right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 29th September 2016

Agenda No: 5.1 **Attachment:** 04

Title of Document: Clinical Chair Report	**Purpose of Report:** To note
Report Author: Andrew Murray, Clinical Chair	**Lead:** Andrew Murray, Clinical Chair
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Executive Summary: This report covers the main updates and activities undertaken by the Clinical Chair in a number of strategic areas.	
Key sections for particular note (paragraph/page), areas of concern etc: • Leadership Changes • Working with other CCGs • Clinical Cabinet • St Georges Hospital NHS Foundation Trust	
Recommendation(s): The Governing Body are asked to note this paper and to ask any questions relevant to the content	
Committees which have previously discussed/agreed the report: Nil – this report is provided for the Governing Body	
Financial Implications: Each of the areas discussed within the paper have a financial element to some extent.	
Implications for CCG Governing Body: For note and discussion	
How has the Patient voice been considered in development of this paper: In all items	

Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing) Nil of note
Equality Assessment: Each of the areas discussed within the paper have an equalities element to some extent. However, there is nothing extraordinary for noting in relation to equalities.
Information Privacy Issues: Nil of note
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) Aspects of the report are communicated through the appropriate internal and external communications channels.

Merton Clinical Commissioning Group
Clinical Chair Report
September 2016

Introduction

This is the report for the Clinical Chair to the Governing Body of Merton CCG. It covers the strategic developments and operational matters since the last Clinical Chair update to the Governing Body in July.

Leadership changes

Adam Doyle, Chief Officer for Merton CCG has accepted a new role as Chief Accountable Officer for Brighton and Hove CCG and will take up his new in November this year. His last working day with us will be Wednesday 19th October 2016.

Adam has been with our CCG from its beginning and has brought enthusiasm, insight and dedication to the CCG and the people of Merton. He has nurtured the talents of a fantastic team of staff and made sure we always keep patients is at the heart of our work. He has helped steer the organisation through some particularly difficult times recently and on behalf of the Governing Body I would to thank him for his dedication to our organisation and for ensuring the financial outlook for Merton CCG is in a more positive position than was expected. I know he will bring invaluable expertise to his new role, and I wish him every success for the future.

Sue Hillyard, has also moved to a new and exciting role nearer home in Yorkshire. Sue joined the CCG in January to lead a number of key work programmes for the CCG. I would also like to give my thanks to her for all her great work during this year. She has been a great asset to the senior leadership team and I wish her well in her next role as Programme Director.

This is a period of transition for the CCG and we need to maintain our focus on providing the best possible heath and care for local people while also delivering financial sustainability. I am therefore pleased to announce that Karen Parsons, our current Director of Commissioning Operations has agreed to take on the role of Chief Officer until the end of the financial year. Karen comes with a wealth of experience having most recently been the Chief Operating Officer at Surrey Downs CCG and will be a great asset to the CCG over the coming months.

Karen and Adam are currently working through their handover plan including ensuring we have a new Director of Commissioning Operations to take up Karen's current portfolio. We aim for the new Director of Commissioning Operations to start no later than Monday 10th October.

Working together with other CCGs

Many of you will be aware of the discussions taking place over the last few months about the development of the Sustainability and Transformation Plan (STP) for south

west London (SWL) and how we might work together to deliver such a complex and challenging plan. As part of this we have been considering different options for a new operating model for SWL and how best to implement this. We will be discussing these arrangements in the second part of our meeting later today.

Clinical Cabinet

As you know we are refreshing our clinical leadership at the CCG and have appointed new Clinical Directors who will meet with me fortnightly in a "Clinical Cabinet". We are collectively excited about the opportunity to provide more visible and cohesive clinical leadership within the CCG and for the membership.

The clinical cabinet will be considering strategic issues to ensure there is a common view amongst the senior clinical leaders in the organisation. It is not a committee or a formal decision-making body and its role is to shape clinical strategy, drive transformation and help support and develop clinical leaders and commissioning managers. As a CCG we have a talented workforce and have achieved a huge amount in the last 18 months. We also have a number of very exciting and promising projects that will benefit from greater clinical input and leadership over the next few years.

At the second clinical cabinet meeting on 7th September we discussed the portfolios for each clinical directorate and the requirement for clinical lead support for the directorates and work programmes. We aim to appoint clinical leads to start at the beginning of November and existing clinical roles will continue until then. We will be advertising the new Clinical Lead roles very soon.

The clinical cabinet comprises:

- Dr Andrew Murray – Clinical Chair
- Dr Tim Hodgson – West Merton Locality Lead and Governing Body GP Member
- Dr Carrie Chill – Clinical Director for Unplanned Care and Governing Body GP Member
- Dr Vasa Gnanapragasam – Clinical Director for Planned Care
- Dr Karen Worthington – East Merton Locality Lead and Clinical Director for Transforming Primary Care (including the MCP model)
- Dr Dagmar Zeuner – Clinical Director for Proactive and Preventative Care
- Dr Doug Hing – Clinical Director for the East Merton Model of Health and Wellbeing

Financial Recovery Plan update

We continue to work hard to balance our books and in particular to ensure we hit our NHS England control total for this financial year. If we deliver the savings we have identified, we should be able to achieve our planned deficit of £0.6m for this year. So far we are on track but there is no room for any slippage. Our figures assume that we will find a further £2.1m of savings this year on top of the savings we have already identified. To put that in context the CCG has delivered savings of around £5-6m

each year. This year we are looking to achieve a QIPP of over £7m. As a result, we continue to be of the view that the financial environment is extremely challenging. We continue to meet NHS England every month for a financial assurance meeting and continue to be pressed on any variation to our forecasts.

We are making progress on the review of commissioned services and have set up a number of programme delivery groups all of which have significant clinical engagement. This is not an easy task and I am very grateful to all those taking the time - and care - over these discussions**.** I am looking forward to discussing the financial position with you later in our agenda.

Better Care Fund

Background

The Better Care Fund (BCF) is a programme spanning both the NHS and local government. It was created with the intention of improving the lives of some of the most vulnerable people in society, placing them at the centre of their care and support, and providing them with 'wraparound' fully integrated health and social care, resulting in an improved experience and better quality of life. The BCF takes the form of a local, single pooled budget that aims to fund ways that the NHS and local government can work more closely together.

In 2016-17, NHS England set eight conditions, which local areas needed to meet through the planning process in order to access the funding. Local partners needed to develop a joint spending plan that was approved by NHS England as a condition of the NHS contribution to the Fund being released into pooled budgets.

The conditions required:

i. That a BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the HWB itself, and by the constituent Councils and CCGs
ii. A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016-17
iii. Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge
iv. Better data sharing between health and social care, based on the NHS number
v. A joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
vi. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
vii. That a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and

viii. Agreement on a local action plan to reduce delayed transfers of care

As part of the Chancellor's Autumn Statement (November 2015) it was announced that Councils which provide Social Care to Adults would be allowed to increase their share of Council Tax by up to an extra 2% if it is all used to fund the increasing costs of Adult Social Care services. This additional Council Tax charge is known as the 'Adult Social Care precept'. The Government has said that this precept must be shown as a separate charge on all council tax bills. The income generated from this charge is ring-fenced, meaning it can only be used for Adult Social Care services.

A total of 144 out of 152 London boroughs, counties, metropolitan districts and unitaries in England will have deployed the adult social care precept over 2016-17, raising £382m. Government figures show average council tax will have climbed 3.1% on last year. The figure would have risen just 1.6% without the adult social care precept, which added 1.5% towards the rise. The Local Government Association has consistently warned the precept will fail to raise enough funding to cover social care costs.

In 2016/17 Merton Council froze council tax and so did not apply an annual increase in council tax nor add on the Adult Social Care precept of 2%. Merton Council is currently consulting on Council Tax and council spending, including the deployment of the precept.

<u>Meeting with Merton Council</u>

The Chief Officer and I met with Merton Council colleagues last week to discuss investment in the BCF for 17/18. We covered the following points:

- For 16/17 we have invested £2m above the mandated amount into the BCF. As part of our financial turnaround plan we had considered not proceeding with this additional investment for 16/17 but owing to the late notice, the desire to build constructive partnership working and following agreement on key deliverables for the extra investment we did invest the extra £2m.
- We suffered considerable scrutiny from NHSE over this decision and are clear that investments into BCF for 17/18 by Merton CCG would be intensely scrutinised in the context of Merton Council's reduced funding of Adult Social Care
- We noted that in 16/17 the costs of delivering social care and the demand for social care has risen nationally, along with healthcare, and that nearly all local authorities had raised council tax as well as adding on the precept to help cover this cost.
- We noted that Merton Council had not done this and had instead frozen council tax and reduced investment in social care, whilst the CCG had invested £2m above the mandated amount.

- For 17/18 we will not be in a position to provide any extra investment above the mandated contribution into BCF.
- For 17/18 we will also need to consider whether we can even invest the full mandated amount, especially in light of Richmond CCG's decision to reduce their investment below the mandated amount as part of their financial turnaround.
- We expressed our view that Merton Council should as a minimum deploy the Adult Social Care precept in 17/18
- We also encouraged Merton Council to provide additional investment in Adult Social Care and noted that raising council tax would facilitate this
- We would consider extra joint investment into BCF projects with the Council only if we were satisfied that the Council was providing adequate funding for social care (including use of the precept for this purpose) and were confident that we could demonstrate savings on the wider CCG spend as a result of any investment.
- Merton CCG will respond to Merton Council's consultation on council tax and will share this with the Governing Body prior to doing so

We will write to Merton Council setting out our position clearly and I ask that the Governing Body approves this approach today. I would also like to discuss with you whether you feel we should mobilise our membership and partner organisations to respond to the consultation."

St George's University Hospitals NHS Foundation Trust

Referral to treatment and data quality

As you are hopefully aware St George's has significant problems with the reliability of its data reporting, particularly in relation to patients on referral to treatment (RTT)/18 week rule pathways. The commissioned external reviews of these reporting systems have shown significant flaws in how patients are currently tracked and as a result they wrote to NHS Improvement and NHS England confirming their intention to temporarily cease national reporting of RTT data.

A project team is driving forward the work to understand this as a matter of urgency, with senior clinical representation. St George's are also appointing a programme director who will have dedicated responsibility for this work. A key part of the project team's work involves looking at patients currently on the waiting list for treatment, and ensuring they have been listed and prioritised accordingly. You should all have received direct communication on this during August with details of whom to call if you have questions or concerns about your patients. The CCG is monitoring the situation closely with Wandsworth CCG, who is the Lead Commissioner for St George's, and we will keep you posted on their progress on this and other matters.

Estates

Many of the buildings on their Tooting site are in need of renovation and refurbishment, which will require significant investment. They are putting some

buildings out of use, such as Buckland Ward in Knightsbridge Wing, which looks after renal patients. Patients are being transferred to alternative accommodation, including a state of the art mobile unit which has been installed on the hospital site. They are also moving some outpatient services from Lanesborough Wing following concerns raised during the recent CQC inspection about the potential for over-crowding. A key part of their long term estates strategy involves demolishing those buildings on the site that are not fit for purpose. In the past month, as part of that plan, they started to demolish the Wandle Annex.

Outpatients

The CCG is working with the Transformation Team at St George's to identify how we can best help them improve the service they offer patients. We have agreed therefore, that the Nelson Health Centre will be used to help St George's provide additional capacity to improve their RTT position and respond to the CQC concerns regarding the Lanesborough Wing. This will also help us ensure we deliver more services locally. St George's are currently undertaking a thorough baseline review of outpatients. This work is being led by their Clinical Reference Group (CRG) made up of clinical staff from across the Trust and co-chaired by the Community Services Divisional Chair and Clinical Director of Outpatients.

End of life care

Finally I would like to mention the King's Fund seminar on **'Innovative Approaches to End-of-Life Care'** that took place on 22 September 2016. Our own Dr Carrie Chill was invited, as a best practice example, to talk about the development of Merton's End of Life Care Strategy.

Full details of the seminar are here: http://www.kingsfund.org.uk/events/innovative-approaches-end-life-care.

You can find our end of life care strategy on the CCG website here: http://www.mertonccg.nhs.uk/Your-Health/End-of-Life-Care/Documents/End%20of%20Life%20Care%20Strategy%202014-19%20FINAL.pdf

Andrew Murray
Clinical Chair
September 2016