



Merton

Clinical Commissioning Group

Report to Merton Clinical Commissioning Group Governing Body

Date of Meeting: 26 March 2015

Agenda No: 5.2

ATTACHMENT 05

Title of Document: Chief Officer's Report	Purpose of Report: To receive and note
Report Author: Eleanor Brown, Chief Officer	Lead Director: Eleanor Brown, Chief Officer
Contact details: eleanor.brown2@nhs.net	
Executive Summary: This report provides an update on development of the MCCG, strategic and service development in Merton.	
1. Key sections for particular note (paragraph/page), areas of concern etc.	
Recommendation(s): The Merton Clinical Commissioning Group Clinical Reference Group is requested to receive and note the report.	

Merton Clinical Commissioning Group

Chief Officer Report

26 March 2015

1 CCG Development

- 1.1 Mari Longhurst has been appointed to the post of the Senior Commissioning Manager for Children's and Maternity Services. Mari's previous role was that of MCCG's Commissioning and Service Improvement Manager on the planned care portfolio. Mari will be working closely with the local authority and Public Health team to ensure there is a more joined up commitment to children's commissioning.
- 1.2 Changes within the team, agreed by EMT in December, are being implemented with an increase in the Head of Communications and Engagement resource. This post has been appointed to for an interim period whilst substantive recruitment takes place. The interim post holder is Helen Eldridge. Will Flower has also joined the team to support communications and engagement activity before Hong Ling Dyer, who replaces Lucy Ing, joins us on 25th April 2015.
- 1.3 I am sure that Governing Body members will be pleased to hear the EMT noted that increased positive press reports for Merton CCG, as part of our Communications and Engagement Strategy, have been achieved in the past 9 months
- 1.4 Members of the Governing Body will be very aware that Dr Howard Freeman leaves Merton CCG on 31 March 2015. Howard has been working in Merton for over 30 years as both a General Practitioner and in senior clinical management roles for NHS organisations across London, South West London and Merton. Three years ago Howard began the set-up of the MCCG and became Clinical Chair on the 1 April 2013.

On behalf of the GB, the Merton CCG team, local colleagues and patients, I would like to thank Howard for his commitment, energy and wisdom to ensure Merton CCG is successful in our role to commission services in the right place, at the right time, from the right people, with the right outcomes. Howard will be missed by us all.

- 1.5 It was with some sadness that I announced my retirement from Merton CCG as of July 2015. After 38 years of service to the NHS in London, I am going to take a break before considering future project work. I am confident the strong Merton CCG team will continue to secure the best possible services for residents in Merton.

The process for recruiting my successor has begun and should be completed by the end of April 2015.

- 1.6 As Members will be aware, we are reviewing our organisation development needs for 2015/16 and will be bringing the 2015/16 organisation development plan to the Governing Body for sign off in May.

2 Strategy and Planning

A draft version of the Merton Two Year Operating plan refresh will be presented later in the Governing Body agenda. Due to uncertainty regarding the NHS tariff for 2015/16, it has been a challenge to fully establish the financial risk to the CCG and this will be covered further in the financial plan for 2105/16.

The final version of the Merton CCG Two Year Operating plan is due for submission in April.

3 Commissioning and Service Development

3.1 Integration

Focus during February has been principally on the final implementation phases of the Holistic Assessment and Rapid Investigation (HARI) Service refining performance data. The most intensive piece of work has involved driving the implementation of the HARI service, as there have been some delays from our providers, but I am pleased to confirm that these services will go live with the launch of the Nelson Health Care Centre.

In recognition of the excellent Merton CCG Better Care Fund (BCF) application, we were delighted to host visits from:

Ed Scully, Deputy Director of the Better Care Fund (BCF) Task Force NHS England, who took part in a programme of structured visits and meetings to see for himself how the implementation of Merton's BCF Plan was progressing.

The visit was supported by Dr Carrie Chill, Clinical Director for Integration, Older & Vulnerable Adults and End of Life Care, and James Corrigan, Merton's Integration Programme Manager. The day was structured around a narrative from the strategic direction at the beginning of the day with the CCG's Chief Officer and Director of Commissioning & Planning, to meetings with the service managers running the new localities and services, to the front-line staff delivering care and finally to a moving and positive meeting with a service user/patient, who had benefitted from integrated care in Merton.

Ed Scully complimented the overall programme of integration change in Merton and described the work taking place as "really impressive". He recognised that massive amounts of work had taken place between the council, CCG, community services, GPs and providers and that there had been "significant benefit as a result of this with some great joint working".

Earl Howe (Health Minister) and Lord Ahmad of Wimbledon (Communities Minister) came to the Nelson Health Care Centre to meet me and Adam Doyle, Director of Commissioning & Planning, together with Cllr Caroline Cooper-Marbiah (Chair, Health and Wellbeing Board) and Simon Williams (Director, Community and Housing) from Merton Council.

The Ministers were given a brief tour of the centre and then took part in a discussion about the Better Care Fund with Bill Griffiths (Health Liaison Social Worker, Merton Council), Lisa Pilgrim (Nursing Locality Manager) Wendy Brewer (Community Nurse) and Raj Sivagnanam (Physiotherapist) from Sutton & Merton Community Services.

After the tour of the centre, Earl Howe was taken by James Corrigan (Merton CCG) to visit a patient at her home, who told the Minister how grateful she was to have received such high-quality joined up care since moving to the London Borough of Merton.

I have received a very positive letter from Earl Howe regarding his and Lord Ahmad's visit and the work we are doing in Merton with colleagues

3.2 Procurement of Community Services

As the Governing Body is aware, procuring Community Services is one of Merton CCG's priorities for 2015/16. The project has now entered the first stage of the procurement process and the contract notice was advertised on 6 March, along with the Pre-Qualification Questionnaire (PQQ) and supporting documents. The completed PQQs are due for return on 6 April. Following a period of evaluation the final short listed bidders will be presented to the Governing Body in June.

3.3 Weight Management Service

I am delighted to report that we have agreed an investment plan for the tier 3 weight management service. To ensure that the CCG is in line with NICE guidance it is appropriate that all patients are referred through tier 2 and tier 3 services before being referred to tier 4 (bariatric surgery) services. We are jointly procuring tier 2 and tier 3 services with Public Health as they are the commissioners of tier 2 services. By procuring together we will be able to offer our patients a more seamless service. The Governing Body will be updated in due course regarding progress made in this procurement.

4. Nelson Health Care Centre

Following the successful hand over of the building in January we are moving forward with successful mobilisation of the clinical services to commence a soft launch of operation from the 1 April.

Community pharmacy, which is currently the subject of a minor procurement, is likely to be in a position to mobilise during the summer following the evaluation of the submitted proposals and the conclusion of the NHSE application process. There are currently two pharmacies seeking a minor relocation in to the Nelson Health Centre.

The agreed marketing campaign has been implemented to promote the new facility to ensure that the Merton residents and clinicians are aware of the services to be offered and when they can expect these services to be available. Billboards were placed in strategic locations e.g. tram and train stations from the beginning of March. A Nelson information leaflet has been developed and has been posted to all residential properties in Merton to raise awareness amongst the general public.

I would like to thank all those who have participated in the significant partnership working across the CCG, local authority, Community Health Partnership and South London Health Partnership to ensure that in the final aspects of this project that key issues have been resolved.

I look forward to the soft launch on the 31 March 2015.

5. Duty to Involve Report 2013/14 and 2014/15

As Governing Body Members will know, this report is part of our statutory obligation to demonstrate how we have engaged with patients and the public, and how their views have influenced and shaped commissioning of services. The CCG report was submitted in August 2014 and we are an Amber rating.

The feedback was positive and provided some good examples of patient and public engagement. Very few CCGs achieved a Green status. It was considered that Section 4 of the report, relating to the individual duty, could be strengthened with evidence linking engagement activity to actions being taken. The report could also have been strengthened with more emphasis on how the CCG holds providers to account. The section on Future Plans needed to be in the form of an action plan that detailed the activity for the coming year.

There will be a deep dive in the coming months through the assurance process when we will be asked to demonstrate how we hold providers to account, and how people have made a difference, for example, through procurement.

The Duty to Involve report for 2014/15 is due by the end of September 2015 and we have commenced work on this taking account of the 2013/14 NHSE response.