intentions 2018-19</u> This is the first set of commissioning intentions developed by the new Local Delivery Unit across Merton and Wandsworth CCGs. It is believed that there are clear benefits of this way of working, with opportunities to share best practice and working with more impact and to scale.</p> <p>The headline quality, performance and sustainability issues were:</p> <p><u>Population Health</u> Significant social inequalities exist within the borough. The eastern half has a younger, poorer and more ethnically mixed population. The western half is less diverse, has a higher average age and richer. Largely as a result, people in East Merton have worse health and shorter lives.</p> <p><u>Prevention Framework</u> Many of the commissioning intentions acknowledge the need for the CCG to be an active and leading partner in the prevention agenda. In addition the CCG is also signed up to the South West London Prevention Framework which outlines priority areas for action including Making Every Contact Count, Social Prescribing and creating healthy workplaces.</p> <p><u>Quality and Performance</u> The main performance challenge for the locality is the significant issues facing the largest acute provider, St Georges Hospital.</p> <p>It is expected that many of the commissioning intentions will address the situation by relieving pressure on the Trust and introducing high quality community pathways. However, given the likely scale of the waiting list backlog, it may mean that the CCG needs to find different ways of measuring success of its schemes. In addition to the trust’s significant financial challenges, the main quality areas are:</p> <ul style="list-style-type: none"> • Quality and risk issues arising from long waits for treatment. A Clinical Harm Group was been set up to monitor this. 	
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	<ul style="list-style-type: none"> • Cancer performance with associated clinical risks. • New leadership team following previous leadership turnover. New team now needs to be embedded and lead the required cultural change and staff engagement agenda. • Estates & Premises <p>South West London and St Georges Hospital has been rated overall “good” by the CQC. Quality issues relate mainly to community services:</p> <ul style="list-style-type: none"> • Consistency and variation in community services, particularly IAT service • Pressure with acute care pathway with demand for access to specialist CAHMS PICU in a timely way. • Recurring theme of suicide from serious incidents review. Suicide review currently being undertaken to identify learning. • Improving Access to Psychological Therapies (IAPT) access remains a challenge, with access rates and recovery rates not meeting the national standards. <p><u>Financial Context</u> The expected growth in population and demand for new treatments and therapies is projected to significantly outstrip any growth in the NHS budget. The current estimate is that the CCG will need to achieve an efficiency of c£15m for Merton, and £36m LDU-wide in 2018/19 to meet its financial targets. This represents a significant challenge for a healthcare commissioner and the CCG is in discussions with its main providers on how current contractual mechanisms can be amended or adjusted to better enable the right scale of change. Providers of services will need to deliver significant service redesign in addition to the already challenging financial position, most notably at St Georges Hospital. Furthermore, partners such as Local Authorities continue to also face financial and sustainability challenges. Therefore it is vital that partners in the public sector work together to achieve the change needed.</p> <p><u>Community Engagement</u> The commissioning plans and the overarching STP have been subject to ongoing community engagement with a variety of community and voluntary sector partners. This engagement will continue as the plans develop and consolidate.</p> <p>The CCG would continue to develop its commissioning plans throughout the autumn and winter with final commissioning intentions for SWL completed by early January 2018. Full business proposals will be developed by 1st April 2018.</p> <p>There followed questions and comments from the Governing Body.</p> <p>DZ stated that the plan was welcomed by the Health and Wellbeing Board and the links between the Board and the CCG were very important.</p> <p>CG said that community engagement had been very good this year. She had attended the Patient Engagement Group meeting where it was felt that the plans were considerably more practical than previous year’s. CG asked how the CCG could ensure that the view of patients influenced the commissioning intentions. JB responded said that the plans were already the product of patient engagement.</p> <p>The Governing Body NOTED the draft Merton CCG Commissioning Intentions 2018-19.</p>	
6.2	<p><u>Merton CCG Commissioning Intentions</u> See Item 6.1.</p>	
7.	<p>Commissioning</p>	
7.1	<p><u>Wilson Project Update</u> AMc provided this update.</p>	

	<p>He stated that the CCG was committed to replacing the old building on this site with the Wilson Health and Wellbeing Campus. The services provided will be on a par with those provided at the Nelson Health Centre but there will also be a focus on well-being and the social determinants of health. The proposed model will not include list-based primary care services but will have a large space with all GP practices on site for patients needs to be addressed holistically. At the core there will be an enhanced East Merton Primary Care Hub offering scope for GPs working at scale for the whole population of East Merton. GPs will have access to a wide range of services including acute specialist consultants, social prescribing, diagnostics, and community-based and volunteer services.</p> <p>The CCG's main partners involved in developing the vision for the model were:</p> <ul style="list-style-type: none"> • NHS Property Services and Community Health Partnership • London Borough of Merton and Merton Voluntary Services Council <p>All are brought together as the Wilson Programme Board (WPB) which reports to the CCG's Governing Body, the London Borough of Merton's Cabinet and the Health and Wellbeing Board.</p> <p>A process and estimated timeline are in place from the submission of the PID to NHSE through to financial close when the contracts are signed, with a formal planning application likely to be submitted within twelve months. The priority is to establish what is wanted, identify the space needed and appoint a company. If there is any surplus land the CCG will work closely with the council on how it is used. Engagement will begin in February 2018, starting with community groups.</p> <p>AM commented that from conversations that he had had, there was a positive response for this to succeed. Accordingly, it was crucial that the CCG delivers all the proposed health services. JB emphasised the need to understand the model of how health and wellbeing services are integrated in order to inform the development of the appropriate estate.</p> <p>CG said she had worked in East Merton for thirty years and was very excited about the idea of community groups and the voluntary sector working together. KW agreed saying that health inequalities in Merton had not been addressed and a new approach was needed, adding that health services were only a small part of wellbeing. DZ stated that the social prescribing pilot in East Merton had been having very positive outcomes, providing hard evidence of the success of this approach.</p> <p>All agreed that this represented good news and every effort should be made to ensure that Merton residents were made aware of it.</p> <p>The Governing Body DISCUSSED and NOTED the Wilson Project Update.</p>	
8.	Governance	
8.1	<p><u>Summarised Minutes of Audit and Governance Committee: 05.06.17</u> NM informed the Governing Body that the summarised minutes were for note. These included updates on the Board Assurance Framework, updated CCG policies, tender waiver for SELDOC and action plan in response to the RSM internal audit of Conflict of Interest.</p> <p>The Governing Body NOTED the summarised Minutes of the Audit and Governance Committee meeting held on 5th June 2017.</p>	
9.	Finance	
9.1	<p><u>Summarised Minutes of Finance Committee meetings of 04.09.17 and 26.09.17</u> NM informed the Governing Body that the summarised minutes were for note. He highlighted two items relate to tender waivers:</p> <ul style="list-style-type: none"> • Tender Waiver for Merton Health Ltd as provider of two GP Access Hubs for a pilot period of 6 months across two sites. 	

	<ul style="list-style-type: none"> • Tender Waiver for ENT. Following several amendments the tender waiver was approved by the Finance Committee. <p>NM added that the first meeting of the Finance Committees in Common of Merton and Wandsworth CCGs took place on 4th November 2017. The meeting went well.</p> <p>The Governing Body NOTED the summarised Minutes of the Finance Committee Meetings of 4th and 6th September 2017.</p>	
9.2	<p><u>Finance Report Month 7</u></p> <p>NM presented this report, stating that the CCG was in a breakeven position at the end of October and forecast to breakeven for the financial year. A number of risks and mitigations which may impact on this were outlined in the report. NM added that the Financial Recovery Group and the Savings & Delivery Group have merged into the Financial Recovery Oversight Group which meets across Wandsworth and Merton CCGs.</p> <p>Key points to note regarding the Month 7 Financial Position were:</p> <ul style="list-style-type: none"> • There is a risk that QIPP will not deliver the full level of savings planned (£11.2m) but at this point we believe that any shortfall can be made up with reserves and other non-recurrent measures. • Acute contracts remain the main area of pressure predominantly at St George's (£3.9m) and Kingston (£1.4m). • Mitigations are predominantly in the area of continuing healthcare and the full utilisation of contingencies and reserves. Continuing healthcare is stable and still forecast to underperform against budget (£2.3m). Further opportunity remains to reduce expenditure in 2018/19. • In the next month we need to look for other areas to cover the risks and may need to build in a cushion to year end. • With regard to primary care, prescribing is forecast at £65k underspent, but there is some risk around the prescribing outcome in respect of Category 'M' savings. <p>AL asked what the likelihood was of not breaking even in the coming months. NM explained that as the NHS was entering its busiest period of the year it was not possible to provide a more accurate estimate than that represented by the risks and mitigations in the report.</p> <p>The Governing Body APPROVED the Finance Report for Month 7.</p>	
10.	Primary Care	
10.1	<p><u>Primary Care Strategy Update</u></p> <p>KW updated the Governing Body on the Primary Care Strategy, its aims being to improve patient outcomes and improve resilience. Training and education as well as leadership of practices were part of the strategy and there were there are three key areas of focus: access, practice variation and the PMS review.</p> <p><u>Access to Primary Care</u></p> <p>RB described the three key routes used to deliver a significant increase in access to primary care:</p> <ul style="list-style-type: none"> • The Improving Access to Primary Care Local Incentive Scheme Merton practices are participating in the scheme which delivers more appointments in both core and extended hours, provides dedicated slots for children needing same-day access. The scheme has resulted in around 3,700 extra appointments per month. • Two GP Access Hubs and the East and West Localities The Hubs are open Monday to Friday 5-8pm and 8am-8pm on Saturday and Sunday in the east and 8am-8pm on Saturday in the west. Utilisation rates have risen from 47% in April 2017 to 87% now. • Quality Access Scheme 	

	<p>This was offered to all practices in September, focusing on patient experience with the aim of helping vulnerable groups.</p> <p><u>Practice Variation</u> KW explained that there was significant variation between practices. To address this, the focus has been on referral rates to secondary care and pathology testing. Following two rounds of Practice visits GP-initiated first outpatient appointments have been reduced by 7% with savings of £400k in 2016/17. Phase 2 Practice visits PV has resulted in pathology savings of £60k for 2016/17 and £171k in 2017/18.</p> <p><u>Review of the PMS Contract</u> The PMS Review has allowed the CCG to refresh the PMS Premium Specifications to practices that will deliver improvements in care for patients. The focus is on taking access further by putting direct booking into the hubs, integrated working and primary care at scale.</p> <p>DZ commented that 5,000 extra appointments was a very significant improvement and more should be done in letting people know about this. AM thanked KW and RB and said that real progress had been made.</p> <p>The Governing Body NOTED the Primary Care Strategy Update.</p>	
11.	Quality and Performance	
11.1	<p><u>Summarised Minutes of Clinical Quality Committee: 06.09.17 and 01.11.17</u> CG informed the Governing Body that the summarised minutes were for note but commented on two items from the meeting of 6th September 2017:</p> <ul style="list-style-type: none"> • Acute and community mental health providers, SWL and St George's Mental Health NHS Trust and CLCH, attended a meeting focusing on children and adult services. There was discussion on the opening of two crisis cafés, community adult mental health services, the eating disorder service and the community integrated complex needs service. • With regard to the St George's Clinical Harms Group, concerns still remained. <p>The Governing Body NOTED the summarised Minutes of the Clinical Quality Committee Meetings of 6th September 2017 and 1st November 2017.</p>	
11.2	<p><u>Merton CCG 2017/18 Governing Body Assurance Report (Month 5 Position August 2017)</u> JA presented the report, stating that the month 5 highlights were:</p> <ul style="list-style-type: none"> • Ongoing problems with access to the IAPT service Provisional data for Month 6 (September 2017) shows slippage in the recovery rate which has fallen below the 50% threshold. • RTT times at St George's Hospital • Scheduling of clinics at St Helier Hospital • Cancer targets Good improvements are being seen for two-week cancer wait times. Performance measures that did not meet target during month 5 were 31-day cancer wait for first treatment (all cancer types) and the 31-day cancer wait for subsequent treatment (surgery). • Delayed Transfers of Care • A&E performance for ambulance wait times and percentage of patients admitted, transferred or discharged from A&E within four hours. <p>There followed questions and comments from the Governing Body.</p> <p>Members expressed concern at the low recovery rate in IAPT services. JA explained that for the first half of 2017 the number of referrals was low, there had also been capacity issues leading to delays and increased waiting times. He added that the recent staff recruitment should be sufficient capacity to improve the</p>	

	<p>situation. The situation is being monitored on a weekly basis and JA was moderately confident that there would be a step change in performance in this area. AM acknowledged this as a vulnerable area for the CCG and asked that this be brought back to the January 2018 meeting of the Governing Body.</p> <p>The Governing Body APPROVED the Merton CCG 2017/18 Governing Body Assurance Report.</p>	JA
11.3	<p><u>Winter Planning – 2017/18</u></p> <p>SB said winter planning is a high priority at national as well as SWL and local levels and there was now a Director for Winter in London.</p> <p>JA explained that NHS England had developed an A&E Delivery Board winter readiness checklist, and this had been completed by the CCG. The areas rated red or amber included wider system preparation (demand and capacity plans), NHS 111/primary care, care home support, front door processes and primary care streaming and mental health. There were weekly monitoring calls regarding these.</p> <p>DZ commented that said that the checklist did not recognise the role of public health. The flu vaccine was very important, including for staff in care homes. SB agreed and said that SWL was undertaking a large communications initiative regarding the flu vaccine.</p> <p>The Governing Body NOTED the Winter Planning 2017-18 Report.</p>	
11.4	<p><u>IAPT Performance</u></p> <p>JA referred to the earlier comments about this service made during item 11.2 adding that the provider of the service (Addaction) had suggested bring in a second provider to assist with the backlog of patients. This should be sufficient to enable the service to achieve a much stronger position.</p> <p>JHa remained concerned and JP asked what the biggest risk to service recovery was. JA highlighted capacity and that this was being monitored very closely. AM asked about a back-up plan and JB confirmed that if Addaction did not bring in a second provider the CCG would take independent action to ensure that this did happen. DZ asked whether the CCG was certain that the service model was the right one. AM acknowledged this as a valid challenge and that when it was time to re-procure the service this should be considered.</p> <p>The Governing Body NOTED the IAPT Performance paper.</p>	
11.5	<p><u>Safeguarding Annual Reports (children and adults)</u></p> <p><u>Safeguarding Children</u></p> <p>JHe presented the Safeguarding Children Annual Report 2016/17 and informed the Governing Body that in 2016/17 the CCG achieved compliance with the statutory guidance and safeguarding requirements. This was endorsed by the NHSE Deep Dive Audit and external auditing in 2016/17.</p> <p>The new shared Merton and Wandsworth CCG safeguarding arrangements were implemented in February 2017. Permanent staff have been recruited to the posts of Designated Nurse Looked After Children and Safeguarding Adult lead. In the OFSTED ratings for Looked After Children’s services Merton was rated as ‘good’ with an outstanding rating for adoption performance and leadership, management and governance. Other developments include:</p> <ul style="list-style-type: none"> • An advertisement was now out for a named GP for safeguarding. • A leaflet explaining what safeguarding involves will be available shortly. • Progress with the Looked After Children’s service will be reported separately in future. <p>AM congratulated the team and noted that very strong appointments had been made, including Liz Royle as Head of Safeguarding Designated Nurse. DZ commented that there was an emerging issue with young people being targeted</p>	

	<p>and groomed to deal in drugs. Merton Partnership is look into this at their next meeting. This problem is now being recognised by the Children’s Commissioner.</p> <p>The Governing Body REVIEWED the Safeguarding Children Annual Report 2016/17.</p> <p><u>Safeguarding Adults</u> JHe reported that all roles relating to safeguarding adults were filled. Work was ongoing to align arrangements across the two CCGs. Areas requiring focus are:</p> <ul style="list-style-type: none"> • The PREVENT strategy • Protocols across the Alliance • Policies and procedures <p>CG asked when the quality assurance and performance report would be available. and JHe said that the possibility of doing this across South West London was being considered.</p>	
Questions from the Public Gallery (ii)		
	<p><u>Question 1:</u> We (KOSHH) would like the opportunity to make a presentation to the Governing Body. <u>Response:</u> SB said that a presentation would be welcome once a formal consultation was launched.</p> <p><u>Question 2:</u> the St Helier statement of case was full of holes and unsustainable, when would it receive proper public scrutiny? <u>Response:</u> SB gave an assurance that when the Governing Body considered the statement of care it would be at a meeting which the public were able to attend.</p> <p><u>Question 3:</u> When will the Governing Body respond to the petition? <u>Response:</u> AM said that the Governing Body would respond to the petition when it had been properly considered.</p>	
12.	Any Other Business	
12.1	There was no additional business for discussion.	
13.	Meeting Close	
	The meeting closed at 4.15pm	
14.	Date of the next meeting	
	25 th January 2018, 1.00-4.00pm, 120, The Broadway, Wimbledon, SW19 1RH.	

Signed as a full and true record of Part 1 of the Merton Clinical Commissioning Group Governing Body Meeting on the 30th November 2017.

Dr Andrew Murray – Clinical Chair

Date