



**MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 26th January 2017

Agenda No: 5.2

Attachment: 05

Title of Document: Chief Officer's Report	Purpose of Report: For Note
Report Author: Karen Parsons, Chief Officer	Lead: Karen Parsons, Chief Officer
Contact details: karen.parsons@mertonccg.nhs.uk	
Executive Summary: This report covers the main updates and activities undertaken by the Chief Officer in a number of strategic areas.	
Key sections for particular note (paragraph/page), areas of concern etc.: <ul style="list-style-type: none"> • 16/17 and 17/18 QIPP • Visit to Epsom Hospital • Sustainable Transformation Plan • CCG Premises 	
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. However, there is nothing extraordinary for noting in relation to finance.	
Implications for CCG Governing Body: For note and discussion	

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

All areas have impact on patient care and experience

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.

Chief Officer's report

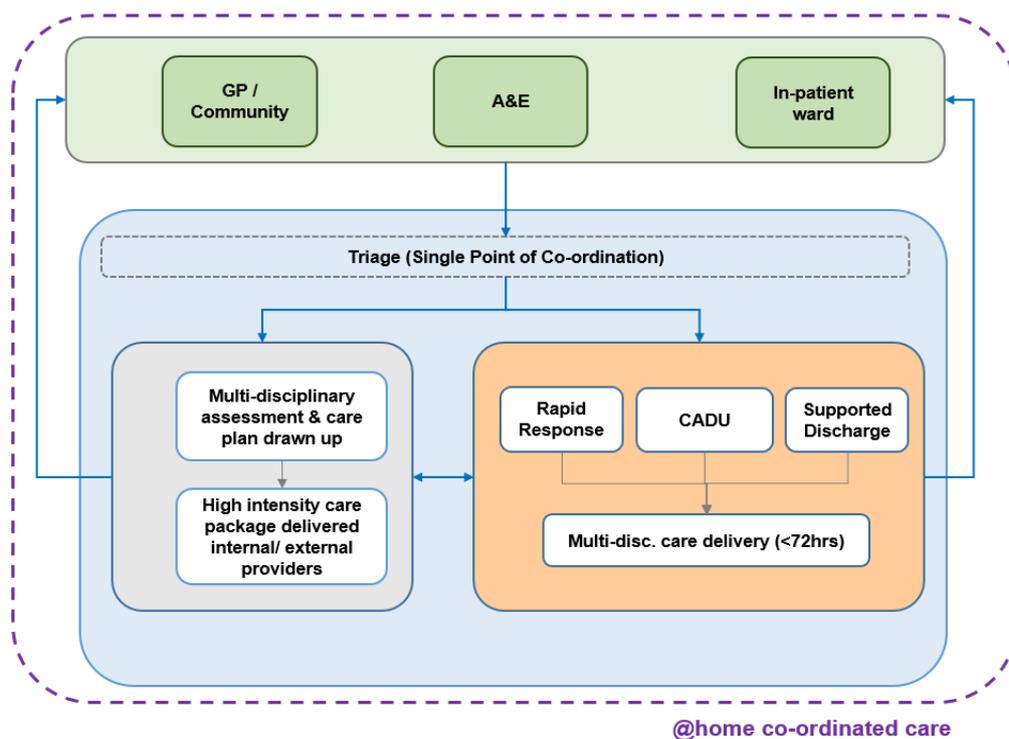
16/17 and 17/18 QIPP

We are still on target to achieve our 2016/17 control total of £0.6m but this is heavily mitigated and dependant on delivery of our QIPP plans. Our 2017/18 QIPP plans currently forecast the need to achieve gross total of £13.4m which is and will remain challenging over the next 5 years. There is no option to do nothing. We continue to work across SWL STP in partnership with key stakeholders to transform services now and in the future.

As part of the planning round we are required, over the next 2 months, for our QIPP plans to be agreed and embedded within our acute provider contracts.

Epsom Health and Care

Daniel Elkeles kindly invited Merton and Sutton CCGs and other partners to visit Epsom Hospital to see the new integrated service they have in place to support early and effective discharge planning, hospital to home support and community assessment and diagnosis service (CADU).



Epsom Health and Care formalised and established itself as a Provider Alliance through a formal Consortium Agreement.

The integrated team come together twice daily in a 'huddle' where they discuss and plan for the care of their patients on their wards, on CADU and at home.

The Community Assessment & Diagnostic Unit (CADU) is GP led on hospital site. It is for: people with an acute exacerbation or diagnostic uncertainty; urgent assessment and access to diagnostics; enhanced care package to support the return home; and providing certainty help to prevent admission

The Epsom Community Hub provides: community based coordinated health and social care for people with complex conditions; short term intense care and care planning; multi-disciplinary care & care coordination; and allows people to stay at home, regain independence and prevent admission

STP

At the end of 2016, NHS England announced that a new Transformational fund had been made available against which STP could bid for funds targeted at 4 areas. These bids were discussed at the CCG's Committee in Common (CiC) last week and cover:

- Mental Health
 - Improving access to psychological therapies (integrated IAPT)
 - Urgent and Mental Health Liaison services for Adults and Older People
- Cancer
 - Early diagnosis for people with cancer
 - Cancer recovery package
 - Cancer stratified follow up pathways
- Diabetes
 - Improving uptake of structured education for people with diabetes
 - Improving the achievement of the NICE recommended treatment targets for diabetes
 - New or expanded multi-disciplinary foot care teams
 - New or expanded diabetes inpatient specialist nursing services
- Learning Disabilities
 - Reducing reliance on specialist inpatient care for people with learning disabilities
 - Reduction in children with learning disabilities placed away from their home and local community

Given the short timescales the CiC delegated the responsibility for the approval of the bids to Chief Officers Group and thereafter the relevant SRO.

I will update members when on the outcome expected in February 2017.

120 Broadway

The CCG is responsible for void costs for all NHS building in their geography. This is particularly pertinent to 120 Broadway in Wimbledon which is currently the office base for Merton CCG staff. In discussion with NHS Property Services and Chief Officers across SWL, we are currently considering the use of 120 Broadway. This could mean some changes over the next year but we will ensure than any decision we take will factor in minimum disruption for our staff.

Personal thanks

Whilst I have only been with Merton CCG for a short time I continue to be impressed with the leadership and dedication of the Chair, Clinicians, Executives and staff of the CCG. Regardless of staff being interim or substantive there is a commitment and passion to transform local health and care across system that provides our patients with the best and

most affordable outcomes. I appreciate the support given to me by the CCG and I would like to take this opportunity to wish all CCG staff the very best for the future and will follow their progress with interest.