



Merton

Clinical Commissioning Group

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

Thursday, 20th November 2014

9.00am – Noon

Civic Centre, London Road, Morden, SM4 5DX

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

SM	Sarah Campion	SWL Commissioning Support Unit
TB	Thereasa Burns	SWL Commissioning Support Unit
SM	Sean Morgan	SWL Commissioning Support Unit
TF	Tony Foote	SWL Commissioning Support Unit

Member(s) of the Public:

Sheila Knight
Kirsty McGuire
Henry Dodds
Thomas Pollak

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.

There were no such declarations.

3. Minutes of previous meetings

To approve the minutes of the meeting of the Merton Clinical Commissioning Group on 25th September 2014.

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 25th September 2014

The Governing Body noted that all actions had been completed.

5. Chair and Chief Officer's Update

5.1 Chair's Update – verbal

HF Informed the meeting that the London Health Commission had now published its report "Better Health for London." The Mayor of London's comments on the report are awaited. HF added that the report was wide-ranging and comprehensive and recommended that all should read it.

5.2 Chief Officer's Report

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

CCG Development

The appointment process for Merton CCG Clinical Chair began on the 3rd November, with a closing date for applications of the 24th November. Interviews would follow in December before the election or ratification by the CCG's membership in the New Year.

Following the publication of the NHS 5-Year Vision and Co-Commissioning Guidance the CCG is reviewing the Primary Care support team functions and what internal support will be needed. This work links to both the Transforming Primary Care agenda and the South West London Commissioning Collaborative (SWLCC) 5-Year Strategy workstream, for Transforming Primary Care.

EB was pleased to inform the Governing Body that, as part of the CCG's organisational development plan, a well-attended reflection and futures event was held on the 11th November. The feedback on this from CCG staff had been very positive.

Strategy**NHS 5-Year Vision**

The NHS 5-Year Vision was announced by the NHS England (NHSE) Chief Executive, Simon Stevens, on the 23rd October. The document outlines the

direction of travel for the NHS over the next five years. London CCG Chief Officers and Chief Executives of Provider Trusts; Monitor and the Trust Development Agency were invited to hear Mr Stevens set out key areas of the vision. EB said Mr Stevens acknowledged the changes and improvements to NHS services. He stressed that further change was necessary for the NHS to continue successfully and placed great importance on more services being based in the community in future.

The vision outlines a number of models of care which Strategic Planning Groups (SPGs) should consider for their populations. The models are not prescriptive and one size will not suit all areas. The models include:

- Multi-specialist Community Providers (HCPs); Federations of Practices, Community Nurses and Consultants could take combined NHS & Local Authority (LA) budgets.
- Primary & Acute Care Systems (PACs); GP lists, Hospitals, Mental Health and Community providers work with a lead provider model.
- Urgent & Emergency care networks; Out Of Hours, LAS, 111, community pharmacy, mental health; etc., work together in one contract.
- Viable small hospitals through shared functions, back office, specialities work with PACs.
- Specialised care; stroke, cancer, (e.g. SWLEOC) work as a prime contractor model.
- Maternity services; midwifery-led units.

EB highlighted other aspects of the report:

- Waiting time standards will be introduced for mental health services
- Ensuring the best use is made of enablers such as technology, to improve access to care and supported by more General Practitioners and stabilized resources.
- The opportunity for CCGs to Co-Commission, with NHSE, Primary Care and specialist services.
- The Better Care Fund (BCF) will only be extended following a full review in 2016/17 with any changes coming in 2017/18.
- For the first time, the NHS has asked the Government and Taxpayers for increased resources to ensure the vision is achieved. The paper also asks the Government not to alter structures.

London Health Commission Report: Better Health for London

EB stated that the report contained ten ambitions and sixty four recommendations to improve the health and wellbeing of Londoners. The aim is to make London the healthiest major global city within ten years.

The report will be reviewed and a work plan established to address the parts of it for which the CCG would be fully or part-responsible. This work plan will be presented to the Governing Body in January or February 2015.

Merton CCG First Annual General Meeting

The CCG held its first annual general meeting (AGM) on the 25th September 2014. The meeting was open to all members of the public and took place in the Vestry Hall in Mitcham. The AGM was very well attended and feedback very positive.

EB thanked all CCG staff and local people who attended and helped to

deliver a successful AGM.

Service Development

EB was pleased to inform the Governing Body that the first Tamil Expert Patient Programme is underway in Merton. .

The CCG is also expanding the range of EPP language courses provided, to include Polish, from January to March 2015. Additionally, we will also offer a course for Chronic Obstructive Pulmonary Disease (COPD) patients in partnership with Lambton Road Medical Practice, and a course for parents with mental health illnesses.

Systems Resilience

The CCG's Director of Commissioning and Planning continues to work with all local acute trusts to ensure that there is a resilient system for winter in both the emergency departments and elective services. Significant work has been undertaken with St George's and the Director of Commissioning and Planning monitors all trusts' performance on a daily and weekly basis.

Better Care Fund

Merton's Better Care Fund (BCF) Plan has been 'approved with support' by the Nationally Consistent Assurance Review Team. The Merton BCF Programme Manager is working through the small number of issues with the Local Area Team that need to be resolved before the Plan moves to fully 'approved' status.

Patient and Public Involvement

EB informed the Governing Body that the CCG had recently held two large involvement events.

Engage Merton

This event was held in October at the Tooting and Mitcham Football Club. Over sixty people attended the event to hear patient feedback on local health services. It was very positively and enthusiastically received. There were strong views from residents about the kind of services they wish to see including, better support for people with mental illness and long term conditions like diabetes, services that meet the needs of people from Black Minority Ethnic groups, and opening hours that match the busy lifestyles of patients. Flexibility of care was key to attendees and innovative ideas, such as taking services to people, were offered for how to achieve this.

Deciding a site for the new Mitcham Health Facility

EB explained that the CCG has developed detailed communications and engagement plans for the proposed Mitcham Health Facility and the re-procurement of Community Services. Central to this is ensuring patient and public views continue to be heard.

In early October, Merton CCG Clinical Directors and Managers sought the views of the Mitcham community on the proposed sites for a new health centre. This was attended by over thirty members of the public who were provided with information about the potential sites and asked to consider factors such as site suitability, location, public transport, building layout and more. They were then able to score each site against specific criteria.

Feedback from this event (October) is being combined with feedback from other parties along with our financial assessment and will be presented to the Governing Body in due course.

It is really important that Merton resident's views are able to influence decisions about local health services and EB thanked all who took part.

Mental Health Consultation

As one of the South West London CCGs, Merton is working with South West London and St George's Mental Health Trust to lead a consultation on the future location for mental health inpatient facilities for people in Kingston, Merton, Sutton, Richmond and Wandsworth, and for a range of specialist mental health inpatient services serving a wider catchment area.

The consultation, launched on the 29th September 2014, proposes two options for the location of inpatient services. In order to make sure that people and organisations have the chance to both comment on these proposals and suggest alternatives, the CCG promoted an engagement event in November which was well attended. Feedback from this and other events will be part of the SWL Consultation report due in February. The Governing Body will be asked to consider the report before deciding whether to support changes.

EB commented that the Engage Merton event had been very good and noted the progress Merton CCG has made inpatient and public involvement.

6. For Approval

6.1 Complaints Report 2013/14

Lynn Street (LS) presented this item and explained that the report covered the first full year of the CCG. The report, and the daily processing of complaints, was undertaken by the Commissioning Support Unit (CSU) on behalf of the CCG.

The report details the information from complaints directly related to the CCG, and gives a broad picture of those which are not directly related to the CCG. There is some analysis and comparison to the other London CCGs including feedback from equality and diversity information forms returned by complainants.

There were a total of fifty complaints and one hundred and seventeen Patient Advice & Liaison (PALS) enquiries in 2013/14. These included a significant number relating to the reconfiguration of services at St Helier Hospital. It is unlikely that this will be repeated in 2014/15. In comparison with other local CCGs, Merton received a relatively low number of PALS' enquiries relating to contact information; this may indicate that the CCG is managing a number of enquiries through the generic enquiries email address.

Of formal complaints received the largest amount related to commissioning decisions, and six of these related to decisions made regarding IVF funding. LS added that, as the Governing Body will be aware, the CCG had recently begun to fund assisted conception services and this represented a good example of listening to the 'patient's voice' and taking action based upon this.

LS highlighted the key recommendations in the report, and the actions taken so far:

1. Consideration should be given to triangulating the data with the

numbers of enquiries to Merton CCG general enquiries email, which may give a wider picture of the numbers of people contacting the CCG and types of enquiry that may be handled without being passed to the CSU.

Enquiries made to the CCG's generic email address will, in future, be logged as either PALS enquiries or formal complaints. This will ensure all such correspondence is captured.

2. Consideration should be given to strengthening links with NHSE in the management of complaints and PALS to ensure clear lines of communication and a clear pathway for complainants and enquirers.

LS has discussed this with NHSE. For 2015 NHSE will have a system able to provide more Merton-specific data.

3. Greater emphasis on understanding the characteristics of complainants in Merton.

The Equality and Diversity monitoring form included with complaint responses now identifies the CCG to which the complaint related assist with analysis by Borough.

There followed comments and questions from the Governing Body.

Mary Clarke (MC) noted that the report lacked information about the timeliness of the CSU's processing of, and responding to, enquiries and complaints. LS agreed that this was an omission and would take this up with the CSU.

LS

EB expressed an interest in seeing an analysis of the ratio of complaints in relation to the total number of appointments in the specific service: primary care; acute, community services. LS responded that the CSU-provided complaints report would be reviewed in the early part of 2015 and this suggestion would be considered as part of that review.

The Merton Clinical Commissioning Group Governing Body approved the Complaints Report 2013/14.

6.2 Claims Management Policy

LS presented this item and explained the policy details the arrangements to be followed in the event of a claim made against the CCG. If approved, the policy would be made available to CCG staff and the public, via the CCG's website.

Clare Gummett (CG) referred to the section 2.4.1 *Triggers for invoking the claims procedure*. CG noted these included receipt of a request for a copy of medical records. However, from 2015 patients will have access to electronic versions of their records and had thought been given to how this would impact upon the policy. LS said she would refer this query to the CSU for consideration.

LS

The Merton Clinical Commissioning Group Governing Body approved the Claims Management Policy with the following proviso:

That section 4.2.2 (pg 23) be completed. Specifically:

“This policy was formally approved by the CCG Governing Body on (***date to be added***)”

LS

6.3 Hospitality and Gifts Policy

LS presented this item and explained that the policy details the arrangements to be followed in the event that a gift or hospitality is offered to a CCG employee or someone working on behalf of the CCG. LS highlighted that gifts or hospitality should not be accepted which might be perceived as compromising a person’s judgement or integrity.

If approved, the policy would be made available to CCG staff and the public, via the CCG’s website.

HF welcomed the policy as a very important document.

MC noted the policy mentions links with the pharmaceutical industry and asked whether this policy and the Pharmacy Policy were cross-referenced. LS has discussed this with the CSU (the authors of the policies) and received an assurance that this would be done.

The Merton Clinical Commissioning Group Governing Body approved the Hospitality and Gifts Policy.

6.4 Merton CCG Financial Position Month 7

Cynthia Cardozo (CC) presented this item and provided a summary for the seven months to 31st October 2014.

- The CCG is reporting a year to date and full year actual performance to plan.
- A non recurrent allocation of £1,137k for winter resilience funding has been received in Month 7.
- Acute commissioning is under performing by £0.4m year to date, forecast to increase to an over spend of £1m by year end. St George’s is forecast to over perform by £0.4m, some of this is owing to forecast over performance for outpatients primarily seen in obstetrics caused by a change in case mix and some of the forecast over performance relates to seasonality. A break even position is forecast for Kingston Hospital, this has improved from previous month owing to a drop in overall activity and an increase in challenges. Epsom & St Helier NHS trust is reporting under performance of £0.4m primarily in elective activity and critical care.

CC added that that there were concerns with the data provided by St George’s and the CCG was now demanding validation of the data provided.

- A minor over spend of £25k is forecast for non acute commissioning.
- Primary care is forecast to over spend by £0.4m, due mostly to a £0.3m over spend on the Care of Older People local enhanced service and a £0.1m over spend on the Out of Hours service.

- The forecast over spends are being offset by under spends on investments and release of CCG reserves.
- QIPP – Year to date over achievement of £13k and full year over achievement of £60k is forecast.
- Investments - £4m of investments (Better Care Fund, QIPP and Other) have been made this financial year. As at Month 7, slippage of £2.1m is forecast, this is reflected in the financial position.
- The Better Practice Payment Policy is above target for both the number and value of invoices paid in the month.

In general, CC urged caution as, although the current financial position was satisfactory, winter pressure could impact upon this. Peter Derrick (PD), as Chair of the CCG's Finance Committee, agreed with this.

PD then asked CC to update the Governing Body on the London Ambulance Service (LAS) request from London CCGs for additional funding (£14.6m across London) to cover winter cost pressures. CC confirmed that all London CCGs had agreed to this. The funding would come from the SWL risk pool for SWL CCGs (£2.5m) of which Merton's share is £0.3m and there would be London-wide monitoring of the service provided. CC added that the additional funding would not lead to an improved service but ensure a "standard" service was maintained. HF commented that the LAS was currently under great pressure and was confident that the additional funding would achieve this.

CG asked what the 2013/14 risk pool had been used for. CC confirmed that it had provided funding for specialist commissioning and services for people with learning disabilities.

The Merton Clinical Commissioning Group Governing Body approved the Merton CCG Financial Position, Month 7.

7. To Receive and Note

7.1 SWLCC Update on the progress of the 5-Year Strategic Plan: October 2014

EB informed the Governing Body that the CCG submitted its 5-Year Strategic Plan to NHSE in June 2014. In August, NHSE responded by asking the CCG to develop further:

:

- Shared ownership of the case for change;
- Plans for implementing the strategy to start making the change happen;
- Governance arrangements that will help delivery of the plan

Throughout the late summer and early autumn, the CCG has worked with other South West London CCGs and providers to address these issues and has met with representatives from NHSE, the National Trust Development Agency (NTDA) and Monitor to update them on progress.

This paper provides the Governing Body with an update on:

- Working more collaboratively with provider organisations, and as

- commissioners
- Working with Clinical Design Groups (CGDs) to improve services
- Proposed changes to Programme Governance
- Communications and Engagement
- Next Steps

Working Collaboratively

With Providers

The CCG recognises the need for all health care organisations in SWL to work more closely together. Together with CCG Chairs, Chief Officers and acute trust Chief Executives, the Provider Collaborative has been established as a forum for joint working. It is intended to use the same approach to engage community, mental health providers and primary care providers.

Developing Shared Commissioning Intentions

Historically, CCGs have developed their own annual commissioning intentions. This year, to demonstrate commitment to working collaboratively, the six SWL CCGs have developed joint commissioning intentions for mental health and acute providers that reflect the priorities of the Clinical Design Groups (CDGs), as well as a shared commitment to develop alternative and innovative ways of commissioning and contracting for outcomes for 2015/16.

Working with CGDs to Improve Services

To develop the 5-Year Strategic Plan, seven CDGs were established consisting of clinical commissioners and provider clinicians. Their aim, to determine how services could be designed to ensure that patients receive high quality, safe care delivered in the most effective way. The role of these groups has now evolved from setting strategic direction to implementing change. To reflect this, and to ensure they are fit for purpose, their leadership, membership and remit of these groups is being reviewed. An eighth CDG - Cancer Care – has also been established.

EB then provided a brief summary of progress made by the CDGs.

Maternity

In November the Maternity Network will conduct an audit across all four maternity units to baseline workforce capacity and capability in respect of London Quality Standard (LQS) ambitions. This will highlight the scale of change required and inform the development of implementation plans for 2015/15 in response to our commissioning intentions.

Also, the Network has produced a standard leaflet about cesarian section, for all users of maternity services across SW London.

Urgent and Emergency Care

This CDG will also conduct an audit in November to establish a baseline for the London Quality Standards. The Group will also be developing a local response to the Keogh review or urgent and emergency care services.

Planned Care

In response to Commissioning Intentions the provider collaborative will be working with the CDG to nominate a single specialty to pilot this

approach in 2016/17.

Integrated Care

The CDG is supporting the prioritisation process for South West London-wide integrated care initiatives.

Mental Health

Following the development of joint commissioning intentions, the CDG is focusing on engaging providers to jointly agree how to implement the strategy. Commissioners are also consulting on a range of proposed changes to in-patient care provided by the Mental Health Trust.

Transforming Primary Care

The CDG has established a delivery group and is currently reviewing other local CCG work plans for improving primary care and facilitating a self-assessment of practices against the London-wide GP specifications.

Cancer Care

This is newly established and its progress will be reported to future Governing Body meetings.

AD provided a brief summary of progress made by the CDG for Children.

Children

Three workshops held, engaging professionals from both health and social care providers to share their views on how to improve:

- Child and Adolescent Mental Health Services (CAMHS)
- Services for children with complex needs
- Services for children under five

Outputs from these will form part of the Children and Young People's Network workplan after its launch in January 2014.

Proposed changes to Programme Governance

The CCG's existing governance was designed for developing, drafting and agreeing a 5-Year Strategy. To deliver the next phase of the programme – implementation – it is necessary for the structure to change, including consideration of establishing a Joint Committee of CCGs; greater involvement for all providers in the development of the implementation plan and a continued focus on patient and public engagement.

Communications and Engagement Plan

The SWLCC Strategic Commissioning Board has agreed a communications and engagement plan for the next phase of the strategy. This will include a public information campaign on the "Case for Change" between November 2014 and April 2015. Its aim to be to reach people who are not yet aware of the "Case for Change", as well as those who we have already been engaged with. This will be delivered in association with the six local Healthwatch organisations.

Next Steps

By the end of 2014/15 the CCG will have:

- Completed a base-lining of current compliance against the LQS for urgent and emergency care and undertaken a preliminary self-

- assessment of primary care against the London specifications
- Agreed with providers initiatives to address the case for change.
- Costed those initiatives and agreed an investment strategy to support implementation
- Continued to implement a programme of out of hospital initiatives to support the shift of activity from acute to community settings
- Completed contracting discussions based on Commissioning Intentions
- Agreed new governance arrangements, promoting ownership of the strategy across the whole health economy and facilitating decision making
- Initiated work on enabling strategies, including IT and workforce.

There followed comments and questions from the Governing Body.

Dr Andrew Murray (AM) asked for a clarification of the next steps for the proposed Governance changes. EB replied that a group consisting of Governing Body members and managers from each CCG will meet to consider the forming of a joint committee. The outcome of this will be reported back to individual Governing Bodies to make a final decision at their meetings in public. In Merton, there will also be a membership event to consider this issue.

The Merton Clinical Commissioning Group Governing Body noted SWLCC Update on the progress of the 5-Year Strategic Plan: October 2014.

7.2 Emergency Preparedness, Resilience and Response (EPRR)

LS presented this item, explaining that the briefing paper provides an update on the 2014-15 EPRR assurance process; including winter pressures, an update on Ebola and industrial action by NHS staff. Its aim was to provide assurance for the Governing Body.

Winter Pressures

All relevant organisations were required to carry out a self-assessment against the NHS England Core Standards for EPRR, to be submitted by 29 September 2014.

Following this, review meetings are being held to provide an opportunity for commissioning organisations to speak with the EPRR Manager / Accountable Emergency Officer (AEO) to enable the development of an organisational EPRR action plan.

All organisations participating in this process should ensure their Governing Bodies are sighted on the Level of Compliance achieved, the results of the assessment and the action/work plan for the forthcoming period.

Whilst it is accepted that this formal sign-off may not be achievable within the two week period following the assurance review meeting, each organisation should ensure that this governance process is taken forwards as soon as is reasonably practicable. In addition to internal sign-off of assurance outcomes, all chief officers will be required to present their own organisation's results at the January 2015 Local Health Resilience Partnership Forum.

Ebola

An Ebola Exercise was held on the 24th October 2014. Hosted by Public Health England (PHE) and NHSE with representatives from CSUs, CCGs, Community Services, Walk In Centres, Primary Care and Mental Health Trusts.

LS provide a summary of the exercise's outcome.

Ebola is not presently a risk to the UK though PHE and NHSE expect to see a small number of cases in the UK. There are robust testing arrangements in place for management of infected patients, including screening at major points of entry. There have been a number of suspected cases all of which have been negative to Ebola, but a significant number were positive to Malaria.

In the event of a positive case, the patient would be transferred to Royal Free via the LAS and PHE would lead the contact tracing and clinical investigations. There are only two treatment beds currently in the UK although work is being undertaken by NHSE to expand this. LAS has two dedicated teams for transfer of infected patients and confirmed it would take up to an hour for the transfer to be undertaken.

The key issues for Commissioners were identified as:

- Management of worried population.
- Consistency of communications.
- Have a holding statement in place in the event of an infected patient within the borough.
- Assurance from non-acute providers that they have suitable arrangements in place for isolation of patients.
- Providers to consider use of pro-forma questions for reception staff
- Ensure providers are signed up to the Safety Alert system.
- Refer to: Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 – London arrangements - April 2014 (updated 02 June 2014) statement from page 3 paragraph 3 - 'Funding for any treatment or screening required will be provided by the appropriate commissioning body (in the vast majority of outbreaks this will be the CCG but on occasion this may be the Local Authority or NHSE depending on where the commissioning responsibility lies).

Industrial Action by NHS Staff

The trade union UNISON announced their NHS members in England would strike on 13th October from 7am to 11am. This was followed by four days of action short of a strike. On 14th - 17th October, all NHS organisations were required to submit an NHS Industrial Action Situation Report to NHSE, summarising issues affecting patients or service delivery.

Further similar action is planned between 7am and 11am on 24th November, followed by a week of action short of strike action between 25th and 30th November.

The Merton Clinical Commissioning Group Governing Body noted the Emergency Preparedness, Resilience and Response.

7.3 NHSE and Local Merton CCG Balance Scorecard

CC presented this item, explaining that the Scorecard presents a holistic view of the CCG's compliance with its commissioning responsibilities and mirrors what is presented to NHSE at Quarterly Assurance meetings. In-year proxy data is used to monitor performance against the NHS Outcomes Framework Performance Indicators. This report includes updated Quarter 2 information on the Assurance Domains, but only those where change has been reported.

CC then summarised current performance:

- A&E: the CCG met the A&E standard in Q2 and Year to Date (YTD); both Epsom and St Helier and St George's also met this in Q2 and Year to Date.
- RTT: the CCG failed the admitted and non-admitted standard in Q2. This was due mainly to performance at St George's.
- Cancer: the CCG met all cancer standards in Q2, except for the 62 days screening. The CCG is failing the cancer 62 day referral standard YTD. This is viewed as a systems failure and pan-SWL action is being taken.
- Diagnostics: the CCG met the standard in Q2, but is failing it YTD. This was due mainly to performance at Kingston NHS Trust and this is being monitored.
- IAPT: the CCG is below trajectory for access to IAPT. The expectation is that target will be met in Q4.
- Dementia: the CCG has improved to a 51.8% diagnosis rate. The target is 67% - see discussion below.
- Winterbourne: three patients admitted; one discharged.

With regard to the Assurance Domains, CC informed the Governing Body of the following:

Domain 2: Are Patients and the Public actively engaged and involved?

- Duty to Involve Report - reflects PPI in 2013/14, published on CCG website
- Better Healthcare Closer to Home (BHCH) - preparing for the opening of the Nelson Health Centre, and involvement in the Mitcham project
- Expert Patients Programme - activity included in self management courses, accredited tutor training, supervisions, workshops and reunions

Domain 3: Are CCG Plan Delivering Better Outcomes for Patients?

- For the six months to 30th September 2014 the CCG is reporting a year to date and full year actual performance to target.
- Acute commissioning is forecast to over spend by £0.8m. St

George's is forecast to over perform by £0.4m due to seasonality and non delivery of some planned care QIPP schemes. Kingston Hospital is forecast to over perform by £0.2m mainly in maternity and outpatients and a £0.2m over spend is reported at Kings Healthcare Trust driven by critical care and electives.

- Non acute commissioning is forecast to over spend by £0.4m - this is owing to a high cost learning disability placement and an increase in activity in children's placements.
- Overspends are offset by slippage on investments and CCG reserves.
- The Better Practice Payment Policy is above target for both the number and value of invoices paid in the month.

Domain 5: Are CCGs working in Partnership with Others?

- Local Authority (LA), Healthwatch Merton and Young Advisors on Child and Adolescent Mental Health Services (CAMHS) and Continuing Care review. Chief Officer and team are in regular communications with the officers of Local Authority and chair of the Health and Wellbeing Board (H&WBB)
- Kingston CCG on SWL St George's consultation on Estate's strategy
- Healthwatch Merton and Merton Centre for Independent Living on Personal Health Budgets
- LA, Healthwatch and Patient Members on Community Services re-procurement
- Tamil Association, Carers Support Merton and Lampton Road GP Practice on the EPP.

HF thanked CC and her team for the very helpful new format of the report.

Dr Carrie Chill (CCh) enquired whether the previously mentioned concerns over St George's data could impact upon this report. CC replied that it could upon the "better outcomes for patients" criterion.

MC asked what the expectation of an improvement in access to IAPT was based upon. Adam Doyle (AD) explained that the establishment of the Complex Depression and Anxiety Service ensures that patients now have another appropriate service for their needs and this should alleviate the pressure on IAPTS. The ongoing situation would be closely monitored.

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

8. For Note Only

8.1 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

HF announced that a written question had been received from a member of the public relating to what the CCG has done to provide a more integrated care structure where patients are being clearly communicated to, and how will internal communications be improved.

HF informed the questioner, who was present at the meeting that a full written response would be provided but, additionally, LS would be available at the close of the meeting to discuss the issues raised in person.

LS

9. Meeting Dates for 2014

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

Thursday, 29th January 2015 – 9.00am.

Venue: Raynes Park Library

10. Closure of Part 1

The Chair declared the meeting closed at 10.15am.

Agreed as an accurate account of the meeting held on Thursday, 20th November 2014

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Dr Howard Freeman - Chairman

Date: