



Merton

Clinical Commissioning Group

Report to Merton Clinical Commissioning Group Governing Body

Date of Meeting: 29 January 2015

Agenda No: 5.2

ATTACHMENT 04

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
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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

29 January 2015

1 CCG Development

Appointment of new MCCG Clinical Chair

The appointment process for the Merton Chair CCG Clinical Chair is now concluded and I will be announcing the new Clinical Chair at the Governing Body meeting on the 29th January 2015.

I am pleased to announce that we have appointed an Assistant Director, Transforming Primary Care. Ben Homer will join in mid-February to take forward the work relating to Merton CCG Transforming Primary Care agenda.

As Governing Body members are aware, our existing Clinical Chair, Dr Howard Freeman, is retiring from MCCG on the 31 March 2015. I am sure you will wish to join me in thanking Howard for his hard work and support to health services and patients in Merton and SW London area in the last three 3 years.

We will formally say farewell to Howard on the 31 March 2015 at the Nelson Healthcare Centre.

A successful membership event was held in December to consider our progress to date against our vision and objectives, consider the agenda for transforming primary care including the enabler of co-commissioning and to meet the Governing Body.

2 Strategy and Planning

2.1 Integration

The Integration Programme has maintained momentum through the Better Care Fund (BCF) resubmission process and remains on track to deliver the schemes designed to support the programme's objectives; to reduce growth of unplanned admissions to acute care, length of stay in hospitals, numbers of permanent placements to care homes and improving the patient and service user experience.

The Plan was 'approved with support' and identified as one of only five 'high quality' plans out of 151 submitted nationally. The BCF resubmission process also offered an opportunity to review the deliverables of the programme and a number of the outputs were realigned as a consequence to ensure that the focus remained on delivering the agreed benefits to Merton's health and social care economy.

Commitment across all partners to the objectives of integration remains strong and excellent progress has been made in a number of significant areas within the programme: developing a framework for measuring performance and the benefits of integration; preventative schemes, particularly the establishment of the locality teams and agreed processes to manage caseloads, engagement with patients, service users and carers. Workforce development outputs and new level opportunities are being developed jointly by the leads from London Borough of Merton and Sutton & Merton Community Services. The

SW London Commissioning Collaborative is developing a SW London-wide response to the need to share data and agree wide-ranging information governance agreements.

The programme has also identified a number of opportunities that are being explored more broadly under the banner of integration, notably around opportunities to evaluate and improve multi-disciplinary teams (MDT) processes and outputs, developing an integrated strategy for supporting carers across health and social care, tele health challenges and opportunities, and the transition from a programme environment to 'business as usual' for integration schemes and management structures.

2.2 The NHS 5 Year Vision Implementation Plan

NHS England published planning guidance for the NHS on 19th December 2014, setting out the steps to be taken during 2015/16 to start delivering the NHS Five Year Forward View. NHS England, Monitor, the NHS Trust Development Authority, the Care Quality Commission, Public Health England and Health Education England have come together to issue the joint guidance called The Forward View into action: planning for 2015/16, coordinating and establishing a firm foundation for longer term transformation of the NHS.

The guidance is supported by the recently-announced £1.98 billion of additional funding, with specific financial allocations for healthcare commissioners also announced. The guidance includes a new support package for GPs, plans for a radical upgrade in prevention of illness, and new access and treatment standards for mental health services. The planning guidance requires leaders of local and national health and care services to take action on five fronts.

- A radical upgrade in prevention of illness with England becoming the first country to implement a national evidence-based diabetes prevention programme;
- £480 million of the £1.98 billion additional investment will be used to support transformation in primary care, mental health and local health economies;
- Local NHS must work together to ensure patients receive the standards guaranteed by the NHS Constitution;
- Increased commitment to giving doctors, nurses and carers access to all the data, information and knowledge they need to deliver the best possible care;
- Accelerated innovation to become a world-leader in genomic and genetic testing, medicine optimisation and testing and evaluating new ideas and techniques.

We have collated a high level milestone plan for Merton CCG which outlines the responsibilities and I will be taking the Governing Body through this in more detail at the Governing Body seminar on 26th February 2015.

3 Commissioning

3.1 I am delighted to inform you that from the additional £1.98bn announced in the Autumn Statement, Merton CCG received a further £7.4m recurrently (inclusive of £1.1m Winter resilience money received in 2014/15 non-recurrently). This is an additional 3.41% from the notified 2015-16 allocation in December 2013.

Merton's total allocation has increased from 2014-15 is 8.03% (highest in the country) which equates to £16.8m. More detail is provided later on in the agenda.

Work is on-going to refine the 2015-16 operating plan (2nd year of our 2 year operating plan) and the 5 year strategic plan, following the allocation and planning announcement.

3.2 Investment 2015/2016

Merton CCG held a MCCG investment workshop on 17th December 2014. Attendees were members of the Clinical Reference Group, Caroline Cooper-Marbiah – Chair of the Health & Wellbeing Board, Dave Curtis – Merton Health Watch, and staff from the CCG to support the process. The purpose of the workshop was to review and score the investment bids for 2015-16. Using a pro-forma which covered:

- ***Strategic fit.***
- ***Strength of evidence and quality of proposal***
- ***Magnitude of health benefit***
- ***Number of people benefiting***
- ***Health Inequalities***
- ***Patient and public engagement***
- ***Clinical/Professional engagement***
- ***Value for money and cost/effectiveness***
- ***Feasibility.***

The criteria were weighted and scored using the criteria under one of the following options Low 0 points, Medium 10 points and High 20 points.

The outcome of the scoring will help inform the operating and financial plan for 2015-16, which will be presented to the Governing Body in March 2015.

3.3 Increased Access to Psychological Therapies (IAPT) IAPT Procurement

The IAPT procurement is progressing well. . The procurement documentation for IAPT was published on 21st November and the tender period for providers is now live. This is single stage procurement and the combined Pre-Qualification Question (PQQ)/Invitation to Tender (ITT) questions were designed in a workshop format with the relevant stakeholders, including the Clinical Directors for Mental Health and 111 and Out of Hours Services who are providing clinical input to this procurement.

The closing date for tender submissions was 5 January 2015. There are three weeks built into the timetable for individual evaluation, followed by bidder's interviews and moderation in early February. The contract is expected to be signed in May 2015, with a service go-live date of 1 October 2015.

3.4 Procurement of Community Services

Merton CCG and LBM 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.

The process is currently in the pre procurement stage. During this phase we are warming up the market to stimulate interest and understand the level of provider interest in Merton Community Services. A market warming event, held on 27th November, was very well attended with 64 attendees representing 44 organisations attended.

The development of the service specifications to support the production of some specification is underway. These are being developed on an outcome basis and to facilitate their production a series of engagement activities with clinicians, service users, public and the voluntary sector are planned. Work has also begun on the contract and financial model with support from 2020 Delivery.

We are on target to ensure service providers are in place by 1 April 2016.

3.5 Mitcham Health Care Centre Development

I am pleased to report the progress on a health centre development in East Merton which forms part of the Governing Body agenda today. Following the approval of the Strategic Outline Case for the development of a new health facility for East Merton the economic case has been completed and further appraises the short listed options, identify the preferred development option and establish the economic case for the development.

The Wilson Hospital site has been identified as the preferred option, mainly due to the size of the site and the opportunity that this provides to meet all our expectations with regard to service integration. Specifically this site allows the development of a mental health hub in East Merton aligning service provision to the health needs of the local population.

Once agreed, the case will be submitted to NHSE. When we have permission from NHSE, Community Health Partnerships, one of the NHS property companies, we will undertake a funding review and propose the preferred procurement route. The design development will then commence in April 2015 with an anticipated Financial Close date in spring 2016. Following a two year construction period the building should be ready for occupation in summer 2018.

The current focus of the project is the design of the East Merton Model of Care, led by Dr Karen Worthington. We are currently establishing the mechanisms to ensure that there is robust engagement with both the clinicians and the residents of East Merton in developing this new model of care.

3.6 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. High level commissioning intentions were sent to RMH in September, in accordance with the requirement for six months' notice to providers of any required contractual changes. Guidance from Monitor on levels of inflation, deflators and efficiencies to be applied to NHS contracts is now published and will inform the detailed approach to the negotiation.

Weekly contract negotiation meetings began this month, in addition to weekly meetings with the associate commissioners.

3.7 Mental Health Contract Round

As the host commissioner for the contract with South West London and St George's Mental Health Trust (SWLStG), Kingston CCG will lead the contract negotiation for 2015/16 on behalf of the associates. High level commissioning intentions were sent to SWLStG on 30th September, in accordance with the requirement for six months' notice to providers of any required contractual changes. Contract negotiations are underway with the Kingston team, MCCG and other associate CCG's and the SWLStG colleagues.

3.8 Acute Contract Round

The contract plan is based on the 2015/16 negotiating strategies for Merton CCGs 3 main Acute Hospital Trusts. Whilst there are some differences in approach there are also generic approaches and common concerns identified for the negotiating round.

The overarching key deliverables are as follows:

- Achieve/Maintain sustainable health and wellbeing economy
- Commission safe integrated high quality outcome based services
- To include achievement and maintenance of financial sustainability over next 5 years
- Supporting achievement of primary and community led care through implementation of prioritised pathways and service changes
- Achieving delivery of the 18 weeks commitment across all specialties alongside the elimination of 52 week waits

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.

4 Service Development

4.2 Nelson Health Care Centre Build and Service Mobilisation

I am delighted to report that the Nelson Health Centre is on schedule to open in April 2015. The building was handed over to CHP, the Head Tenant, in full phase, on 13th January 2015.

All the clinical providers have now been identified and the Nelson Project Team is working with the respective provider project teams on the development and implementation of the commissioning and mobilisation plans.

There is now increased emphasis on communications and promotion of 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.

A "soft launch" of the facility is planned for 31st March, with the official opening in September. We are currently awaiting confirmation on whether HRH the Princess Royal will be able to undertake this duty at which point we will confirm the opening date in September.

5 Patient and Public Involvement

5.2 Communications and Engagement Strategy

Building on our previous strategies for communication and engagement, I am pleased to report that work has begun to combine the two strategies so as to create a co-ordinated plan for the future.

To begin this process a Merton CCG stakeholder mapping group met in December 2014 to identify key stakeholders and available channels to communicate and engage with them, as well as identifying any gaps. The outcome from this session forms the basis for the draft strategy. We are now gathering views from the membership, CCG staff, and from key stakeholders.

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6 Emergency Preparedness Response and Resilience

Merton CCG have participated in an EPRR assurance process led by NHS England. An action plan and statement of compliance has been submitted to the NHS England (London) Patch Network Team. There are four levels of compliance.

Merton CCG has declared our assurance level as Substantial which was accepted. This information will be collated and developed into an overall report on the NHS EPRR assurance process for London to be shared with organisations through the London-wide and patch level Local Health Resilience Partnership (LHRP) forums.

The action plan will be presented at the next Governing Body meeting.

7 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. All areas remain under review and status can change. Monthly reporting is ceasing and all areas will be asked to report quarterly.

All Trusts and CCGs need to have a PREVENT lead and are responsible for rolling out training to staff. This is a requirement in the NHS standard contract under safeguarding. For the majority of staff this can be included within safeguarding training at induction.

Going forward Merton CCG will be considering how to build PREVENT assurance into our annual assurance process.

8. Governance

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