

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

Thursday, 26th February 2015

2.00pm – 2.45pm

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

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

Supporting Officers

DC	Dawn Chamberlain	Director of Operations SW London and St George's Mental Health Trust (for item 3.1)
KW	Dr Karen Worthington	Locality Lead for East Merton
TF	Tony Foote	SWL Commissioning Support Unit

Member(s) of the Public:

Mariette Akkermans	Merton Residents Healthcare Forum
Steve Hough	
Neesha Hall	
Daphne Hussein	Member of the Public/Carer
Maurice Groves	

ACTION

1. Welcome and Apologies for Absence

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

Apologies for absence were received from Lynn Street.

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. No such declarations were made.

3. For Approval

3.1 Proposed modernisation of Mental Health Facilities in South West London

AD outlined the case for change: that the present premises were not fit for purpose. Accordingly, the public consultation had proposed two options:

1. Two sites:

This option would establish two centres of excellence for inpatient mental health services at Springfield University Hospital and at Tolworth Hospital. It represents an investment of £160 million (at 2014 prices) in new accommodation, the funding for which would come from the sale of surplus land.

The outcome of the public consultation is that this is the preferred option.

2. Three sites:

This option maintains inpatient services at three sites, Springfield University Hospital, Tolworth Hospital and Queen Mary's Hospital. It represents an investment of £140 million (at 2014 prices) in new accommodation, the funding for which would come from reinvestment of the sale of surplus land.

The outcome of the public consultation showed this not to be the preferred option as it does not resolve the quality and clinical standards.

AD acknowledged that some existing patients would be affected by the adoption of the two site option but that most patients already had to travel for their care and adequate transport links were in place. Nevertheless, a transport steering group would be established to oversee this very important aspect.

With regard to the number of beds available, AD stated that the CCG's desire was for the Trust to provide 21st century care and the CCG would not authorise the closure of beds if this would have a detrimental effect.

There followed comments and questions from Governing Body members.

Clare Gummatt (CG) said that she had attended a feedback session as part of the consultation and was assured the public had been given a good opportunity to engage on this matter. Eleanor Brown (EB) agreed with this and that it had provided access for engagement across all five boroughs involved.

Dr Marek Jarzembowski (MJ) asked for confirmation that there would be a flexible approach to bed numbers depending upon circumstances: AD confirmed this.

Mary Clark (MC) raised three issues: (i) the financial impact upon the CCG; (ii) the importance of transport links with older people's services moving to the Tolworth site; (iii) the impact upon social services. AD responded: (i) apart from capital costs, there would be no financial impact upon the CCG; (ii) acknowledged the validity of the question and highlighted the role of the transport steering group; (iii) that there was already a robust relationship with the local authority and a joint mental health transformation board was being established.

Peter Derrick (PD) asked whether the Trust was confident that the stated cost would be met by the sale of property and land. Cynthia Cardozo (CCa) replied that the Trust was getting a bridging loan so work could commence and that their plans had recently been risk assessed. HF added that should there be any

shortfall in funding the risk was with the Trust and not the CCG.

Professor Stephen Powis (SP) asked if there were any changes expected to the business case. Dawn Chamberlain (DC) (Director of Operations SW London and St George's Mental Health Trust) stated that no changes were envisaged.

HF then invited questions from the public gallery.

Question 1

How long will the flexible approach to bed numbers be maintained?

AD responded that this would remain in place until planning consent had been obtained – likely October 2015.

Question 2

Will it be apparent by October 2015 that the chosen option will be successful?

AD acknowledged that they were working within a challenging timescale but that throughout the summer plans would be stress-tested and external validation sought. If, at any time, the CCG was not assured this would be explored with the Trust.

Question 3

What was the nature of the bridging loan?

DC stated that the loan would be from the "NHS Bank" with low interest and of short duration. .

Question 4

What role would the CCG play in ensuring affordable housing on the Springfield site?

HF said that the CCG was very interested in being involved in this matter and that AD would write to the questioner with more detail.

AD

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

1. That commissioners adopt the preferred option for the future location of mental health inpatient services at Springfield University Hospital, Tooting and at Tolworth Hospital, Kingston.
2. That commissioners support the number of beds described in the proposal. It is recommended that the Trust has flexibility to increase the number of inpatient beds within the overall development at Tolworth Hospital, should the demand for inpatient beds increase over time. Subject to the planned reduction of inpatient bed use being achieved in practice, coupled with the provision of robust community mental health services to support people close to home through Home Treatment Teams, the commissioners will reconfirm the number of inpatient beds. This work will be completed well in advance of the Trust's Final Business Case (FBC) being completed.
3. That the older people's mental health ward should be based at Tolworth Hospital, and additionally that commissioners and the Trust should work with providers in partnership to provide extra-care accommodation at Springfield University Hospital as part of the wider development of that site.
4. That inpatient mental health services are no longer provided at Queen Mary's Hospital once the new configuration of services is in place, and that commissioners work with representatives of the local community on options for the best future use of these wards, should the preferred option be adopted, as a basis for detailed discussions with NHS Property

Services (who manage the space at Queen Mary's Hospital).

5. That commissioners and the Trust establish a steering group to investigate improvements to the public transport and access arrangements and to develop a plan before the new inpatient accommodation opens.
6. That commissioners provide a letter of support to the Trust on the financial assumptions and activity analysis in the Outline Business Case, to enable these proposals to go forward.
7. That commissioners announce this decision to all partners and agencies involved in the provision of these services; to service users, carers, and their representatives; to staff, and to those who responded to the consultation and requested a response; and to the general public.
8. That commissioners communicate this decision to the JHOSC of the boroughs of Croydon, Kingston, Merton, Sutton, Richmond and Wandsworth for the purposes of scrutiny.

3.2 Merton Clinical Commissioning Group Constitution Summary of Proposed Changes

EB explained that for the CCG to participate in co-commissioning of primary care, changes to its constitution were required to enable the establishment of a joint committee.

The proposed changes were considered and agreed by the Governing Body members at its meeting on 29th January 2015, pending the approval of the CCG's member practices. This approval has now been received from twenty three of the twenty five member practices; the remaining two not yet having responded.

The Merton Clinical Commissioning Group Governing Body approved the proposed changes to the CCG's Constitution.

4. Date of Next Meeting

26th March 2015 9.00am – Noon
Venue – Raynes Park Library

5. Meeting Close

The Chair declared the meeting closed at 2.40pm.

Agreed as an accurate account of the meeting held on Thursday, 26th February 2015

.....
Dr Howard Freeman – Chairman

Date: