

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

Thursday, 24th September 2015

Chair: Dr Andrew Murray

Present:

CC	Cynthia Cardozo	Chef Finance Officer
CC _h	Dr Carrie Chill	Clinician - GP
PD	Peter Derrick	Lay Member: Chair of the Audit Committee/ Vice Chair
AD	Adam Doyle	Chief Officer
CG	Clare Gummett	Lay Member, Patient and Public Engagement Lead
TH	Dr Tim Hodgson	Clinician - GP
AM	Dr Andrew Murray	Clinician – GP
SP	Prof. Stephen Powis	Secondary Care Consultant

Participating Observers

DF	David Freeman	Director of Commissioning & Planning
LS	Lynn Street	Director of Quality

Officers in Attendance

DC	David Cotter	Head of Corporate Affairs South East CSU
MC	Michelle Wallington	Principal Associate, Comms. & Engagement South East CSU
KM	Kay McCulloch	Prog. Director, SWL Collaborative Commissioning (Item 8.2 only)
TF	Tony Foote	Note Taker, South East CSU

Member(s) of the Public:

Sue Clarke	Merton Residents Healthcare Forum
Daphne Hussein	Member of Public/Carer
Eileen Fairclough	Merton Residents Healthcare Forum
K Rainsley	Merton Residents Healthcare Forum
Sandra Ash	Keep our St Helier Hospital

Action

1. Welcome and Apologies for Absence

Dr Andrew Murray (AM) commenced by welcoming all and noting that the attendance of the public was particularly important to ensure that the CCG remained accountable.

Apologies for absence had been received from Dr Kay Eilbert, Sally Thomson and Dr Marek Jarzembowski.

2. Declarations of Interest

No interests additional to those already on the register.

3. Minutes of previous meetings

To approve the minutes of Part 1 of the meeting of the Merton Clinical Commissioning Group Governing Body of the 23rd July 2015.

The minutes were approved as a full and accurate record of the meeting.

4. Matters Arising

4.1 Action Log - actions arising from Part 1 of the meeting of the Merton Clinical Commissioning Group Governing Body of the 23rd July 2015.

The following actions (numbers as per document) were noted as completed: 6.1, 6.2, 6.3, 7.1.

Actions 4.1 and 7.1(LS) remained on-going.

Peter Derrick (PD) requested an update on the situation regarding Norfolk Lodge (Chief Officer's update – 23.07.15). Adam Doyle (AD) stated that Norfolk Lodge was now closed and residents had been appropriately transferred. The process to commission a new "Step Down" service had commenced and more detailed information would come to the November meeting of the Governing Body.

DF

5. Chair's and Chief Officer's Updates

In the Chair's Update, AM addressed the following areas:

Governing Body Recruitment

Congratulations to PD on his reappointment as a lay member of the Governing Body for Merton CCG. This is for a further two years, until September 2017.

AM was pleased to announce the appointment of Sally Thompson to the role of Independent Nurse member. ST has extensive knowledge in both general and mental health nursing. AM thanked Mary Clarke, the outgoing Independent Nurse. AM added that the process of recruiting to the Secondary Care Consultant and the Lay Member for Public and Patient Involvement was currently on-going.

Governance Changes

There has been a review of CCG governance and the November Governing Body seminar will include a public part 1 discussion about changes to this and any required constitutional changes. AD has been working directly with NHS England to ensure it is aware of, and content with, the changes proposed. The aim of these changes is:

- To ensure the constitution reflects how the CCG operates
- To increase public involvement within the organisation
- To provide a structure to enable clinical leadership to flourish
- To ensure that the CCG's member practices are able to be actively involved in clinical commissioning

South West London Commissioning Collaborative (SWLCC)

The SWLCC programme has been an area of focus for AM and AD over the past two months, working closely with NHS England and Acute Provider colleagues. A deliberative event was held on 9th September where the prevalent issues across South West London were discussed as were the following clinical areas with a range of people from the local population

- Cancer
- Children and Young People
- Mental Health
- Out of Hospital
- Planned Care
- Transforming Primary Care
- Urgent and Emergency Care

The CCG has also invited interested groups to meet with it to discuss the collective issues of quality and finance. If any members of the public today would also like to be involved in this please contact AM or AD and this can be arranged.

Healthy London Partnership

AM and AD have started attending Healthy London Partnership meetings and will keep the Governing Body updated on this.

Members Annual General Meeting

The CCG's second Members' AGM was held on 15th September. It was a well-attended meeting with plenty of debate and AM is confident that practices are engaging further in the clinical commissioning within the CCG.

Membership Communications

AM is in the process of sending to practices a bi-weekly update on matters and areas of clinical concern. His aim being to give practices as much real-time information as possible to enable them to make decisions about where to refer their patients.

Patient Engagement Group

AM confirmed that this Group had now been set up and that he saw this as the start of a real shift to involving the public at all levels in the CCG's planning of services. The next meeting of the Group will be held on 29th September.

Vision and Strategy

AM noted that the CCG's Commissioning Intentions for 2016/17 were for consideration on today's agenda. He was delighted to see that the parts of the CCG's revised vision and strategy are contained within it.

In the Chief Officer's Update, AD addressed the following areas:

Staffing Changes

AD announced the newly-joined members of staff:

- Marisa Rosato - Mental Health Complex Care Clinical Manager
- Jackie Dodds - Interim Head of Quality.
- Darzi Fellowship Appointment – Dr Sinan Mir will be with the CCG for a year, support the integration programme, including multi-disciplinary working and risk profiling.

AD stated he was also reviewing the responsibilities of each of the Chief Finance Officer, Director of Commissioning and Planning and the Director of Quality. He would update the Governing Body on these at the November meeting.

CCG Assurance Framework 2015/16

NHS England has the statutory duty to make an annual assessment of each CCG's via its CCG Assurance Framework.

In March 2015, a new Assurance Framework was published which takes in to account all of the considerable changes which have taken place in the NHS environment since CCGs were initially authorised in 2013.

The CCG will be having its assurance review with NHSE on 13th October. AD was currently reviewing with the Director Team the areas that show good progress.

Local Service Changes

The new Improving Access to Psychological Therapies Service goes live from 1st October 2015. The service is called miapt and the provider has a strong reputation in this field. AD was confident that this provider will deliver a good service for Merton patients.

Mental Health Contracting

The CCG is in negotiations with other South West London CCGs regarding the future contracting of South West London and St George's Mental Health Trust. AD will update the Governing Body on this in due course.

East Merton Model of Care

The CCG has received NHS England's approval for the business case to use an external organisation to support the design of the model of care with the local population, providers and clinicians. Specifically, there will be an event in November to discuss the proposed model. AD added that this will be an exciting part of co-production and he thanked the Public Health team for its support.

Key Chief Officer Meetings

Epsom and St Helier University Hospitals Trust –to discuss how the CCG and the Trust can work together more closely, agreeing to have a joint programme of work to move this forward.

Kingston Hospital NHS Foundation Trust – to discuss the performance issues the Trust is facing and assurances were given on how performance will improve.

South West London and St George's Mental Health Trust – to discuss how the CCG will work with the Trust in future.

St George's Hospital NHS Foundation Trust – to discuss the underperformance of the Nelson services contract and the on-going challenges within the Trust's Emergency Department.

There followed questions from the public gallery.

- (i) Can the Governing Body provide more information about the provider of the new IAPT service?

David Freeman (DF) replied that the provider – KCA – was not part of the NHS, but was a non-profit organisation. It has successfully provided IAPT services across the south of England. Following a very robust procurement process, the CCG has every confidence in its choice.

- (ii) Does Merton CCG feel excluded from the consultation regarding the Epsom and St Helier Trust Estates Strategy?

AD responded that it was Sutton CCG and not Merton that was the host commissioner for the Trust. However, the importance of Merton being involved was recognised. There had been discussions with Sutton, the Trust had presented about the Estates Strategy to a previously Governing Body meeting and AD had met with Trust's Chief Officer.

6. For Approval

6.1 Delegated Commissioning – Update following latest NHS guidance

AD explained that with the establishment of CCGs, the responsibility for primary care commissioning was located with NHS England. However, changes to this were planned when all South West London (SWL) CCGs agreed to move towards joint commissioning with NHS England. Now, following further changes nationally, the move is towards the delegated commissioning for primary care

This proposal was put to the CCG's member practices and a significant majority (79%) was in favour. There were five practices that did not support the proposal and AD and AM will be meeting with these to gain a better understanding of their concerns.

The deadline for the commencement of delegated commissioning is the 1st April 2016. Before this date, the SWL CCGs will complete a process of due diligence to assess the risk – most notably financial – of taking on this responsibility. According, the Governing was being asked to consider and decide whether to proceed with a submission to NHS England - by the 6th November 2015 - to

move to delegated commissioning, as of the 1st April 2016, subject to the outcome of the due diligence exercise.

There followed a general discussion by the Governing Body.

Professor Stephen Powis (SP) commented that finances were the main issue and the CCG had to be entirely assured that it would have the financial resources to carry out its obligations. He asked who was actually performing the due diligence and would there be sufficient time before the deadline for a thorough process. Cynthia Cardozo (CC) responded that all the SWL CCGs would be involved and this it would be led by Mike Sexton (Chief Finance Officer, Croydon CCG). The potential problem of legacy issues had already been recognised and NHS England had confirmed that it would fund any of these of which it was aware. However, CC conceded, even after completion of the due diligence it was not certain that all aspect related to delegated commissioning would be clear.

AD stated that the SWL CCGs could withdraw from delegated commissioning at any point prior to April 2016. AM added that if the CCGs were not assured regarding the risk it would be unwise to proceed.

Dr Carrie Chill (CCh) welcomed the in-depth due diligence and asked, once the outcome of this was known, whether the member practices would have an opportunity to reconsider their decision. AD confirmed that if the outcome was that there remained significant risks this would be possible. Dr Tim Hodgson (TH) asked about the five member practices which had not supported the move towards delegated commissioning and would there be majority rule irrespective of the concerns they held. AM replied that his preference would be for unanimous support but, if this was not possible, the majority would be sufficient.

PD stated his support, in general, for the move to localising responsibility for commissioning primary care but had two concerns: (i) would there be sufficient time to put in place CSU-type structures for the operational responsibilities; (ii) if, following due diligence, it is decided to not move toward delegated commissioning, what position would the CCG be in. CC replied: (i) that responsibility for administrating primary care payments would remain with NHS England and that, for other operational needs, the CCG would develop further existing CSU arrangements; (ii) joint commissioning arrangement would continue.

Two questions were raised from the public gallery:

- (i) With the CCG commissioning primary care service, what are the risks relating to conflicts of interest?

AD acknowledged this as an important issue and that there would need to be more robust measures in place, supported by a change to the CCG's Constitution. He also agreed with the importance of transparency in all such matters.

- (ii) Will the process of due diligence address the issue of conflicts of interest and will the results of the process come back to the Governing Body?

AD responded "yes" to both questions.

The Merton Clinical Commissioning Group Governing Body approved the following recommendations:

- (i) To proceed with a submission to NHS England on 6th November 2015 to move to delegated commissioning, as of the 1st April 2016, subject to the outcome of the due diligence exercise.
- (ii) To make local arrangements for CCGs to submit their application for

delegated commissioning to NHS England London Region in time for the 6th November 2015.

- (iii) To inform SWL Collaborative Commissioning of the outcome of its Governing Body discussion, by 25th September 2015.

6.2 Commissioning Intentions 2015/16

DF introduced this item and explained that all NHS commissioning organisations are required to set out their priorities for the coming year and to describe how they will improve the health of the communities they serve. As some of these priorities may lead changes or developments that have an impact on existing contracts, it is national best practice to give providers six months' notice of any changes. For changes to take effect from 1 April 2016, the CCG must therefore inform providers of its commissioning plans (or intentions) by the end of September 2015.

This paper presented outlines the CCG's plans and priorities for contracted services in 2016/17 and its collaborative approach to the co-design and development of services. The intentions are consistent with the CCG's 5-year strategy; the priorities set out in the Joint Health & Wellbeing Board Strategy for Merton (2015-18); and the South West London Commissioning Intentions.

AM thanked DF for an excellent document and welcomed that it dovetailed so well with the CCG's vision and strategy, and the SWL Commissioning Collaborative work. PD echoed this, noting the focus on preventative measures. However, PD asked, with high acute demand being a long standing issue, was it possible to move from a contractual relationship with providers to a more collaborative one. DF acknowledged this and that the CCG was aiming for combination of collaborative working within a formal framework.

SP stated that 2016/17 would be a very challenging year for the NHS but that there was no sense of this in the document. CC agreed that there were challenges ahead but felt that actions to address this were already in progress, such as having a block contract with St George's for non-elective admissions. However, she agreed that real transformational change was required and that this could be stated more explicitly in the document. .

The Merton Clinical Commissioning Group Governing Body approved the following recommendation:

To approve the Commissioning Intentions in principle and to delegate final authorisation the Chief Officer.

6.3 Statutory Obligation Patient Involvement Report

LS informed the meeting that the report details how the CCG has fulfilled its statutory obligation to involve patients and the public in commissioning activity.

LS highlighted areas of particular interest in the report:

- Specific engagement activities (pg.16)
- The Expert Patient Programme (pg. 28)
- Healthwatch Statement (pg. 36)

AM thanked LS and her team for their hard work in this area and for a very good report. He also noted that the Communications and Engagement Strategy had been approved by the Governing Body at its May 2015 meeting.

There was a question from the public gallery.

- (i) There is a lot of talk about patient and public engagement, but from my

experience the “real” public do not feel they are being engaged with. Will you do more to make your meetings more accessible?

AM acknowledged this as a valid point and stated that in the coming year the CCG would look to do things differently, with the challenge to make more people aware of the CCG and what it did. The questioner agreed with this and that the CCG must use more relevant and appropriate methods of getting its message across. AM accepted this and that LS and Clare Gummett (CG) (Governing Body – Patient and Public Engagement Lead) would be happy to discuss this further with the questioner outside of the meeting.

The Merton Clinical Commissioning Group Governing Body approved the Statutory Obligation Patient Involvement Report.

6.4 Safeguarding Children Annual Report 2014/15

LS stated that the purpose of the Annual Safeguarding Children Report was to provide assurance to the Governing Body and members of the public that the CCG was fulfilling its statutory duties in relation to safeguarding children in Merton. These duties include:

- Training staff in recognising and reporting safeguarding issues
- A clear line of accountability for safeguarding
- Appropriate arrangements to co-operate with local authorities
- Ensuring effective arrangements for information sharing
- Securing the expertise of designated doctors and nurses for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood

A review of safeguarding activity in 2014/15 demonstrates that Merton CCG has made significant progress in developing a robust framework through which it quality assures the safeguarding activity of providers of commissioned services.

There were no questions from the Governing Body.

The Merton Clinical Commissioning Group Governing Body approved the Safeguarding Children Annual Report 2014/15 and endorsed the priorities for 2015/16 therein.

6.5 End of Life Care Strategy

Dr Carrie Chill (CCh) explained that the document presented was a refresh of the former strategy and took into account NICE guidance.

CG welcomed the report as very comprehensive and the Governing Body acknowledged the contribution of both CCh and Hannah Pearson (Commissioning and Service Improvement Manager).

The Merton Clinical Commissioning Group Governing Body approved the End of Life Care Strategy.

6.6 Merton CCG Financial Position

CC introduced the report and informed the Governing Body of its highlights:

- The CCG is reporting achievement of plan for the five months to 31st August 2015
- A full year forecast over spend of £2.7m is reported on acute commissioning. The over performance is mostly seen at St George’s and

Kingston Hospital.

- A full year under spend of £1.5m is forecast on non-acute commissioning.
- Prescribing is reporting a full year forecast over spend of £0.5m
- QIPP – A year to date over performance of £0.2m and a full year achievement of target is forecast.

Overall, CC added, the Commissioning Team was reviewing the data regarding referrals and would be going out to practices with alternative options with a view to changing ways of working. Also, investment proposals may be put on hold, but those that had already commenced would not be affected.

There followed questions and comments from the Governing Body.

SP asked why the level of cost for critical care at St George's had increased; CC replied that although the overall number of cases had not increased significantly, the complexity of cases had.

PD (as Chair of the CCG's Finance Committee) commented that there was real concern at the CCG's current position and the increased risk this brought. It was, he added, becoming clear that demand upon services was outstripping funding. PD highlighted Continuing Health Care as a particular issue and also that the Nelson Health Centre was not yet seeing the expected activity levels. He added that the Finance Committee endorsed the actions being taken to address the financial situation but also that consideration need to be given to using the South West London Risk Pool as a possible "back up."

AD echoed the concerns shown by CC and PD but was confident that the challenges could be overcome.

There were three questions from the public gallery.

- (i) Is the CCG paying St George's to deliver services at the Nelson Health Centre?

AD explained that to ensure a provider for services at the Nelson, the CCG agreed to cover the minimum cost.

- (ii) Why did the CCG's contract with St George's not specify that patients should be referred to the Nelson Health Centre?

AD stated that the contract did include this and the CCG is currently in discussions with St George's regarding this matter.

- (iii) Are there any financial penalties for not meeting the minimum requirement in the contract?

DF responded that the lower than expected activity levels at the Nelson was also about GP's choice of referral and more work needed to be done in that area too.

The Merton Clinical Commissioning Group Governing Body approved the Merton CCG Financial Position

6.7 Financial Control Environment Self-Assessment

CC explained that NHS England was rolling out a financial resilience toolkit and, as part of this process, all CCGs were required to complete a financial control environment self-assessment checklist.

The final completed checklist was submitted on the 1st September 2015 and reviewed by the Chief Officer before submission. The draft checklist was also

reviewed by the Chair of the Audit and Governance Committee and the Head of internal audit before submission on the 24th August 2015. The Audit and Governance Committee, including the CCG's internal and external auditors, approved the checklist on the 17th September 2015.

The Merton Clinical Commissioning Group Governing Body approved the Financial Control Environment Self-Assessment

7. For Ratification

7.1 Conflicts of Interest Policy

CC stated that, following NHS England guidance, all CCGs were required to update their Conflicts of Interest Policies. CC added that, in light of the CCG's move towards delegated commissioning for primary care with the other South West London CCGs, the importance of a robust Policy was all the more vital.

Following consideration at the Audit and Governance, the revised policy was further scrutinised by the Chief Officer and Chair and legal advice obtained to ensure it was in line with the Terms of Reference for South West London Collaborative Co-Commissioning's application. As a result of this it was not possible to share the fully revised document with the Governing Body at its next meeting so the Governing Body agreed to PD (As Chair of the Audit and Governance Committee) taking Chair's Action in order to expedite this matter.

The Merton Clinical Commissioning Group Governing Body ratified the decision to approve the Conflicts of Interest Policy.

8. For Review

8.1 NHSE and Local Merton CCG Balance Scorecard

CC reported the main points from the Scorecard. :

- The CCG did not achieve the four hour waiting time standard due to continued pressures at St. George's NHS Trust. Half of all London Trusts did not meet this target in July.
- London Ambulance services continue to breach response time standards due to on-going staff capacity constraints.

CC added that the CCG is in the process of conducting a "deep dive" analysis of each of the constitutional performance indicators to identify Merton specific issues. The first of these - into the Referral to Treatment standard – has led to an agreed outline action plan to address increased referrals for consultant led treatment.

CG (as Chair of the Clinical Quality Committee) commented that the Scorecard was very comprehensive but showed that much work still needed to be done.

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

8.2 South West London Collaborative Commissioning Update

Kay McCulloch (KM) provided both context and a summary of activities of the South West London Collaborative Commissioning (SWLCC).

In February 2014 the six South West London CCGs – Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth – and NHS England (London) agreed to work together with hospitals, mental health, primary and community care service, local councils, local people and patients on a five year plan to improve health services

for everyone in South West London. The pressing need for this was summarised:

- SWL's health economy is under increasing strain
- None of the four acute Trusts are currently meeting all London Quality Standards
- Demand is increasing
- SWL CCGs are spending £23m more than the funds available across SWL

KM stated that there were significant financial challenge to address now, and the position was deteriorating. Transformation was required, with out of hospital care playing a crucial role. With this in mind, in June 2014 the SWLCC produced a Five Year Strategy with the following stated aims:

- Raise safety & quality standards
- Address the financial gap
- Address the workforce gap
- Confront the rising demand for healthcare

The Strategy has been the subject of comprehensive patient and public engagement, including deliberative events and SWLCC has developed, and is now delivering, an implementation plan for the year based upon the following principles:

- Clinical leadership
- Transformation of Out of Hospital care as an essential element of change
- Delivering a sustainable provider and commissioner landscape
- Working at scale and delivering a whole system response to challenges
- Providers working alongside commissioners to design and deliver change
- Patient and public engagement

KM then highlighted some of the progress already made:

- Eight "Clinical Design Groups" working to define principles and standards and develop service models/care pathways
- Identifying priorities for investment in current year to improve quality and save costs
- IM&T strategy being developed & workforce needs assessment project underway
- Working closely with Acute and Out of Hospital providers to develop a way forward
- Local initiatives underway to deliver Out of Hospital activity shifts
- Providers working on collaboration to deliver better and more coordinated health care and reduce the funding gap
- Exploring what service reconfiguration should take place to improve quality and efficiency

Finally, KM explained what the next steps for the SWLCC were:

- SWLCC commissioning intentions to be shared with providers in October
- Funding for initiatives/pilots being secured for implementation
- Out of hospital activity shift level of ambition and targets being agreed with individual CCGs, and implementation plans to be developed during September
- Development of service models and care pathways to be continued, to be taken forward and developed by commissioners with a view to going to public consultation in 2016 should this be required
- Provider initiatives to reduce the funding gap already underway
- Patient and public engagement increasing from September & continuing

through programme

PD asked why Surrey Downs CCG was not a part of the Collaborative. KM replied that SWLCC was in talks with Surrey Downs about the nature of its future involvement.

The Merton Clinical Commissioning Group Governing Body reviewed and noted the South West London Collaborative Commissioning Update.

9. For Note Only

9.1 2014/15 NHS England Annual Report and Accounts

The Governing Body noted that NHSE’s accounts had been approved, and the NHSE’s acknowledgement of the part played by the CCG in this achievement.

9.2 Approved Minutes of Committees of the CCG Governing Body

Finance Committee 24.06.15

Clinical Quality Committee 19.06.15; 17.07.15; 14.08.15

Audit and Governance Committee 19.03.15; 28.05.15

South West London Primary Care – Joint Committee 14.05.15; 09.07.15

The Merton Clinical Commissioning Group Governing Body noted the approved minutes of Committees.

10. Any Other Business

There was no further business to discuss.

11. Date of Next Meeting

Tuesday, 3rd November 2015 Time: 2.00pm – 2.30pm
Venue: 120 The Broadway, Wimbledon, London SW19 1RH (tbc)

Closure of Part 1

The Chair declared the meeting closed at 11.15am.

Agreed as an accurate account of the meeting held on Thursday, 24th September 2015.

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Dr Andrew Murray – Chair of the Governing Body

Date: