

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

Thursday, 29th January 2015

10.00am – Noon

Raynes Park Library, Approach Road, London SW20 8BA

Chair: Dr Howard Freeman

Present:

EB	Eleanor Brown	Chief Officer
CC	Cynthia Cardozo	Chief Finance Officer
CCh	Dr Carrie Chill	Clinician - GP
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
SP	Prof. Stephen Powis	Secondary Care Consultant

Participating Observers

AD	Adam Doyle	Director of Commissioning & Planning,
MJ	Dr Marek Jarzembowski	Chair. Local Medical Committee
LS	Lynn Street	Director of Quality

Supporting Officers

GM	Ginny Morley	Assistant Director, SWLCC
SA	Sura Al-Qassab	Senior Consultant/Advisor
SM	Sarah Campion	SWL Commissioning Support Unit
TF	Tony Foote	SWL Commissioning Support Unit

Member(s) of the Public:

Sue Clark	Merton Residents Healthcare Forum
Graham Barker	
Penny Dyson	
Thomas Pollak	
K Rainsley	Merton Residents Healthcare Forum
Daphne Hussein	Member of the Public/Carer
L Chendran	
Brian Hennessey	Patient Representative

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.

There were no apologies for absence.

2. Declarations of Interest

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

3. Minutes of previous meetings

To approve the minutes of the meeting of the Merton Clinical Commissioning Group on 20th November 2014.

The following amendment was requested:

Pg. 5: Mental Health Consultation

“EB commented that...”

Be amended to:

“CG commented that...”

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

4. Matters Arising

4.1 Action Log - actions arising from meeting of the 20th November 2014.

The Governing Body receive the following verbal updates:

Complaints Report 2013/14

Discussions were ongoing regarding the issue of the timeliness of processing formal complaints.

Claims Management Policy

The potential impact of patient access to electronic records upon the policy had been raised with the CSU: it was felt that no change was required at present but this issue would be considered for future iterations.

Written question from a member of the public

A written response had been sent and a further response received.

5. Chief Officer's Update

5.1 Chief Officer's Report

Eleanor Brown (EB) presented her report, which covered the following areas.

Appointment of new MCCG Clinical Chair

EB formally announced the appointment of Dr Andrew Murray as CCG and Clinical Chair, with effect from 1 April 2015 and congratulated AM.

EB also said that she was sure all would wish to join her in thanking the outgoing Clinical Chair (HF) for his hard work and support to health services and patients in Merton and SW London area in the last three 3 years. There would be a formal farewell to HF on 31 March 2015 at the Nelson Healthcare Centre.

Strategy and Planning

Integration – this was going well and remains on track to deliver the

schemes designed to support the programme's objectives.

The programme had also identified a number of broader opportunities, notably around opportunities to evaluate and improve multi-disciplinary teams; developing an integrated strategy for supporting carers; tele-health challenges and opportunities, and the transition from a programme environment to 'business as usual' for integration schemes and management structures.

The NHS 5-Year Vision Implementation Plan Guidance, reflecting the vision, had been issued for planning for 2015/16, coordinating and establishing a firm foundation for longer term transformation of the NHS, and establishing specific areas for action.

Commissioning

Funding Allocations – an additional £1.98bn was announced in the Autumn Statement, of which Merton CCG received a further £7.4m recurrently. This represents an additional 3.41% from the 2015-16 allocation and an increase from 2014-15 of 8.03% (highest in the country) equating to £16.8m. Work is on-going to refine the 2015-16 operating plan and the 5 year strategic plan, following this announcement.

Investment 2015/16 – the CCG held an investment workshop in December 2014 with a wide range of attendees. The purpose of the workshop was to review and score the investment bids for 2015-16. The outcome of the workshop will help inform the operating and financial plan for 2015-16, which will be presented to the Governing Body in March 2015.

Increased Access to Psychological Therapies Procurement – this is progressing well. The closing date for tender submissions was 5 January 2015 and the contract is expected to be signed in May 2015, with a service go-live date of 1 October 2015.

Procurement of Community Services – the CCG and the London Borough of Merton are embarking on a competitive procurement process to identify a preferred partner to deliver Community Health Services when the contract with the existing provider expires at the end of March 2016. A "market warming" event, held in November 2014, was very well attended.

The development of the service specifications is underway and the CCG is on target to ensure service providers are in place by 1 April 2016.

Mitcham Health Care Centre Development – this is the subject of an agenda item later in the meeting. In summary:

- The economic case has been completed and The Wilson Hospital site identified as the preferred option.
- Once agreed, the case will be submitted to NHSE and, once approved, we will undertake a funding review and propose the preferred procurement route.
- The design development will then commence in April 2015. Following a two year construction period the building should be ready for occupation in summer 2018.

Sutton and Merton Community Services - as the host commissioner for the contract with Royal Marsden Hospital (RMH) Sutton and Merton Community Services, Merton CCG will lead the contract negotiation for 2015/16 on behalf of the commissioning associates. Weekly contract negotiation meetings began this month, in addition to weekly meetings with the

associate commissioners.

Mental Health Contract Round - as the host commissioner for the contract with South West London and St George's Mental Health Trust. Contract negotiations are underway with the Kingston team, MCCG and other associate CCG's and the Mental Health Trust.

Acute Contract Round - the contract plan is based on the 2015/16 negotiating strategies for Merton CCG's three main Acute Hospital Trusts. The South East Commissioning Support Unit is confident of successes achieved in 2014/15 and aim to ensure that the processes that deliver best practice and outcomes for CCGs are applied as part of the 2015/16 negotiating strategy.

Service Development

Nelson Health Care Centre Build and Service Mobilisation - the Nelson Health Centre is on schedule to open in April 2015. A "soft launch" of the facility is planned for 31st March, with the official opening in September.

Patient and Public Involvement

Communications and Engagement Strategy - work has begun to combine the two strategies, creating a co-ordinated plan for the future. The final Strategy will be considered at the March Governing Body meeting.

LS

Emergency Preparedness Response and Resilience (EPRR)

The CCG has participated in an EPRR assurance process led by NHS England. An action plan and statement of compliance has been submitted to the NHSE (London) Patch Network Team.

LS

The CCG has declared its assurance level as "Substantial" which was accepted. The action plan supporting this will be presented at the March Governing Body meeting.

PREVENT

The role of organisations in respect of PREVENT has been reviewed. Each area is given the status as a priority or non-priority area based on the level of risk held as a health economy. Merton is rated as a non-priority area. Going forward, the CCG will be considering how to build PREVENT assurance into our annual assurance process and that LS was the CCG's lead on this matter.

In response to questions from the Governing Body, EB confirmed that Merton GP Practices were aiming to form a GP Federation to, initially, look at access to services and the possibility of a bid to the Prime Minister's Challenge Fund.

6. For Approval

6.1 Primary Care Co-commissioning – signing off the model for joint commissioning arrangements

EB explained that the establishment of a Joint Committee was essential to taking on the co-commissioning of Primary Care. There were three levels of co-commissioning proposed by NHSE and, following comprehensive discussions, all six SWL GPs had agreed on the option of joint commissioning with NHSE. This would allow the CCG to have greater involvement locally and allow more "joined up thinking".

Terms of reference for joint committees had been drafted and the CCG,

including Governing Body members, had been able to comment upon these. Also required was a change to the CCG's Constitution. Again, Governing Body members had commented upon these and, once approved, the CCG's member Practices will be asked for their approval.

HF acknowledged that this represented a very significant piece of work. He asked for the Governing Body members for any further comments on both the terms of reference and proposed changes to the Constitution. There were no further comments.

HF then asked for any questions from the public gallery.

Question 1

How would decisions be reached by a Joint Committee?

HF said that that voting would be on a "five out of seven" ratio. He added that while a general accord would be ideal, for more contentious issues a clear majority was preferable.

Question 2

Could an assurance be given that decision making would remain with CCGs.

EB confirmed that decisions would be made by each CCG's representatives on the Joint Committee.

Another member welcomed the increase of accountability for the CCG.

The Merton Clinical Commissioning Group Governing Body approved the following recommendations:

- That Merton CCG apply for Joint Commissioning
- Support and approve the establishment of a Joint Committee to undertake Primary Care Co-commissioning with other SWL CCGs and NHSE.
- That the Terms of Reference were ratified.
- The draft changes to the constitution were agreed for circulation to the membership, prior to the sign-off in February.
- To delegate to Chair's Action the signing off of any further required minor changes to the Constitution

6.2 Mitcham Health Centre Economic Case

Adam Doyle (AD) explained that this paper had already been considered by the Project Board and the Finance Committee.

He informed the Governing Body that, following consultation with Public Health about the needs of the local area, the Wilson Hospital site had been chosen. Work was ongoing with Transport for London regarding improving transport links to the site. If the economic case is approved by NHSE a full Business Case will be drafted and, if all goes well, the Mitcham Health Centre would open in 2018.

HF congratulated AD and his team for the tremendous work on this project. He then asked Peter Derrick (Chair of the Steering Group and Finance Committee) for his views. PD stated that both had been pleased with the choice of the Wilson site. It had been acknowledged that there were similarities with the Nelson Health Centre project but that the Mitcham project needed to reflect local needs.

HF invited questions and comments from the other Governing Body members.

Clare Gummett (CG) welcomed this as very good news but emphasised the need to address any transport issues. She then asked about the role of patient and public engagement in the project. AD said that LS would be leading on this to ensure that involvement was to the fore at every stage.

Mary Clarke (MC) asked two questions: (i) would an impact assessment be carried out and, (ii) after the Mitcham project what would be next for the CCG. AD replied: (i) a thorough assessment would be undertaken and include transport links, the environment and other associated issues; (ii) this would be discussed at the forthcoming organisational development event but AD offered the provision of services in the community and walk-in services as possible aims.

Dr Kay Eilbert (KE) asked how the project will fit with the broader model of care. AD recognised the importance of this and emphasised the role of GP services and self-care.

HF then invited questions and comments from the public gallery.

Question 1

One of the great benefits of the Nelson Health Centre was the presence of two GP Practices there. What were the plans for Mitcham?

AD replied that there were two options available: relocate an existing local practice to the Health Centre or increase the number of local practices. AD emphasised that the CCG saw primary care as being at the heart of the project.

The Merton Clinical Commissioning Group Governing Body approved the Mitcham Health Centre Economic Case.

6.3 Equality Delivery System Report: Grades and Improvement Plans 2014-16.

Public Sector Equality Duty Annual Report January-December 2014
Equality and Diversity Public Sector Equality Duty Report

LS explained that the Equality Delivery System Report highlights the steps taken by Merton CCG to monitor its equality performance in terms of patient outcomes, staffing and leadership. Merton CCG was assessed as 'developing', for Goals 1, 2 and 3 and 'achieving' for Goal 4. The improvement plans for all four goals can be found in as an appendix to the report.

The Public Sector Equality Duty Report for January-December 2014 highlights the progress made by Merton CCG in delivering its statutory equality duties in the past year.

MC (Governing Body Lead for engagement and diversity) commented that a huge amount of work had been completed during the past year and thanked Yasmin Mahmood (Equality and Diversity Lead) for both her contribution and that of the CCG's Commissioning Managers. The process of peer-review had been challenging but very useful and Yasmin would be writing this up as a model of good practice.

The Merton Clinical Commissioning Group Governing Body approved the Equality Delivery System Report: Grades and Improvement Plans 2014-16 and the Public Sector Equality Duty Annual Report January-December

2014.

6.4 Board Assurance Framework (BAF)

LS explained that the CCG leadership team has agreed a further objective for 2014/15 to support the development and implementation of a clinically and cost effective 5 year collaborative strategic commissioning plan for South West London. The BAF has been updated to reflect this.

PD (Chair of the Audit Committee) commented that after several versions the BAF had developed into a very useful document.

The Merton Clinical Commissioning Group Governing Body approved the Board Assurance Framework.

6.5 Merton CCG Financial Position Month 9

CCa presented this item and explained the CCG's financial position for the period April to December 2014.

- The CCG is reporting a year to date surplus to plan of £2,667k.
- Acute commissioning is over performing by £1.3m year to date, forecast to increase to an over spend of £1.6m by year end. St George's NHS Trust is forecast to over perform by £0.5m.
- An over spend of £0.1m is forecast for non-acute commissioning.
- Primary care is forecast to over spend by £0.6m, this has worsened by £0.2m compared to last month.
- QIPP – Year to date over achievement of £0.2m and full year over achievement of £16k is forecast.
- The Better Practice Payment Policy is above target for both the number and value of invoices paid in the month.

PD (Chair of the Finance Committee) commented that the forecast remained good and on track to meet budget targets. However, it was important to remain cautious: the acute over-spend remained a significant issue and, with the final quarter of the year still to come, there were still challenges to face.

The Merton Clinical Commissioning Group Governing Body approved the Merton CCG Financial Position, Month 9.

6.6 Merton CCG Policies

LS explained that a review of key HR policies has been undertaken, determined by the need to provide a robust infrastructure to support Agenda for Change and to implement national changes.

MS asked whether CCG staff had been consulted on these policies. LS confirmed that all policies went through the HR approved process which includes the involvement of staff representatives.

6.6.1 Bullying and Harassment Policy

This policy sets out the principles by which the CCG will promote a working environment in which bullying and harassment are known to be unacceptable and where individuals have the confidence to complain about bullying and harassment should it arise, in the knowledge that their concern will be dealt with appropriately, objectively, quickly, sensitively and fairly.

The Merton Clinical Commissioning Group Governing Body approved the Bullying and Harassment Policy.

6.6.2 Capability Policy

This policy sets out the principles by which the CCG will ensure that where an employee's work performance is unsatisfactory, they are treated fairly, with sensitivity, understanding and in a professional manner throughout the process. Also, to provide the employee the opportunity to improve their work performance to an acceptable standard, by providing a means for her/him to be advised formally of the effects and potential consequences on their employment should there be no significant improvement in her/his performance.

The Merton Clinical Commissioning Group Governing Body approved the Capability Policy.

6.6.3 Disciplinary Policy

This policy, which has taken into account taken of the ACAS Code of Practice on Disciplinary Practice and Procedures, sets out the principles by which the CCG will ensure that when dealing with disciplinary matters employees are treated fairly and in a professional manner throughout the process, and where appropriate informal discussions with an employee will be undertaken before invoking the formal disciplinary process.

The Merton Clinical Commissioning Group Governing Body approved the Disciplinary Policy.

6.6.4 Flexible Working Policy

This policy sets out the principles by which the CCG will provide a range of flexible working options for employees in order to maintain a committed and skilled workforce, and give full consideration to all flexible working requests. Furthermore, the CCG will implement a fair and consistent process.

The Merton Clinical Commissioning Group Governing Body approved the Flexible Working Policy.

6.6.5 Sickness Absence Policy

This policy is intended to provide a framework within which the absence from work, whether due to an underlying medical condition or not, is dealt with consistently and fairly. The policy will ensure that appropriate support is available to employees and managers in dealing with sickness absence.

The Merton Clinical Commissioning Group Governing Body approved the Sickness Absence Policy.

6.6.6 Pharmaceutical Industry Policy

AD informed the Governing Body that this policy sets out how the CCG will work with the pharmaceutical industry. It is in line with the CCG's Constitution and local and national guidance, and is in conjunction with the CCG's Hospitality and Gifts Policy. The Policy's aim is to:

- Set out a framework for Merton CCG to build effective and appropriate working relationships with the pharmaceutical industry to achieve its strategic objectives and delivery of national and local priorities.
- Inform and advise staff of their main responsibilities when entering into joint working and sponsorship arrangements with the pharmaceutical industry. Specifically, it aims to: assist NHS

- employers and staff in maintaining appropriate ethical standards in the conduct of NHS business
- Highlight that NHS staff are accountable for achieving the best possible health care within the resources available

MC (Chair of Sutton and Merton Joint Medicines Committee) confirmed that this policy had been considered by a number of committees and she was satisfied with both the policy and the process followed.

The Merton Clinical Commissioning Group Governing Body approved the Pharmaceutical Industry Policy.

7. For Review

7.1 NHSE and Local Merton CCG Balance Scorecard

CCa stated that the report summarises the CCG's performance on the top eight priorities as identified by NHS England.

CG noted that the dementia diagnosis rate was an ongoing issue and asked what the cause of this was. AD explained that there was a need to promote referrals and, with direct regard to diagnosis, there remained a significant block and the CCG was now providing direct help for Practices. AD added that work would continue on this. .

The Merton Clinical Commissioning Group Governing Body noted the NHSE and Local Merton CCG Balance Scorecard.

8. For Note Only

8.1 2015/16 Financial Allocations

CC explained that the paper summarises the allocation of an additional £1.98bn funding for the NHS. For Merton CCG, this entailed an increase in i2016-15 allocation from £218.5m to £226m. CC added that there was further work being undertaken on Primary Care allocations and specialised commissioning.

With regard to the national position, an additional £30m for mental health was outlined in the 5-Year Vision and CCGs were expected to increase funding for mental health services in line with allocation growth. There was also £100m available nationally to improve access to general practice via the Prime Minister's Challenge Fund.

The Merton Clinical Commissioning Group Governing Body noted the 2015/16 Financial Allocations.

8.2 Approved Minutes of Committees of the CCG Governing Body

Finance Committee 15.09.14
Clinical Quality Committee 12.09.14; 10.10.14

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

8. Any Other Business

There was no further business to discuss.

9. Questions from the Public

The following questions and comments from the public gallery included:

Question 1

With regard to the winter resilience funding, what priority will be given to older people preventative deaths. Dr Kay Eilbert (KE) said she would look into what current statistics were available.

KE

Question 2

With the work being done on improving dementia rates, was there a minimum specified age being used as a starting point. AD confirmed that there was not.

Comment

The CCG should be congratulated for the soon to be opened Nelson Health Centre.

9. Meeting Dates for 2015

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

Thursday, 26th February 2015 – 2.00pm.
Venue: Vestry Hall. Mitcham

10. Closure of Part 1

The Chair declared the meeting closed at 11. 40am.

Agreed as an accurate account of the meeting held on Thursday, 29th January 2015

.....

Dr Howard Freeman - Chairman

Date: