right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

MINUTES

MERTON CLINICAL COMMISIONING GROUP

GOVERNING BODY PART 1

25th May 2017
Time: 1.00pm – 3.15pm
120 The Broadway, Wimbledon SW19 1RH

In attendance:

Voting Members

SB	Sarah Blow	Accountable Officer
JB	James Blythe	Managing Director
PD	Peter Derrick	Lay Member: Audit and Finance /Vice Chair
CG	Clare Gummett	Lay Member: Patient & Public Engagement Lead
JHa	Julie Hall	Nurse Member
TH	Dr Tim Hodgson	GP Member
NM	Neil McDowell	Local Finance Director
AM	Dr Andrew Murray	Clinical Chair
JM	James Murray	Chief Finance Officer (Interim)
SP	Prof. Stephen Powis	Secondary Care Consultant
KW	Dr Karen Worthington	GP Member
DZ	Dr Dagmar Zeuner	Director of Public Health, LBM

Non-Voting Members

JA	John Atherton	Director of Performance & Management
AF	Anthony Farnsworth	Director of Commissioning Operations
MJ	Dr M Jarzembowski	Chair, Merton Local Medical Committee
AM	Andy McMylor	Director of Primary Care

Other Officers in Attendance

JBa	Jonathan Bates	Director of Commissioning Operations, SWL Alliance
EB	Eileen Bryant	Interim Deputy Director of Quality & Lead Nurse Wandsworth CCG
MW	Michelle Wallington	Principal Assoc. Communications & Engagement - NELCSU
TF	Tony Foote	Note Taker - NELCSU

Members of the Public in Attendance

Sue Clark	Merton Residents Healthcare Forum
Eileen Fairclough	Merton Residents Healthcare Forum

Apologies:

Julie Hesketh	Director of Quality & Governance

No.	AGENDA ITEM	WHO
1.	**Welcome and Introductions**	
	AM welcomed all to the meeting.	
2.	**Declarations of Interest**	
	The Governing Body **APPROVED** the Register of Interests as a full and accurate record.	
3.	**Minutes of Previous Meeting**	
3.1	To approve the minutes of the Part 1 meeting of the Merton Clinical Commissioning Group Governing Body of the 23rd March.	
	The Governing Body **APPROVED** the minutes of the meeting of 23rd March 2017 as a full and accurate record.	
4.	**Matters Arising and Action Log**	
4.1	Actions arising from the Part 1 meeting of the Merton Clinical Commissioning Group Governing Body meetings of the 23rd March 2017.	
	All actions on the log had been completed. The Governing Body **NOTED** the Action Log.	
5.	**Strategy**	
5.1	Effective Commissioning Initiative (ECI) Re-alignment process across South West London	
	Jonathan Bates (Director of Commissioning Operations, SWL Alliance) joined the meeting for this item and informed the Governing Body that the aim of the paper presented was to ensure consistency of clinical thresholds across South West London (SWL). There were three key points for the Governing Body to be aware of: • That the paper presented was concerned only with the proposed process • That the final decision on this matter would be taken by the Committee in Common • That there should be Merton working group to support this. JBa then detailed the scope of the re-alignment process. This would include the 59 clinical thresholds currently listed in the SWL ECI policy and also consider a limited number of new thresholds that were deemed high priority and can be fast tracked, such as those being novated from NHS England specialist commissioning to CCGs like Bariatric surgery in 2017/18. It would also examine and refine the compliance processes supporting the effective implementation of the ECI policy.	

	With regard to the timeline, this was included with a scheduled "go live" date of 1st December 2017. AM commented that this paper had already been considered and endorsed by the Clinical Board. There followed questions and comments from the Governing Body. CG asked what role patient and public engagement would have in this process. JBa acknowledged the vital importance of this and referred CG to appendix 2 of the paper which listed patient representative members for three of the four Task and Finish Groups. CG asked further how patient representatives could be supported in contributing fully to these groups. JB said he would to ensure this and also seek nominations for the groups. SP enquired why the Compliance Task and Finish Group's membership did not include a patient representative and JBa explained that this particular group would be dealing with complex and very technical matters. PD stated that he thought the paper to be commendable; both logical and sensible. He asked whether the SWL thresholds would apply should a resident of SWL be treated at a Trust outside of the area. JBa replied that there would be work on standardising thresholds across London but the primary aim was to ensure this in SWL. However, wherever SWL commission services it would be asked that SWL thresholds apply although, JBa acknowledged, this would not be mandatory. JHa asked whether nurses would be involved in the process. JBa assured her that the aim would be to achieving the best clinical balance for each group. The Governing Body **APPROVED** the Effective Commissioning Initiative Realignment process across South West London.	
5.2	Healthy London February Update	
	CM presented this item and invited questions and comments from the Governing Body. JB said it was very beneficial to know what was on offer locally and that the Health London Partnership (HLP) had reviewed what could be devolved to STPs and CCGs. There may be a number of pieces of work that the CCG can get involved in and he would be a member of a London-wide Management Board. DZ echoed the benefits of membership of the HLP. The Governing Body **NOTED** the Healthy London February Update	
6.	**Chair's Update and Chief Officer's Report**	
6.1	Chair's Update	
	AM highlighted the following areas in the Update: <u>SWL Alliance and Local Delivery Unit (LDU) update</u> AM was pleased to welcome JB to his first Governing Body meeting as LDU Managing Director. The final substantive appointments to the LDU Executive Team had now been made, resulting in the establishment of a very strong team. <u>Governing Bodies Joint Seminar</u> On 4th May, Merton and Wandsworth CCGs' Governing Bodies held a joint seminar to explore opportunities for joint working. There was a clear theme	

	about the need to avoid duplication and a revised governance proposal was being worked on which would be tested at a further seminar in July. <u>Primary Care Update</u> • Improving Access Local Incentive Scheme - Individual practices were delivering extended hours in the evening and at weekends via an extended access Local Incentive Scheme (LIS). The LIS includes provision for offering on-the-day urgent appointments to patients within 4 hours, if deemed clinically necessary. The scheme also supports paediatric access where half of core (in-hours) provision must be held for paediatric need where necessary. • GP Extended Access Hubs – Two hubs have been commissioned, one in the east at Cricket Green Medical Practice, and the other at The Nelson Medical Practice. The east hub site is currently being run by the Out of Hours provider, SELDOC, and the west will be run by The Nelson Medical Practice. Both contracts were for a period of six months with a view to commissioning a long term provider after October 2017. The east hub went live on 1 April 2017, the west would follow very shortly. Hub appointments are available between 5pm and 9pm (east) and 5 – 8pm (west) on weekdays and 8am – 8pm on Saturdays (both hubs) and Sundays (east only). There was also access to a nurse specifically for wound care dressings over the weekend for four hours. • Quality Improvement Scheme - to be developed in June 2017/18 with member practices to focus on the quality aspects of access. The scheme will be launched in the summer with a focus on telephony improvements, receptionist training and reducing frequent A&E attenders. <u>Sustainable Transformation Programme (STP) update</u> The STP Programme Board met in seminar this month. It was an opportunity for the CCG to update on the work to date in establishing the Merton and Wandsworth Transformation Board. There was clearly a lot of work to do be done with local partners in the acute, mental health, community and local government sectors and JB would update further on this work at the next meeting. CG asked when the West GP Hub would open and AMc stated it would be on the 30th May. The Governing Body **NOTED** the Chair's Update.	
6.2	Managing Director's Report	
	JB highlighted the following areas: <u>Starting with Merton and Wandsworth CCGs</u> JB said that he would like to thank all members of the Governing Body, staff and stakeholders who had made him feel very welcome. By the time of this meeting he hoped to have met with most of the major providers and partner agencies and was looking forward to working with the Merton CCG Governing Body, both individually and collectively. <u>Executive Management Arrangements</u> As of the start of May, the respective Merton and Wandsworth CCG management teams were meeting together. This meeting brings together the LDU directors with Governing Body GPs from both CCGs. Currently, this represented both CCGs' management teams meeting 'in common' under their current terms of reference. Once the format of the meeting had settled, new	

	terms of reference would be agreed including delegated responsibilities from the Governing Bodies, as part of the wider work to harmonise governance arrangements. <u>Staff Engagement</u> JB had briefed the staff of both CCGs on progress with development of the Local Delivery Unit. This was a well-attended event with a number of questions from staff about future working arrangements and JB stated his commitment to continue engaging with staff, including via a joint staff forum. He had also started a weekly message to staff containing updates on key meetings and events. <u>Annual Report and Accounts</u> At today's meeting one key item of business was to sign off the Annual Report and Accounts. JB was pleased to note the CCG's success in meeting its financial plan for 2016/17. He added that the Annual Report and Accounts would usually be considered during Part 1 of a Governing Body meeting, to allow the public to attend. However, on guidance from NHSE, the Report and Accounts would be considered in Part 2 (non-public) of the meeting. This was due to the calling of a general election and that it was considered that these documents may include politically sensitive aspects that would not be appropriate in a pre-election period. The guidance from the NHSE applied to all CCGs. JB also provided a verbal update on the CCG's position regarding the funding of IVF treatment. At the Governing Body meeting on the 23rd March it had been agreed to "pause" the funding of IVF treatment. However, advice on this had now been taken and a "pause" would not now be introduced. JHa asked whether the pause would be introduced in future and JB responded that this was a matter for review. The Governing Body **NOTED** the Managing Director's Report.	
7.	**Governance**	
7.1	Minutes of the Audit and Governance Committee: 21.11.16 inc. verbal summary from Committee Chair regarding key issues, risks and mitigations.	
	PD, as Chair of the Audit and Governance Committee, noted the minutes of the November meeting and then provided a verbal summary of the most recent (23.05.17) meeting of the Audit and Governance Committee (minutes still in draft): • The Board Assurance Framework was reviewed. However, the BAF was still using the corporate objectives and risks for 2016/17 and it was hoped to receive a refreshed version at the June meeting. • The CCG's Governance Review had been completed and PD thanked CM and his Team for all their hard work on this. • The Review had highlighted an anomaly; that the same person (in this instance PD) should not be Chair of both the Audit and Governance Committee and the Finance Committee. Efforts to address this by appointing a third Governing Body Lay member had been made but without success. A further process is now underway. The Governing Body **NOTED** the Minutes of the Audit and Governance Committee.	

7.2	Board Assurance Framework (BAF)	
	JB presented this item and also explained that the BAF was currently based upon using the corporate objectives and risks for 2016/17. It was hoped that this would soon be addressed with the aim of achieving some consistency in the corporate objectives of Merton and Wandsworth CCGs. The Governing Body acknowledged that the BAF required refreshing and, with this in mind, **CONFIRMED**: • That the risks described represent the main strategic risks to the delivery of the CCG's plans • That the mitigating controls adequately increase the probability of the CCG delivering its plans • Any gaps to mitigating controls or actions that would provide improved assurance of delivery to the Executive Team	
8.	**Finance**	
8.1	Minutes of the Finance Committee: 22.02.17; 27.04.17- inc. verbal summary from Committee Chair regarding key issues, risks and mitigations.	
	PD, as Chair of the Finance, highlighted the following issues: • The Finance Committee had seen some versions of the 2017/18 Budget and held serious concerns about the task of breaking even. • Concerns had previously been expressed about the Primary Care Team not observing the CCG's governance structure. However, following a constructive discussion with the Team, there had been good progress on this. The Governing Body **NOTED** the Minutes of the Finance Committee.	
8.2	2017-18 Budget Update	
	NM presented this item and informed the Governing Body that work on the budget had begun in September 2016. Work was still required on the LDU's management structure and so, at present, it was prudent to err on the side of caution. NM then summarised the highlights of the paper: • The Budget's aim was to break even. This was a change in policy and represented a material difference to the CCG. In previous years, the CCG would have been expected to carry the £0.6m deficit forward and explain how it would eradicate the deficit overtime. • The planned QIPP programme for 2017-18 was a gross (of investment cost) £14.1m, which was 5.1% of the total CCG RRL of £278.9m. This represented a significant risk. However, the opportunity to work across the Alliance may be of help with this. • Following Business Rules, the CCG had created a contingency reserve of 0.5% (calculated as a percentage of total RRL of £278,883). This was a very low level of reserve and limited flexibility. JB commented that significant work was needed to achieve the very challenging QIPP and associated risks would need to be updated. SB said that from a SWL perspective it was recognised that the QIPP was very challenging for all, and each of the SWL CCG's had different circumstances within which to work. SP commented that he would have expected to see some cost reductions as a	

	benefit of working across the Alliance but these were not apparent. SB responded that these would be seen in future iterations of the Budget. The Governing Body **APPROVED** the 2017-18 Budget. At this point SP left the meeting.	
8.3	Finance Report - Month 12	
	CM presented this item and summarised the main points: • This CCG had a control total of a £600k deficit and finished the year with a like for like overspend of £554k: £46k better than plan. Merton CCG was requested to release in to their positions a 1% non-recurrent fund that had previously been assumed to be spent on the wider health system. For Merton, this fund was worth £2,656k. As a result, the CCG ended the year with a surplus of £2,102k. • Key variances - Acute – the full year outturn position showed an adverse variance (overspend) to plan of £910k; an improvement of £545k in M11. - Primary Care and Prescribing – the full year outturn position showed a favourable variance (underspend) of £2,091k; an improvement of £998k in M11 - Corporate & Estates – the full year outturn position showed an unfavourable variance (overspend) of £770k; an improvement of £303k in M11 - Reserves – the full year outturn position showed a favourable variance of £2,081k; an improvement of £954k in M11 In summary, this represented a favourable position against plan. The Governing Body **APPROVED** the Finance Report - Month 12.	
9.	**Quality and Performance**	
9.1	Minutes of Clinical Quality Committee: 01.-3.17; 05.04.17 – inc. verbal summary from Committee Chair regarding key issues, risks and mitigations	
	CG, as Chair of the Clinical Quality Committee, highlighted the following issues: • South West London and St George's Mental Health Trust had opened two 'crisis' cafes in Wimbledon and Tooting to support adults experiencing mental health issues. These, it is understood, are open in the evenings and at weekends. • London Ambulance Service waiting times in Merton have been achieved, however London-wide performance remains below targets • Dementia diagnosis rates continue to exceed the target • A&E waiting time target was achieved at ESH but was not met any other Provider in SWL • IAPT recovery rates dropped below target in February but improved in March reporting 51.1% against the 50% target However, the service is still not receiving enough self or other referrals – this was discussed at the Patient Engagement Group yesterday and a number of suggestions were made to ThinkAction to ensure the service was made available and accessible to the people who need it. • St Georges Hospital has been reviewing its Referral to treatment backlog. Initial findings from the review are that 10% of patients require further healthcare. • In response to a concern on the performance of children's service with	

	children therapies and CAMHS targets not being met, CG had asked for a key focus on Children services by the Clinical Quality Committee with the clinical lead Dr Saeed Chaudhary in attendance. • There have been concerns over the Safeguarding arrangements across Merton and Sutton – the Clinical Quality Committee has had assurance that sufficient staff is now in place and these are being closely monitored. • Ravensbury Park Medical Service has been rated by the CQC as "inadequate". There is considerable support and input into the practice, including safeguarding and clinical support. The Clinical Quality Committee we will monitor the situation. • The Clinical Quality Committee had a particular focus on Cancer in light of the failures to meet targets in recent months. Whilst the overarching strategy provided a level of assurance the Committee will continue to monitor two week cancer targets at St Georges and, more particularly, the 100 day breaches. It is understood that delays in Cancer waiting times were due to capacity issues and discussions at a SWL-wide level are ongoing to identify remedial actions. The Governing Body **NOTED** the Minutes of the Clinical Quality Committee.	
9.2	Governing Body Assurance Report & Scorecards	
	JA presented this item and highlighted the following: Good Performance • Ambulance Waits: local performance at 75.2% (national target – 75%) • Estimated diagnosis rate for people with dementia: MCCG performance 71.3% (national target – 67%) Challenged Performance • A&E 4 hour target: performance was 89.4% (national target – 95%). 3 out of 10 cancer indicators were not met JA added that the dermatology service accounted for 50% of these failures, due chiefly to shortages of clinical and administrative staff. These had now been resolved although there may be some delay before improvements were seen. • IAPT – month 11 rate for recovery showed a decrease in performance (48%) and was below target (50%). However, a March 2017 outturn showed an improved rate of 56.1% JA added that referrals to the service remained satisfactory but there was a high rate of referred patients dropping out before attending an appointment or receiving treatment. AM acknowledged that there remained a number of challenging areas but that a lot of work was ongoing to address these. DZ suggested the CCG work with the Local Authority to resolve the issues in the IAPT service and JA accepted this may be beneficial. CG said that IAPT had been discussed at the Patient Engagement Group meeting and there was an urgent need to understand why patients were not remaining with the service. The Governing Body **APPROVED** the Assurance Report & Scorecards.	
9.3	Children's Safeguarding Report Quarter 3	
	Eileen Bryant (Interim Deputy Director of Quality & Lead Nurse Wandsworth CCG) presented this item and explained that the Report had	

	already been reviewed by the Safeguarding Executive Group, the Clinical Quality Committee and the Executive Management Team. She then provided a brief summary of the changes in safeguarding arrangements across Merton and Wandsworth. • Although the service was now provided jointly across Merton and Wandsworth, there would be borough-specific staff • There would be no reduction in resource, but there would be a different way of working AM commented that with the shared agreement it appeared that, although the overall resource remained unchanged, Wandsworth would be getting more than before and Merton less. AF added that resources should be deployed proportionately. EB responded that the level of child poverty was greater in Wandsworth than Merton but that there should be benefits for both by working jointly. She added that there would be a formal review of arrangements with a final report available for consideration by the Governing Body by the end of the year. KW requested a copy of the review's terms of reference and EB said she would provide these. The Governing Body, with the concerns stated above, **APPROVED** the Children's Safeguarding Report, Quarter 3.	**EB**
9.4	Adult's Safeguarding Report Quarter 3	
	EB also presented this item and stated that data capture from the Local Authority remained a problem. CG commented that providers should provide consistent information. EB agreed with this and that with a framework in place standardising reporting should be possible. JHa asked whether the review being carried out on the Safeguarding Children service would also cover the Safeguarding Adults. EB confirmed that it would. The Governing Body **APPROVED** the Adult's Safeguarding Report, Quarter 3.	
10.	**Key Actions to communicate with Organisation**	
	AM stated that he and JB would consider this outside of the meeting.	
11.	**Any Other Business**	
	AM announced that two written questions members of the public had been received: <u>Question 1</u> *"How do people with healthcare needs get their health and care needs met if local GPs refuse to support their patients?"* <u>Response</u> AM explained that his office had liaised with the questioner with the aim of obtaining greater detail of the concerns and ascertaining whether this matter would be better dealt with via the formal complaints procedure. If so, there would, at an appropriate time, be a report back to the Governing Body on the outcome of this. SB added that there was an obligation that all patients should have a GP, and	

	patients can be allocated a GP if they have been unable to find one themselves. Question 2 *May I ask you to consider revising the CCG's apparent commissioning directions to the SWL and St George's Mental Health Trust regarding the Neurodevelopmental diagnostic service provided by CAMHS in Springfield Hospital?* *I'll provide brief context for my question. Minutes of the 'Quality and Assurance Committee' meeting of 4.4.17 of the SWL and St George' Mental Health Trust state that:* *"[In the light of demand for assessments outstripping the capacity of the Neurodevelopmental service] "CCGs have therefore tasked the Trust with developing alternative service models and reviewing and revising the current eligibility criteria to focus specifically on those cases where a clear mental health or co-morbid condition is indicated. The effect of reviewing and revising the criteria must be to reduce the number of children and young people who are able to access a full diagnostic assessment from the Trust and will require extensive engagement to stimulate existing resources across social care and education services to support the new care pathway."* *If I understand these minutes correctly SWL and St George's Mental Health Trust has agreed that referrals to CAMHS for children suspected as having an Autism Spectrum Disorder (ASD) will no longer reach the threshold for a full diagnostic assessment unless there is an additional suspected mental health condition.* *This raising of the threshold for assessment risks long term impacts on vulnerable young people suspected of having ASD whose mental health is already precarious. The authoritative diagnosis of the clinicians at CAMHS of ASD is pivotal in the cases of many children who are struggling to cope with the daily demands of school. This struggle can for many children result in learning difficulties that constitute special educational needs and these needs may go beyond that which the school can cater for requiring a statutory request to the local authority to carry out an assessment of the special educational needs of the child. Diagnosis and the related recommendations of the CAMHS clinicians carry significant weight in the merit of a case made by a parent/school to Merton LA for an Education and Health Care Plan for a child with ASD. One consequence of reducing the number of assessments will be that many children will not be assessed and therefore diagnosed (if appropriate) and these children will suffer the disadvantage of a weak case for additional in-school support or even no case being made for support as their difficulties will be unexplained. These children and their families will also miss out on the catalyst for change that diagnosis can provide: a chance for the young person and their family to understand why their child struggles with certain things and how they can be both supported and best understood.* *It is very likely that I lack wider context and the Governing Body will confirm their instructions to the Trust as minuted, presumably due to resource constraints. If this is so, I'd ask the CCG to be very clear about what the 'alternative service models' and 'new care pathways' are to be for children suspected as having ASD in Merton and within education. Will the Merton Local Authority place increased weight on the views of educational psychologists and Special Educational Needs Coordinators where ASD is suspected but unconfirmed as no diagnostic assessment is available?* *Thank you for considering my question.*	

	Response JB provided a verbal response. The CCG and the Mental Health Trust have had discussions about the development of a diagnosis pathway for children with ADHD. However, no decision regarding possible changes to the eligibility criteria has been made. JB acknowledged people's concerns about this matter and any developments would be communicated.	
12.	**Meeting Close**	
	Part 1 of the Governing Body meeting closed at 2.50pm.	
13.	Date of Next Meeting	
	27th July 2017 - 1.00- 4.00pm 120 The Broadway, Wimbledon SW19	

Signed as a full and true record of Part 1 of the Merton Clinical Commissioning Group Governing Body Meeting on the 25th May 2017.

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Andrew Murray - Clinical Chair Date