



Merton

Clinical Commissioning Group

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

Thursday, 31st July 2014

Civic Centre, London Road, Morden, SM4 5DX

Chair: Dr Howard Freeman

Present:

EB	Eleanor Brown	Chief Officer
CC	Cynthia Cardozo	Chief Finance Officer
CCh	Dr Caroline Chill	GP Clinical Board Member
MC	Mary Clarke	Independent Nurse Member
KE	Dr Kay Eilbert	Director of Public Health, London Borough of Merton
PD	Peter Derrick	Lay Member: Chair of the Audit Committee/ Vice Chair
HF	Dr Howard Freeman	Chair Designate/ Clinical Leader
CG	Clare Gummett	Lay Member: Patient and Public Engagement Lead
AM	Dr Andrew Murray	Clinician - GP

Participating Observers

MJ	Dr Marek Jarzembowski	Chair. Local Medical Committee
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In Attendance:

YM	Yasmin Mahmood	Quality and Diversity Lead
DC	Dawn Chamberlain	Director of Operations - South West London and St George's Mental Health NHS Trust
RK	Ranjeet Kaile	Head of Communications and Engagement - South West London and St George's Mental Health NHS Trust

Supporting Officer

LM	Louise Morgan	SWL Commissioning Support Unit
SM	Sean Morgan	SWL Commissioning Support Unit
LI	Lucy Ing	SWL Commissioning Support Unit

Member(s) of the Public:

Sheila Knight	
Catherine Griffith	
Pat Tunstall	Merton Residents' Health Forum
Ulla Yongopoulis	Merton Residents' Health Forum
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ACTION

1. Welcome and Apologies for Absence

Dr Howard Freeman (HF) commenced by welcoming members and all in attendance; noting that the meeting was in public, not a public meeting.

The following apologies were noted: Peter Derrick, Prof. Stephen Powis, Adam Doyle and Lynn Street

2. Declarations of Interest

HF requested the Governing Body members to declare if their entry upon the Register of Declared Interests was not a full, accurate and current statement of any interests held.

No such declarations were made.

3. Minutes of previous meetings

To approve the minutes of the meeting of the Merton Clinical Commissioning Group on 29th May 2014

The following amendment to the minutes was requested:

Pg. 5; Item 5.1 Five-Year Strategic Plan

“CG felt it was difficult to define “ordinary people” as we all use the services in question. However, she acknowledged that there could be occasions when only those with a particular knowledge would be appropriate to involve”

Be changed to:

“CG felt it was difficult to define "ordinary people" as we all, members of the general public and board members, use the services in question. She did, however, recognise that there were circumstances where it would be appropriate to involve people with knowledge or experience of specific areas of health services i.e. diabetes.”

TF

With the incorporation of the requested amendment, the minutes were approved as a full and accurate record of the meeting.

4. Matters Arising

There were no matters arising.

5. Chair and Chief Officer’s Update**5.1 Chair’s update – verbal**

HF reported on the London Health Commission, established by the Mayor of London with the aim of looking at the whole health system in London. Chaired by Lord Ara Darzi, it is expected that the Commission will report its findings in the next couple of months which, if early discussions are indicative, are likely to be radical. HF added that he felt the Governing Body would support these recommendations as they will provide Merton some of things it has been asking for a long time. However, HF stressed, support will differ from CCG to CCG.

5.2 Chief Officer’s Report

Eleanor Brown (EB) began with an overview of staff changes:

- As a part of the of Sutton and Merton PCT’s medicines

management function, the revised Merton CCG structure implementation has begun.

- Two new Commissioning and Service Improvement Managers have joined the CCG.
- Sadie Daley is leaving the CCG to take up a post in Bromley CCG and, therefore, Lyn Street (LS) is reviewing the safeguarding structure. Sadie was thanked for all her hard work.
- Following the 360 assessment, the CCG is also reviewing its OD plan.

In terms of services, the Nelson Local Care Centre is progressing well and EB and HF laid the final paving stone on the top of the building. The CCG is in the middle of the procurement process for services for the Nelson which is also progressing well. The Mitcham project is at an early stage and public engagement events are being planned to capture local thoughts. The CCG is hoping to have feedback from NHS England (NHSE), regarding permission to proceed to business case stage, during August.

In terms of integration, community services and social care, EB reported that the Better Care Fund (BCF) programme is progressing well and the CCG should begin to see the patient outcomes during the autumn. The BCF application was submitted in April and all CCGs across the country have been asked to revisit their plans to identify more savings from reduced secondary care admissions. A new submission is required in September focusing on greater reductions in avoidable admissions and prevention.

EB gave an overview of the system resilience programme of work and early developments in primary care co-commissioning. The CCG, in conjunction with the other South West London CCGs, has submitted an expression of interest and a discussion with membership is planned shortly. There is no information from NHSE on what this may look like and EB is meeting with Simon Weldon from NHSE in the autumn.

EB reported on recent patient and public involvement. The procurement of IAPT services has included engagement in developing the service specification. EB also spoke of the recent mental health needs assessment event which was very well attended by users and carers and was extremely informative for future commissioning.

Patient safety was reported on in the context of safer staffing and secondary care services are publishing this data. LS will be reporting by exception to the Clinical Quality Committee on safer staffing going forward.

EB reported a letter had been received from Paul Baumann from NHSE stating the National Annual Report, end of year accounts and associated governance statement had been signed off. Therefore, Merton CCG's annual report and accounts have been formally accepted. EB thanked Cynthia Cardozo (CC) and her team for their particular contribution to this.

EB reported that the Merton CCG AGM is taking place after the Governing Body meeting on the 25th September.

HF gave his best wishes to Sadie Daley and thanked her for her hard work. On behalf of Peter Derrick (PD) he also reported an unqualified audit

report had been received and feedback from the auditors included that it was of a high standard. This spoke well of Merton CCG's governance.

Dr Andrew Murray (AM) asked what the gaps will be when Sadie Daley has left; EB responded that interim arrangements will be in place so there is no gap in the safeguarding in Children in the Merton CCG area. Dr Caroline Chill (CCh) added that she welcomed the opportunity to strengthen safeguarding arrangements. Dr Kay Eilbert (KE) asked to be involved in the review due to her links with the Child Death Overview Panel.

Clare Gummatt (CG) asked about the wide ranging events taking place in August and September regarding the Better Care Fund programme. CCh reported that she is working with the Health and Wellbeing Board to engage with various groups to gather feedback.

AM enquired about the timing of engagement with practices on co-commissioning for primary care. EB agreed to provide an update at the next GP Forum if further information was available from NHSE. EB reported that she hoped that there would be more information by September and an event for GP could be scheduled in October.

HF invited questions from the public gallery. A member of Merton Residents' Health Forum asked if the Better Care fund performance scorecard could be uploaded onto the website and EB agreed.

CC

6. For Approval

6.1 Equality Delivery System Report - 2013/14

Mary Clarke (MC) introduced the item, outlining the specific Equality Duties that the CCG is required to undertake.

Yasmin Mahmood (YM) then described the process for grading the CCG, the role of the Equality and Diversity Group and asked the Governing Body to endorse the report and action plan. HF thanked YM for the work that has been done. MC reported the Equality and Diversity Group meets quarterly and thanked all the managers who have been involved. She added that it was part of the action plan to develop a bespoke training package for Governing Body members by the end of the year.

The Merton Clinical Commissioning Group Governing Body approved the Equality Delivery System Report - 2013/14

6.2 South West London and St George's Mental Health Trust Estates Strategy – Consultation

EB introduced Dawn Chamberlain (DC), Director of Operations from South West London and St Georges Mental Health Trust (SWLStG). DC provided an overview of the services commissioned from the Trust which span national, regional and specialist services and include partnership agreements with Local Authorities. .

DC asked for approval to go forward to public consultation regarding the Trust's estates strategy. She described a number of buildings that dated back to the 1840s and also the new facilities that would be provided as

part of the strategy. DC confirmed only a few Merton patients have inpatient stays and, due to the reduction in bed use this year and investment in home treatment in the community, this strategy is being pursued to enhance the environment for patients in recovery.

DC reported that the environment can have a huge impact on a patient's recovery and that there have been fewer Serious Incidents in newer areas and better light and outdoor space has boosted morale for patients and staff.

DC described the extensive programme of transformation taking place within the Trust at the moment that includes closing isolated wards, increasing the number of clinics in the community and moving to two inpatient sites.

Ranjeet Kaile(RK), Head of Communications and Engagement – SWLStG - provided an overview of the far reaching twelve week programme of consultation that the Trust is proposing, involving five stakeholder events and various social media channels.

HF asked what would be the specific changes for Merton patients and how many would be affected. DC confirmed that only a small proportion of patients who use Queen Mary's may be affected and that the Trust is proficient at managing beds and are able to offer a choice of sites where services allow. She added that the Trust does not have any adult beds out of area and that this has been achieved through investment in services following patient feedback. It was agreed that DC would send EB a breakdown of the number of Merton patients accessing each site so that the impact could be quantified.

DC

HF asked whether there would be any revenue consequences for the CCG. DC confirmed that there will be none and the Trust is not borrowing any money to fund this development, but plans are contingent on being able to sell smaller sites and reinvest the proceeds of the sale. DC confirmed the Secretary of State has approved the Outline Business Case.

HF asked what efforts have been made to engage with the community and "seldom heard voices", DC confirmed local engagement has been carried out through a variety of means.

CCh asked for more information about the impact on older peoples' services and whether these services will be provided from more than one site.

MC asked about whether equality impact assessments have been carried out and whether the Merton Joint Strategic Needs Assessment (JSNA) had been used in formulating the plans. It was agreed the Merton JSNA would be shared along with the recent mental health needs assessment.

KE

MC also expressed considerable concern regarding the consultation being held during the summer holiday period. DC confirmed the dates have been agreed with the Joint Overview and Scrutiny Committee and they have worked hard to ensure sufficient events and opportunities to engage are included within the plan. The Trust is required to consult for between two and twelve weeks and have chosen to consult for the maximum level of time. Delaying the consultation may mean the application will fail and

“purdah” will begin in March but there may be some flexibility subject to input from NHSE.

AM asked whether the Trust will be bidding for drug and alcohol inpatient detoxification, currently provided by Surrey and Sussex Partnership, when it is retendered.

CG asked about the timescales and DC confirmed that building will begin in 2017/18 with completion planned for 2022. DC also confirmed that spare capacity at Springfield will be used during the building phase when building disruption at the sites occurs.

A member of Merton Residents’ Health Forum reported that she was very interested to hear about what was happening and asked what purdah is. HF confirmed its link to the election process.

In order to ensure maximum participation in the consultation EB confirmed that she was happy for Merton CCG to share the patient and public involvement lists with the Trust to ensure they reach as many people as possible.

HF asked the Governing Body to make a decision on whether they were happy to support the proposal to go to consultation. After significant debate regarding the timeframes EB confirmed that in order to support the Outline Business Case going forward the Governing Body must receive assurance of engagement and asked that the communication plan is provided to the CCG.

DC/RK

MC asked that the dates when patients and the public were consulted with are recorded and HF asked whether the Trust has a Service User Reference Group. DC confirmed the Trust does and is happy to share their processes for engagement.

A member of Merton Residents’ Health Forum reported that she had not been involved and asked to be included in future engagement events.

The Merton Clinical Commissioning Group Governing Body approved the proposal to go forward to consultation subject to the above discussion regarding engagement and number of patients likely to be affected.

6.3 Finance Committee Terms of Reference – Revised

Cynthia Cardozo (CC) asked the Governing Body to approve changes to tender waivers which was agreed. MC asked about Lay member representation and HF confirmed it was due to demands on time.

The Merton Clinical Commissioning Group Governing Body approved the revised Finance Committee Terms of Reference

6.4 Clinical Quality Committee Terms of Reference – Revised

CG asked the Governing Body to approve the removal of a patient representative from the attendees and HF felt that having a patient reference group would be more representative. The recommendation was that a secondary care representative would attend and a representative from the patient reference group will attend the clinical quality committee as appropriate.

The Merton Clinical Commissioning Group Governing Body approved the revised Clinical Quality Committee Terms of Reference.

6.5 Merton CCG Financial Position Month 3

CC reported that the Finance Report now presented had already been considered by the Finance Committee, chaired by Peter Derrick.

CC reported that plans submitted to NHSE have not yet been approved but this is the same for all other CCGs as the outturn plans for 13/14 and those planned for 14/15 have generated a cash flow problem for NHSE and some CCGs have been asked to generate bigger surpluses.

CC confirmed that during Q1 GP Information Technology (IT) revenue has been received and passed to the Commissioning Support Unit (CSU), to provide the service.

The current actual acute position is reporting an underperformance for most of the contracts, but this is not yet validated and therefore the CCG is currently reporting a breakeven position against the forecast.

CC reported that the majority of contracts have been agreed with approximately £3m outstanding.

The CCG is currently approximately £100k ahead of its QIPP plans.

As EB mentioned, £1.1m of funding to support system resilience has been received by the CCG and a plan has been submitted by the CCG to NHSE to support the provider referral to treatment (RTT) backlogs.

CC reported that the risks around Property Services are not yet quantified and there may be a financial risk to the CCG if the Nelson Local Care Centre is completed before providers are due to move in.

CCh asked whether CC was confident that the QIPP performance is real as there have been some planned care schemes that have not been able to progress as planned. CC responded that the planned care schemes have been offset by new schemes or over performance on other schemes. As robust data was not available for all QIPP schemes, it has been assumed that the plan will be achieved.

MC asked how the CCG is reviewing value for money in terms of the CSU's support provided to GP IT. CC confirmed the CCG was reviewing whether it wished to continue with this service in the future, however it should be noted that in order to have a reliable service the IT infrastructure required significant investment.

The Merton Clinical Commissioning Group Governing Body approved the Financial Position Month 3.

7. To Receive and Note

7.1 NHSE and Local Merton CCG Balance Scorecard – month 12

The NHSE and Local Merton CCG Balanced scorecard was received and noted by the Governing Body. CC gave an overview of the reports.

HF asked what impact outturn for last year was on the CCG's quality premium. CC estimated the CCG may receive approximately £700k. The maximum amount the CCG could have achieved was £1.1m.

AM asked what the barriers were to achieving the immunisation targets and it was agreed that Fiona White would look into this. KE clarified that this is a Public Health England responsibility and there may be an issue with the data. HF asked whether KE is confident it is Merton data and KE confirmed there was an issue with sharing data from Sutton and Merton Community Services.

FW

HF asked whether the information regarding Trusts who are failing RTT targets is being circulated to GPs. He reported that subject to patient choice the GPs could offer patients alternative providers where waits are long. CC reported this can only be done by speciality level and CG asked for GPs to be notified again once RTT waits are resolved.

CC reported that ambulance 8 minute response time was rated amber. Reasons for this was due to staff vacancies and sickness. Actions have been identified and communicated by the host CCG (Brent) to all London CCGs. One action includes reinvesting potential penalties into the LAS to support delivery and manage demand of the service.

EB clarified that there are three executive directors at the CCG. All other directors are clinical directors. She also gave an outline of the key electoral pledges which will be monitored heavily by NHSE in the coming months: A&E; referral to treatment; Winterbourne Review; Improving Access to Psychological Therapies; dementia; cancer, diagnostics and health visiting. EB reported back on the article regarding mental health prevalence and investment in Merton that had appeared in the press. EB clarified that the figures were incorrect and Public Health England had confirmed that the figures referred to in the article included Sutton patients as well.

The Merton Clinical Commissioning Group Governing Body noted the NHSE and Local Merton CCG Balance Scorecard – month 12

8. For Note Only

8.1 Approved Minutes of Committees of the CCG Governing Body

Finance Committee 19.05.14

Clinical Quality Committee 09.05.14; 13.06.14

Audit & governance Committee 19.03.14

The Merton Clinical Commissioning Group Governing Body noted the approved minutes of Committees.

8. Any Other Business

EB reported that a response has been drafted for the member of the public who raised a question at the last GB meeting. She has been unable to send the letter as, unfortunately, the contact details for Mr Ash were not recorded.

9. Meeting Dates for 2014

The Merton Clinical Commissioning Group Governing Body meets in public every two months.

Thursday, 25th September 2014 – 9.45am – 11.30am.

To be followed – at noon- by the CCG's Annual General Meeting.

Venue: Vestry Hall, Cricket Green, 336 – 338 London Road, Mitcham CR4 3UD

Thursday, 20th November 2014 – 9.00am.

Venue: Civic Centre, London Road, Morden, SM4 5DX

14. Closure of Part 1

The Chair declared the meeting closed at 11am.

The governing body resolved that the public now be excluded from the meeting because publicity would be prejudicial to the public interest by reason of confidential nature of business to be conducted in the second part of the agenda.

Agreed as an accurate account of the meeting held on Thursday, 31st July 2014

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Dr Howard Freeman - Chairman

Date: